Georgia Society of Anesthesiologists, Inc. Newsletter

scope

Summer 2009

From the President

Leaders 'Retreat' to Advance Society

Bruce Hines, M.D., President

The presidential track officers of our Society met in mid-June for the first annual leadership retreat. We gathered to assess our societal leadership needs and to develop and define opportunities to encourage more active participation of members while improving the quality of the services provided to the members.

It is our hope that through the implementation of the Continuum of Leadership concept that we establish a culture of intentional leadership development through a more defined pathway of increasing responsibility. Some of the objectives of this effort are to broaden the leadership vision to more than just one year thereby minimizing the year-to-year reinvention and to maintain the Society's forward momentum.

We recognize the importance of capitalizing on the individual talents, strengths and interests of our membership. We hope to encourage wider participation while minimizing the demands on very busy practices.

A number of valuable resources have been posted on the GSA website by Immediate Past-President Dr. Howard Odom. You will find information on Governance, Bylaws, Committee Reports, Annual Society Timelines and other resources under development. If you believe that working on behalf of your Society is desirable, the GSA website is a good place to start. Go to the "Resources" tab behind the "Members" page at www.gsahq.org.

The implementation of a new healthcare policy by the federal government will dramatically impact our practice and requires that we take an active role in its development. One of the core missions of our society is advocacy on the state and federal level. I would like to encourage your participation in any of a number of available opportunities. You may contact any of your Society representatives (see email list page two).

I look forward to seeing you at the summer meeting on St. Simons Island at The King & Prince Beach and Golf Resort.

Get Resource documents in the 'Members' section at www.gsahq.org

GSA Past-President Howard Odom, M.D. (right) facilitated the June leadership retreat. (L-R) Dr. Bruce Hines, President, Dr. Tim Beeson, Vice-President, and Dr. Rick Hawkins, President-Elect.

***Continuum of Leadership:* Capitalizing on the talents, strengths and interests of members.**

Summer 2009

Inside this Issue

Kathryn Stack, M.D.

As the heat of summer has descended upon us, I hope you are all well. Make arrangements now to plan a weekend getaway and head to St. Simons Island for the annual GSA summer meeting. This year's meeting, Emerging Roads in Anesthesia: Reaching Beyond the OR, will be held July 31 – August 2 at The King and Prince Beach and Golf Resort. Activity Director, Dr. Mary Arthur, has assembled an impressive array of speakers. Bring the family, join friends and colleagues, and please come support your state society.

By now, I hope you have noticed and are enjoying the new and fresh look of *Scope*, your quarterly GSA newsletter. We anticipate that the updated color and formatting will be appealing to those viewing the newsletter either by postal mailing or via the internet. Check out the GSA website for the earliest release of *Scope* editions.

Special thanks must be given to Jet Toney and the team at Cornerstone Communications Group for spearheading the great changes in our newsletter. Jet and his team have significantly cut production costs, thus enabling quarterly publication of the newsletter - now printed in more color with modern and attractive formatting rivaling that of any state society newsletter. Much thanks to Jet for his involvement in the theme development, planning, and execution of each edition. Cynthia Thomas faithfully collects and organizes

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Medicare/Medicaid Primer

Greetings from the CMMS billing quagmire!

Raphael Gershon, M.D., MBA, Representative to CAC

Jeff Mueller M.D. who chairs the ASA Committee on Economics CAC workgroup recently sent to our list serve an excellent summary of what exactly the Medicare Contractor Advisory Committee does (or attempts to do...). I thought it would be helpful to paraphrase a bit of it for this season's newsletter, and then review some of the latest statewide fiascos in terms of charges and actual revenue captured (also known as "how little did we get?").

Many Medicare Part B administrative functions are performed by private businesses called "carriers". Physician payment is a component of Medicare Part B. The analogous administrative businesses for Medicare Part A have been called "fiscal intermediaries". Each carrier must operate a Carrier Advisory Committee (CAC), which is chaired by the Carrier Medical Director (CMD). Most medical and surgical specialties and a few non-physician provider groups are entitled to a seat on the CAC.

The CAC provides advice when the carrier and CMD are creating or reviewing Local Coverage Determinations (LCD). LCDs provide payment guidance in areas where a National Coverage Determination or other superseding national directive does not exist. According to the Medicare Program Integrity Manual, "LCDs specify under what clinical circumstances a service is considered to be reasonable and necessary". In addition to LCD review, the CAC serves as a forum for carrier and physician discussions regarding other areas of administrative discretion. Basically, the CAC is an important link between those that administer Medicare Part B and the physician community.

The carrier and fiscal intermediary system is currently undergoing a significant change: Medicare Contracting Reform. Carriers and fiscal intermediaries are being combined into Medicare Administrative Contractors (MAC). The nation has been divided geographically into 15 MAC jurisdictions. Medicare Contracting Reform began in 2005 and will be completed in 2011. Strictly speaking, the terms "intermediary" and "carrier" are becoming obsolete. Both terms are being replaced with the single term "contractor" (or the synonymous acronym MAC). During this process MACs must establish their own LCDs, usually based upon the previous carriers' combined set of LCDs. For a given payment issue, the new MAC's applicable LCD might differ significantly from the previous carrier's LCD. More specific information on contractor reform, including maps and schedules, is available on the CMS website http://www.cms.hhs.gov/MedicareContractingReform.

