



Mid-year report: *GSA by the numbers*

James E. "Jet" Toney, Executive Secretary

In the less-traveled areas of the rural South, country folk like to say "It ain't braggin' if you done it." There's a great deal of wit and wisdom in this philosophy, and it has been adopted in contemporary political and government circles as politicians and regulators point to results (whether anticipated or actual) to demonstrate their metal.

Similarly, as the GSA approaches mid-year, a good results-driven approach to assessing the Society's performance is in order. As the staff person assigned to chronicle the global activities and services of the Society, I enjoy the unique privilege of observing the varied successes of the organization throughout the year. Armed with that perspective, I submit the following report:

GSA is a professional organization that is dually driven by the goals of providing member benefit and protecting patient safety through advocacy and education. The activities which promote attainment of the individual goals are mutually beneficial.

Already in 2010, GSA, under the attentive leadership of Dr. Rick Hawkins, is accomplishing its goals.

Quality, Relevant Continuing Education

The January Winter Forum CME curriculum (Dr. Paul Garcia, Activity Director) provided members relevant information about how new research in anesthesia will benefit patients. Notable presenters brought cutting-edge knowledge and application to

our state to help improve patient outcomes.

The Summer Meeting, July 16-18 at The Ritz-Carlton Lodge at Lake Oconee (Dr. Colin Brinkmann, Activity Director) features "meat and potatoes" content which should benefit the practice of a majority of GSA members and improve patient care. The faculty includes ASA leaders who will relate current issues at the federal level to how anesthesiologists practice their profession locally. In addition to the convenient mid-state location, quality facility and outstanding speakers on practical topics, the mid-summer date is intended to be attractive to GSA members throughout the state.

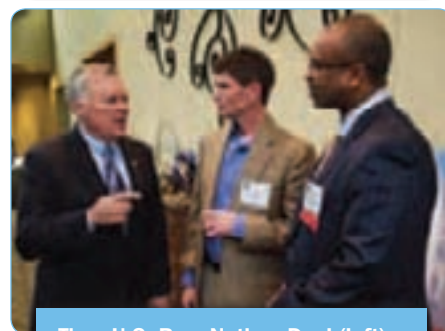
Issue Advocacy

Education and advocacy met at the Winter Forum when candidates for U.S. Congress and Governor presented during the noon business meeting. This political forum was one of the first such opportunities afforded a candidate in the 2010 gubernatorial race and former U.S. Representative Nathan Deal took advantage of the time to address federal health care issues. Ninth Congressional District candidate, State Sen. Lee Hawkins, a dentist, also presented.

During the 2010 Session of the Georgia General Assembly, GSA advocacy for patient safety reached another milestone when House Resolution 1449 (Rep. Sharon Cooper, sponsor) and Senate Resolution 1222 (Dr. Don Thomas, sponsor) were adopted. Though non-binding, the



Then State Sen. Lee Hawkins, (left) a Gainesville dentist, campaigned for Rep. Deal's Congressional seat at the GSA Winter Forum.



Then U.S. Rep. Nathan Deal, (left) a GOP gubernatorial candidate, met GSA members at the January 23 Winter Forum in Peachtree City.

measures demonstrate that members of the legislature would like the Georgia Composite Medical Board to take on the responsibility for adopting either regulations or guidelines for assuring patient safety in office-based surgery. If the Board adopts such standards, then Georgia would join more than half of the states which have created standards of patient care for procedures done by physicians in offices. It is worth noting that the state dental board has already begun such proceedings.

Also during the session, GSA's advocacy team and its leaders worked in coordination with the Medical Association of Georgia to pass SB 62/

913

GSA members,
all classes

\$48,000

GSA-PAC contributions
to state legislative
candidates in July 20th
primary

20

GSA members
attended the ASA
Washington Legislative
Conference on April 26

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Editor's Corner

Kathryn Stack, MD, Chair, Communications Committee, Editor, *GSA scope*



I hope you are all well as summer humidity has settled in. What a wild launch to a new year and decade. There are many active and important issues culminating in a multitude of challenges ahead. The recent

passage of healthcare reform; the mandates of newly revised CMS guidelines which have snuck up on most of us; the death of tort reform in Georgia with the declaration by the state's Supreme Court that capped damages are unconstitutional; as well as important endeavors underway within the state to protect patient safety during office-based procedures, resist excessive taxes and fees levied upon physicians, and endorse measures to preserve

the sanctity of the patient- doctor relationship – all this may have left you a bit dizzy and weary. But as they say – “Keep your eye on the ball” and prepare for the marathon not the sprint.

There will yet be many opportunities to participate in the formation of policy and law. Stay tuned, stay informed, and stay involved. Many thanks to Dr. Hawkins and the dedicated physician leadership of the GSA who, in addition to carrying out their daily professional responsibilities, work tirelessly for the benefit of the GSA members, fellow Georgian physicians, and the patients we serve. Many thanks also to Jet Toney and his team for exceptional work on behalf of the Society and its missions.

The GSA 2010 annual Winter Forum, “New Research into the Fundamentals of

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