The Medicare Program Integrity, Chapter 13 – Local Coverage Determinations, is the primary source for additional information regarding CAC's and the LCD process.

Medicare carriers and contractors are required to operate a CAC, and anesthesiology is assigned a representative position. It is obviously in the best interest of both the carrier/contractor and our specialty that anesthesiologists participate in the LCD review process. The ASA Committee on Economics oversees this portion of ASA's advocacy program.

I recently reviewed the CMS website which pertained to Georgia. Cahaba GBA was awarded the Medicare Administrative Contractor (MAC) contract for Jurisdiction 10 (Tennessee, Alabama, Georgia). The transition from our old carrier (coincidentally also Cahaba) to the new MAC is underway. It's not much of a transition, since the old carrier and new MAC are the same business organization.

What I could garner from the website was that as of today there are 41 LCD's listed...and six seem to possibly pertain to the practice of Anesthesiology (which is remarkably underwhelming....):

L24817 Drugs and Biologicals: Botulinum Toxins (unclear if includes usage in pain clinic / headaches, etc.)

L26085 TEE

L24890 Epidural and Intrathecal Injection

L26075 Surgery: Nerve Blocks / Paravertebral Nerve Blocks

L26082 Surgery: Selective Catheter Placement, Arterial System

L26088 Surgery: Trigger Point Injections

I think we should view this as an opportunity to both educate as well as advocate for our specialty.

On the Medicaid front, things are even less rosey (yes, that is possible). Payments for labor epidurals placement, labor epidurals

continued on page 14

I think we should view this as an opportunity to both educate as well as advocate for our specialty.

By establishing relationships now, perhaps your elected officials will be more apt to listen.

Federal Health Policy Demands Your Advocacy

Heather Shay Atha, Public Relations and Administrative Intern, Cornerstone Communications Group, Inc.

Editor's Note: The following contribution is written by a college senior completing her internship at the management firm which serves the GSA. Her perspective on health care policy advocacy is relevant because her generation will be wholly affected as it enters the workforce.

As the Tri-Committee Healthcare Draft Proposal for Health Care Reform surfaces for review, it becomes imperative that all GSA members recognize how this call for change will directly affect you, your patients and your ability to practice.

To ensure that your voice is heard during this time of rapidly changing federal health care policy, it will be highly beneficial for you to develop personal relationships with members of the U.S. Congress and the U.S. Senate before important decisions are made.

By establishing relationships now, perhaps your elected officials will be more apt to listen to your questions, comments and concerns giving you a voice if and when controversy rises.

Members of the U.S. Congress are elected in 13 districts throughout the state. To determine which voting district you reside in and who your elected officials are, log on to Congress.org, select "Officials" at the top of the page and enter your ZIP code in the search box. To narrow the selection further, opt to enter your home address. It is important to use your home address here in order to be provided with the names and contact information for those elected officials who represent your voting district.

Please remember that you should contact only those officials for your district unless you know the representatives personally.

Here at Cornerstone Communications Group, we have the names of the elected representatives for each GSA member. We will be happy to provide this information and assist you in this process.

To learn more about high profile federal issues, visit the ASA's Office of Legal and Governmental Affairs page located at www.asahq.org/government.htm. This resource will help you to be aware of current issues and will keep you informed about the changes that may take place.

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Moriah Merkel, Grassroots Program Administrator: m.merkel@asawash.org

TO LEARN MORE VISIT
www.asahq.org/government.htm

Inside this Issue (continued from page 2)

the articles, enforces deadlines, and coordinates our pre-press activities. LeAnn Johnston is responsible for financial issues related to the newsletter and has been essential in keeping costs contained while we have worked to improve the quality of the newsletter. Heather Atha, the most recent addition to the Cornerstone team, is an intern assisting with public relations administration. Also, many thanks to Todd Holden at Rival Design Studio who has been invaluable in helping us produce a quality and appealing newsletter.

I hope you enjoy the new look of *Scope* and find the articles relevant and useful to your practice. As always, your comments and opinions about its format and content are welcomed and strongly encouraged.

This year's ASA Legislative Conference was held May 4 – 6 in Washington, D.C. Sincere thanks to the dedicated GSA leadership, committed GSA members, and enthusiastic GSA resident members who took valuable time away from their practices and families to attend the annual conference. The perspectives of our attendees demonstrate the importance of a strong, unified, and continued presence within close eyesight and earshot of our legislators. At this critical time, your thoughts and concerns about the future of the practice of anesthesiology and the practice of medicine in this state and country must be heard loud and clear.

ASA Legislative Conference

A Trip that Makes a Difference

Steve Walsh, M.D., Chair, Government Affairs Committee

The American Society of Anesthesiologists 2009 Legislative Conference was held in Washington, D.C. May 4-6. The ASA Office of Governmental and Legal Affairs Staff provided participants with a most informative program of national, state, local issues, and our ASA PAC report.

Upon my return home, many doctors have asked, "Did the trip make a difference?" I reply with an unequivocal "YES!" Our highest level of influence is to understand the issues and communicate them with a personal visit to our elected officials.

Issues at the federal level included visits from key federal lawmakers who presented various concerns and approaches to healthcare reform. The state level legislative issues included presentations on balanced billing, interventional pain management, APRN prescriptive authority, and office-based surgery (OBS) guidelines.

The local level issues emphasized the importance of grassroots initiatives. These initiatives begin with our cause promoted through key relationships established by a visit, a phone call, an email, and a show of support. These are the same successful techniques promoted by and included in the ASA PAC report. The report also includes a sincere thank you from all the ASA PAC Officers and Staff to all anesthesiologists who have helped make it the strongest PAC among all the medical specialties.

The Conference had participation from 45 states. Only three states provided more participants than the GSA. When it comes to ASA PAC participation the GSA again demonstrates dedication to the practice of anesthesiology. The Georgia component of the ASA PAC continues to be in the top ten of all state participation in both the total amount given and the level of membership participation.

The 24 GSA conference attendees, as a team, were able to visit both Georgia Senators and the Congressmen from all of the state's 13 districts. Many thanks to our Executive Director Jet Toney and staff who organized our visits to the Capitol.

The 24 GSA conference attendees, as a team, were able to visit both Georgia Senators and the Congressmen from all of the state's 13 districts.

Truth, Transparency Essential

Arnold J. Berry, M.D., MPH, ASA Alternate Director

When GSA representatives attended the ASA Legislative Conference, Congress was just beginning the debate on the details of President Obama's healthcare reform initiative. Therefore, during our meetings with GA Congressional Representatives, we could only discuss the general principles that we would like to see included in any new healthcare legislation.

We did seek support for one bill that had been considered during the 110th Congress but did not come to a vote, the "Healthcare Truth and Transparency Act." This legislation would require that patients be provided with accurate information regarding their healthcare provider. Since patients may be confused about the many types of health professionals (physicians, nurses, physician assistants, or technologists) providing care, truth and transparency regarding their providers' qualifications is essential to informed decision-making. ASA is seeking Congressional supporters for this bill.

Initiation into World of Advocacy

Sona S. Arora, M.D., GSA Resident Liaison to Government Affairs Committee

Pre-test

1. True or False: The political process does not impact our practice as anesthesiologists.

   Answer: False. The political process plays a critical role in determining the reimbursement for our services, the regulatory and legal environment in which we practice, and the role of non-physician providers in our profession.

2. On which of the following key issues is the ASA working for anesthesiologists this year?
   a. **Health Care Reform** – recognizing the role of physicians in providing cost efficient quality care that promotes patient safety
   b. **Medicare SGR Formula** – despite temporary legislative fixes, physicians face a 20% Medicare payment cut on Jan. 1, 2010
   c. **Truth and Transparency** – some non-physician providers misrepresent their level of education and training thereby confusing patients and threatening patient autonomy
   d. **Rural Pass-through** – Medicare allows, on a pass-through basis, more generous Part A payments to anesthesiologist assistants and nurse anesthetists, but not anesthesiologists, working in rural areas
   e. **Pain Care** – pain is the leading cause of disability in the US and is the most common reason Americans access the health care system
   f. **All of the above**

Answer: **f. All of the above**. Each is an important issue that we face as we strive to provide quality care for our patients. The ASA addresses these challenges while we are busy at work every day.

Throughout residency, I have heard that the political process impacts our practice as anesthesiologists. As I began to understand the truth in that statement, I experienced the different stages of the Kubler-Ross grief model from denial and anger, ultimately to acceptance. However, as an attendee of the 2009 ASA Legislative Conference in Washington, D.C., I learned that the next step in this process is *action*.

The ASA Office of Governmental and Legal Affairs organized a program that initiated "newbies" into the world of advocacy by first explaining how laws are made, our role in the process, and the skills needed to be an effective advocate. We were then briefed on the issues we would be presenting to our members of Congress as a unified voice. From the aforementioned list of key issues, you may recognize some from last year. However, you should also note the absence of one of 2008's issues. In July 2008, Congress overrode a presidential veto and permanently reversed the Medicare Anesthesiology Teaching Rule, which had only allowed half reimbursement to academic anesthesiologists supervising residents on overlapping cases! Here is proof that advocacy not only works but is absolutely critical.

Post-test

1. True or False: I have already contributed to or am contributing today to my ASAPAC and GSAPAC.

Answer: True can be the only answer to this question. Even though it is not feasible for us all to go to Capitol Hill to advocate for these issues, there are other ways to remain involved in furthering our profession. In addition to contributing to the PACs, you can make a difference locally by educating colleagues in other specialties and patients about our many roles throughout the perioperative period. For more opportunities to get involved in the specialty's advocacy efforts, go to http://www.asahq.org/Washington/grassroots.htm and join the ASA Grassroots Network.

Here is proof that advocacy not only works but is absolutely critical.

SAVE THE DATE

Georgia Society of Anesthesiologists

Summer Meeting 2009

Emerging Roads in Anesthesia: Reaching Beyond the OR





Activity Director

Mary Arthur, M.D.
Medical College of Georgia
Augusta, Georgia
MARTHUR@mail.mcg.edu

July 31 - August 2

King & Prince Beach & Golf Resort
St. Simons Island, GA

Educational Objective:

Equip the learner to take action to prevent adverse outcomes outside the operating room.

The demand for anesthesia services is increasing due to more complex procedures being performed outside the operating room. Non-operating room anesthesia claims are reported to have had a higher severity of injury and more substandard care than operating room claims. The educational theme of the 2009 summer GSA meeting will *equip the learner to focus on preventing adverse outcomes*. In addition, registrants will receive instruction in cutting edge approaches in critical care, pain management and chemical terrorism where anesthesiologists are beginning to play an ever increasing role.

Faculty:

1. **Fredric I. Weitz, M.D.**
   Emory University School of Medicine, Atlanta, GA
2. **Ted Weatherred, M.D.**
   Medical College of Georgia, Augusta, GA
3. **Adam E. Berman, M.D.**
   Medical College of Georgia, Augusta, GA
4. **Allen N. Gustin, Jr., M.D., F.C.C.P.**
   University of Washington School of Medicine, Seattle, WA
5. **William Hammonds, M.D., M.P.H.**
   Medical College of Georgia, Augusta, GA
6. **Mark Dershwitz, M.D.**
   University of Massachusetts Medical School, Worcester, MA
7. **Brian Thomas, M.D.**
   Georgia Perioperative Consultants, LLC, Atlanta, GA
8. **Alexander A. Hannenberg, M.D.**
   American Society of Anesthesiologists, Newton, MA

Learning Objectives:

1. **Off-site anesthesia: The Emory experience**
   Fredric I Weitz, M.D.
   After attending the lecture, the learner will recognize the general requirements for providing anesthesia outside the operating room and apply unique considerations for each of the following areas:
   - Radiology suite: Neurovascular procedures, Interventional uro-radiology, CT/MRI
   - Gastrointestinal endoscopy suite
   - Psychiatric unit.

2. **Off-site pediatric anesthesia: The MCG experience**
   Ted Weatherred, M.D.
   After attending the lecture, the learner will be able to identify the general requirements for providing anesthesia for the pediatric patient outside the OR and interpret unique considerations for each of the following areas:
   - Radiation therapy
   - MRI/CT.

3. **Introduction to Electrophysiology Studies and Catheter Ablation**
   Adam E. Berman, M.D.
   After attending the lecture, the learner will be able:
   - To describe the interaction between anesthetic agents and the normal conduction system of the heart
   - To categorize the various "phases" to any catheter ablation procedure
   - To utilize isoproterenol infusion or other maneuvers that modulate autonomic tone to induce arrhythmias in the EP laboratory.

4. **Cardiac Rhythm Device Management for the Anesthesiologist**
   Adam E. Berman, M.D.
   After attending the lecture, the learner will be able:
   - To apply preoperative management and preparation of the patient with a cardiac rhythm management device (CRMD)
   - To employ intraoperative management of the patient with CRMD
   - To provide post operative management of the patient with CRMD.

5. **New Trends in Mechanical Ventilation**
   Allen N. Gustin, Jr., M.D., F.C.C.P.
   After attending the lecture, the learner will be able:
   - To associate into practice new trends in mechanical ventilation
   - To compare and contrast criteria for new modes of ventilation to conventional ventilation.

6. **Heparin Induced thrombocytopenia**
   Allen N. Gustin, Jr., M.D., F.C.C.P.
   After attending the lecture, the learner will be able:
   - To appraise and apply the anesthetic considerations of the patient with HIT
   - To manage preoperative optimization of the patient with HIT.

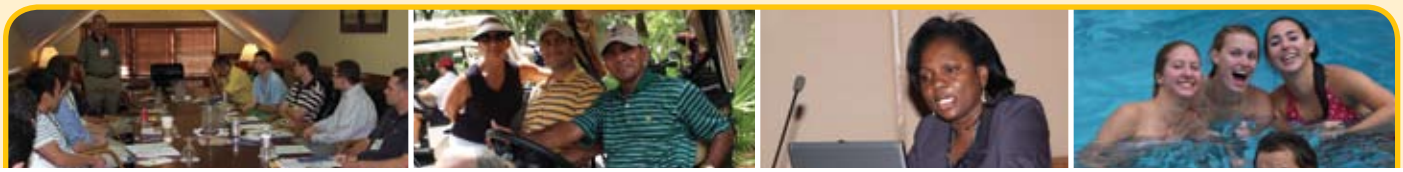
7. **"A Life in Pain"**
   William Hammonds, M.D., MPH
   After attending the lecture, the learner will be able:
   - To categorize options for a career in anesthesiology outside the operating room
   - To summarize points in the development of pain medicine over the last 35 years
   - To formulate an overview of what a full time "pain doctor" does in daily practice
   - To distinguish the different types of practices in pain medicine available to residents finishing anesthesiology today.

8. **Total Intravenous Anesthesia (TIVA) Pearls**
   Mark Dershwitz, M.D.
   After attending the lecture, the learner will be able to identify the advantages of TIVA and drug selection and apply considerations to daily practice.

9. **Managing chemical weapons exposure**
   Mark Dershwitz, M.D.
   After attending the lecture, the learner will recognize the elements an anesthesiologist needs to know in preparation for treatment of patients in chemical exposure.

10. **Off-Site Hearts**
    Brian Thomas, M.D.
    After attending the lecture, the learner will be able:
    - To identify and interpret the logistical issues involved with providing anesthetic care in the Cardiac cath lab
    - To analyze anesthetic considerations for patients presenting for endovascular stent procedures
    - To cite for application an overview of newer cath lab procedures including cardiac assist devices
    - To extrapolate the clinical and economic implications of providing critical care services in a community hospital setting.

11. **ASA update**
    Alexander A. Hannenberg, M.D.
    After attending the lecture, the learner will be able to develop an action plan to advocate for patient safety based on updates on national health care issues which will be covered in the lecture.



ASA Washington Legislative Conference GSA Delegation

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Arnold J. Berry, M.D., MPH
Peggy G. Duke, M.D.
Scott Foster, M.D.
Thomas B. Gallen, M.D. (Res)
Mark Hamilton, M.D.
Rickard Hawkins, M.D.
Bruce Hines, M.D.
Mark Huffman, M.D.
Edwin Johnston, M.D.
John Kimbell, M.M.S.c., A.A.-C.
Matthew A. Klopman, M.D. (Res)
Bob Lane, M.D.
Wyndham G. Mortimer, M.D.
John Neeld, M.D.
Michael Nichols, MSA, AA-C
Howard Odom, M.D.
Keith Robinson, M.D.
Doug Smith, M.D.
Steve Sween, M.D.
Jet Toney
Steve Walsh, M.D.
Tom West, M.D.
James R. Zaidan, M.D., MBA

Meetings with People Who Matter

Bob Lane, M.D.

The ASA Legislative session is a great deal of preparation, information and admonition followed by brief meetings with the people whose opinions matter and whose actions change things in our practices and in the lives of our patients. Manuel Bonilla (ASA Federal Affairs) gave us the old but true line, "Government is going to do something for you or to you, but it is going to do something," to indicate that we must be involved to assure that we are done for, not to!

Margaret Thatcher once said, "Of course it's the same old story, the truth always is the same old story." So, armed with excellent information on the issues coordinated by our ASA staff, led by Ron Szabat, we carried the truth to the Hill to our representatives and senators there. They, or in many cases their health care legislative assistants, were receptive to our needs, but as one such staffer said, "we are so much the minority that we can be removed from any discussion at the whim of the majority."

There is agreement that major change is afoot but no one is at all sure what form it will take. Our "take home"- continue to maintain these absolutely vital relationships on the Hill and stay attentive and nimble so as to not be taken by surprise as things change.

... brief meetings with the people whose opinions matter and whose actions change things ...

They Will Respond

James R. Zaidan, M.D.

First and most important, I would like to take an opportunity to thank all of the private practitioners who used their own time, money and energy to fully support without hesitation the state's two academic practices. Counteracting the Teaching Rule took all of us sending a forceful message to our Senators and Representatives in order to arrive at a positive outcome. I hope that the current administration does not do anything to reverse all of our hard work.

I have learned over the years that it is of utmost importance for each of us to get to know our representatives. If you email them with reasonable questions, responses and statements, they will respond. Personal relationships are the most important. At least they will stop and listen.

Let's keep working together, especially in these demanding times, to help shape not only our specialty, but all of medicine. I can't think of reasons not to be leaders as we try to work with this administration.

I can't think of reasons not to be leaders ...

Policy, Process Take Time

Thomas Gallen, M.D.

Washington D.C. The Capital. The Beltway. A beautiful and impressive city. Being within a few blocks of the President of our United States of America, in a city where every block has history, where the artifacts of our national history are stored and where critical national advisory and regulatory agencies are headquartered has a certain "Wow!" factor.

But beyond the city is the objective: to learn about how legislation takes place and how to influence it. The most important lesson I learned was that relationships determine outcomes and relationships are earned over time. Just as we Anesthesiologists would be foolish to demand a course of action to one of our surgical colleagues without first establishing the appropriate relationship, so too are we foolish to do so with our national representatives.

The legislative process is just that -- a process. It happens over time. It is not episodic. It is not just a bill, a representative or a president. It is an ongoing effort. As government bids to greatly increase its role in healthcare, we need to be part of the process. Relationships develop over time.

I encourage every one of us to start contacting our representatives now by phone, e-mail and, most importantly, face to face to promote our goals. They should know who you are. They should know you before critical times. Establish a relationship and nurture it lest you run the risk of being dictated to by those who do.

To reiterate the frequently heard phrase in politics: "If you are not at dinner, you are on the menu."

> **"If you are not at dinner, you are on the menu."**

Being Dismissive Not in Best Interest

Tom West, M.D.

If your career has importance beyond your self-interest, then not being engaged in healthcare legislative issues is irresponsible. For me, the ASA Legislative Conference blares that my practice is a microcosm but does not exist in isolation. Rather, my services exist within a complex and at times discordant healthcare system that has been judged as archaic.

From numerous "Hill visits" I understand our stature and income will not be secure just because of our title. Our security must come from being advocates for a process of care that will meet the legitimate needs of our citizenry. Stature, income and security may not remain at "golden era" levels but assuredly will be severely compromised by not being at the table of "change." To the extent that we wish to be in an empowered negotiating position, we must participate optimally through the GSA, ASA and AMA. Otherwise we risk being angry victimized curmudgeons.

Consider attending the next ASA Legislative Conference, a local political event, or support our PACs. Being scared or dismissive of the process is simply not in your best interest.

> **Our security must come from being advocates for a process of care that will meet the legitimate needs of our citizenry.**

ASA Legislative Conference

System Takes Time

Rick Hawkins, M.D., President-Elect

I recently attended my 7th ASA Legislative Conference in Washington D.C. Each time I leave amazed at our system of government. The majority of our legislators truly want to do the right thing; however, the definition of the right thing depends on the party, the house of Congress, the region of the country, the time of year and even the day of the week.

Our legislators and their staff are bombarded daily with hundreds of different groups proclaiming the worth of their cause or industry -- essentially why the government should pass or change laws and policies that direct more money their way. The legislators, therefore, have to make tough choices. They would love to please everyone, but the reality is they can rarely even satisfy one.

So, how do they make the determinations? EDUCATION. They have to rely heavily on their staff for their education. Each legislative assistant is usually responsible for many different areas and a large number of these people are only a few years out of college. They rely on the endless stream of visitors to their office for information and on contacts in their districts.

What does this have to do with you the reader? EVERYTHING!!! In D.C., there is a saying that if you do not have a seat at the table then you are probably on the menu. We as physicians in general, and anesthesiologists in particular, HAVE to be involved politically whether we like it or not.

We must educate our legislators and their staff on anesthesiology -- the practice of medicine. When we are willing to take time to discuss the issues, it impresses upon the legislators that we feel the issues are important and they listen. The more people they see and hear from the more powerful the message, especially if some of the messengers are from their district. The ASA and GSA need anesthesiologists from all parts of Georgia involved. We need to not only attend the legislative conference, but be involved at home with the state and federal legislators. Get to know them and their staff and give them your mobile number so that they can call you when they have questions about not only anesthesiology, but also medicine in general.

I have left Washington on previous years frustrated at the partisanship and bickering. This year, however, it hit me that despite all of its imperfections, our system still works. It just takes time. The success of the ASA and the state societies last year in regards to changes in MCR payments to anesthesiologists is an example. This did not just happen. It took involvement of us --Anesthesiologists.

The one consistent message we heard this year is: Healthcare reform is coming! If not this year, then in the next few years. The vast majority of those in Congress agree that our present system is not sustainable. They just disagree on the proper changes.

One proposal of the Democrats is a government sponsored public option insurance based on MCR reimbursements. We all are acutely aware that if most of our patients throughout our state and country are covered by this plan, it will devastate our specialty.

Do not sit back and hope someone else will take care of it. It takes us ALL to protect the safety of our patients and the integrity of our specialty.

It just takes time.

In Memoriam

Bryan Carey, M.D.

Bryan Michael Carey, M.D., 38, died Thursday, May 14, 2009. Dr. Carey practiced anesthesiology at Northside Hospital in Atlanta, Georgia.

He is survived by his parents, Dr. Kim Carey and Sandra Carey; his brother, Eli Carey, all of Morgantown, W.Va.; niece, Cassandra Patterson; maternal grandmother, Wanda Tomasovich; paternal grandfather, John H. Carey of Weirton, W.Va.

Dr. Carey was a 1988 graduate of Morgantown High School and the WVU School of Medicine. He completed his Anesthesia Residency Program at Wake Forest.

The Mass of Christian Burial was held on May 19 at St. Mary's Roman Catholic Church, Star City, West Virginia. Memorial contributions may be made to the Anthony DiBartolomeo Memorial Fund at WVU, P.O. Box 9008, Morgantown, W.Va. 26506; or the Golf for Kids program in Atlanta, Ga.

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Medicare/Medicaid Primer (continued from page 4)

that eventuate to C sections, change of attendings for the epidural placement which eventuated to C section, and various combinations thereof, have fallen through the floor (as if you haven't noticed…). Moreover, we in academia are getting killed with resident oversight of labor epidural procedural coverage and payment, because of the required modifier submission of an anesthetist component, even though they may have only topped up the patient. I have been told that the DCH processing system was recently updated which is causing these claims to deny. I wish I could relate some better news on that front, but incessant phone calls and email exchanges have born no other fruit.

Please email me if there has been any improvement in claim denials and payments with regards to OB Anesthesia in particular, or any statewide billing issue for that matter (rgersho@emory.edu).

More specific information on the CMS website www.cms.hhs.gov/MedicareContractingReform.

There has never been a more compelling time to join MAG.

MAG creates value for every physician in Georgia

The GSA Executive Committee encourages members to join the Medical Association of Georgia for the dual purpose of receiving the several membership benefits and to contribute to MAG programs and initiatives.

"The Medical Association of Georgia provides many value added services to physicians and their practices and has represented physicians on critical issues such as tort reform, prompt payment, and scope of practice," said GSA member John Bowden, M.D. of Conyers, a long-time MAG member. "MAG has helped empower GSA legislative issues by working closely with GSA staff to coordinate lobbying efforts."

"In the future, I see MAG playing an important role on the state level with the impending federal health care reform that will ultimately reshape the practice of medicine and the field of anesthesiology forever. There has never been a more compelling time to join MAG."

The Medical Association of Georgia (MAG) is regarded statewide as the leading legislative and legal advocate for physicians in Georgia – regardless of specialty or locale.

"After patient care, we're talking about the bottom-line issues that affect us the most as doctors…tort reform, insurance reform and third party payment," says MAG President M. Todd Williamson, M.D. He points out that…

continued on back cover

Medical Association of Georgia

Building a Better State of Health Since 1849

- MAG is the leading legislative and legal advocate for physicians in Georgia – regardless of specialty or locale
- After patient care, MAG is focused on the issues that affect physicians the most – tort reform, health insurance reform, and third party payment
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For more information, please contact the Medical Association of Georgia
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Program and Education

Summer Meeting Addresses 'Knowledge Gaps' Outside OR

Carolyn Bannister, M.D., Chair

Have you registered for the upcoming summer educational meeting at the King and Prince? The Activity Director is Dr. Mary Arthur from the Medical College of Georgia; the curriculum covers anesthesiology outside the OR. The speakers are excellent and the topics are certain to be educational. We all are being asked to provide anesthesiology in remote locations now more than ever.

Dr. Nevin Kreisler is Vice Chair of the Program and Education Committee. He and I are learning that some new changes are in place regarding requirements for continued accreditation from the ACCME. The accrediting agency for GSA is the Medical Association of Georgia. The Program and Education Committee must now demonstrate that our meetings are tailored to provide information for the membership to cover "knowledge gaps."

To that end, we will change the educational survey somewhat to ask what areas the membership considers to be "knowledge gaps" or "practice gaps" so that we may make conscious decisions to bring speakers to address those needs. We have taken a limited ad hoc survey for the winter meeting and found great interest in how research impacts our practices, how drugs work, etc. The program and education committee enlisted Paul Garcia, MD/PhD from Emory as program coordinator for the educational meeting in winter 2010. The location is being negotiated now so stay tuned for more about that meeting. After we review the newly revised educational survey, we will be able to select a theme for next summer's educational meeting. Please notify the committee of any interested members who you think would plan an appealing educational meeting.

The committee appreciates all those who took time to respond to the educational surveys in the past and now we need very specific recommendations for meeting content. I hope each of you will take the time again to complete the new survey when it is distributed to members later this summer.

Those who have served as Activity Directors in the past will attest to the fact that staff at Cornerstone Communications are phenomenal in bringing all the details together for these meetings. We are truly fortunate to have their assistance in securing desirable meeting locations, negotiating contracts for meeting facilities, inviting speakers, advertising the meetings, registering attendees and certifying CME credits.

We welcome ideas for improvement of format, dates, location, content, agenda, and potential speakers for the educational programs. One of the important missions of our Society is educational opportunities for life-long learning for our members. Your recognized "knowledge gaps" may be forwarded to either me (cbannis@emory.edu) or Dr. Kreisler (NKreisler@gaanes.com).

We all are being asked to provide anesthesiology in remote locations ...

To join a committee contact the the proper committee chair for more information. Contact info on page 14.

Workers' Comp Medical Fee Panel

Carlos Giron, M.D.

Editor's Note: Dr. Giron, a GSA member, specializes in Interventional Pain Management and has represented the Society before legislative study committees on the subject. He was appointed to the SBWC Medical Subcommittee in 2007.

The Medical Subcommittee of the Georgia State Board of Workers' Compensation is comprised of members of the medical community, insurance companies, employers, and attorneys. The work of this organization is important to any health care provider who treats injured workers from Georgia. The tasks of this subcommittee include discussing medical, legal, and reimbursement issues as they affect injured workers, healthcare providers, and the SBWC system.

The Workers' Compensation fee schedule is one of the major undertakings of this organization. It factors in a myriad of economic indicators and must be budget-neutral. This is a tremendous challenge and must be addressed every year as mandated by Georgia statute.

I was appointed to the Medical Subcommittee of the SBWC in 2007 as the representative for Interventional Pain Management. Meetings are held on a quarterly basis in addition to the annual meeting, which takes place every October.

My involvement in this capacity has been both educational and participatory. Questions frequently arise regarding Pain Management issues and my role is to address those issues to ensure patient access to legitimate and appropriate medical care. This "seat at the table" is of paramount importance in that I am able to voice the concerns of our specialists and also serve as a resource to other members at the State Board, most of whom are non-medically trained. We interact with members of other committees and our concerted efforts allow the Workers' Compensation system to adapt and remain responsive to the ever-changing needs of injured workers and health-care providers of Georgia.

This "seat at the table" is of paramount importance ...

New Committee on Academic Anesthesia

Following approval at the 2009 Winter Meeting, the Resident Liaison Committee has been renamed & reformed as the Committee on Academic Anesthesia. In his explanation of the reorganization, Dr. Howard Odom listed the strategies GSA can employ to more clearly target support for academic anesthesia & residency training.

1. Committee Representation – an expanded view of academic issues to initially acknowledge two of the academic missions; residency education & research
2. Occasional / Recurring *Newsletter* segments – many possibilities including:
   - Resident Section Update
   - Chairman's Letter (or Report) – updates for alumni, resident recruitment
   - Research Update – brief descriptions of faculty & resident projects
3. Poster Sessions / Resident Presentations – events at GSA meetings

Representatives from the two Georgia academic anesthesia departments are Dr. Tom Philpot from Emory and Dr. Audrey Alleyne from MCG.

Committee for Respons

2009 GSA-PAC Patrons

GSA member contributions to the Committee for Responsible Health Care Policy (GSA-PAC) empower GSA leaders and lobbyists to represent the interests of patients and practice. GSA-PAC supports candidates who have demonstrated their interest in protecting patient safety and improving the delivery of quality health care throughout Georgia.

Hundreds of GSA members contribute to GSA-PAC, making it one of the most dynamic and sought-after medical specialty political organizations in the state. Through member involvement representing all areas of the state, GSA-PAC can say with integrity and boldness that it represents the interests of physicians and patients across Georgia. In a state with 236 state lawmakers, geographic diversity is a powerful tool.

The following GSA-PAC contributors have helped stock the GSA government affairs toolbox thus far in 2009.

Thank you for your continued support,

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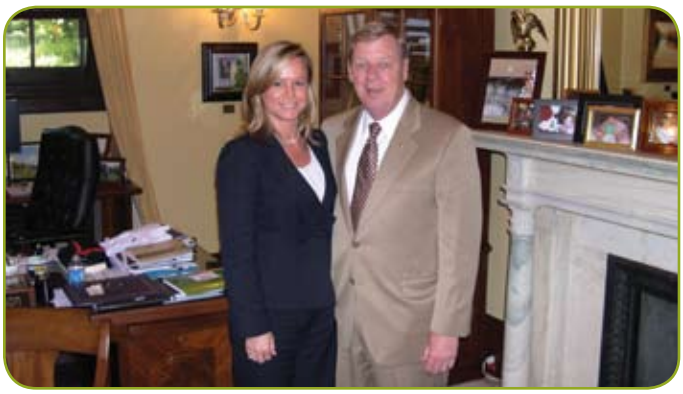

Dr. Katie Meredith and U.S. Sen. Johnny Isakson

GSA Government Affairs Chair Dr. Steve Walsh (r) with state Senator Don Thomas, M.D., R-Dalton

From Brasstown Bald to Bainbridge, Tybee Light to Lookout Mountain, GSA-PAC supports candidates who demonstrate a concern for patient safety and act!

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MAG creates value ...

(continued from page 15)

- MAG coordinated a grassroots effort to preserve the jobs of 18 emergency department physicians whose contract had been terminated at a Gwinnett County hospital.
- MAG was the only state medical association to oppose the "stimulus package" because it included provisions for "comparative effectiveness", a plan to ration care based on the government's definition of "value" to save money.
- MAG is leading a multi-state effort to introduce an AMA resolution to ensure physicians have the right to privately contract with their patients.
- MAG helped its members capture the equivalent of $30 million in unpaid third-party payment claims in the first three months of 2009.

"As individuals, we have very limited influence on the path that anesthesiology and medicine will travel," the GSA's Bowden said. "As a cohesive group supported by the family of medicine, we have the opportunity to shape our future."

Go to www.mag.org for additional information.

"As a cohesive group supported by the family of medicine, we have the opportunity to shape our future."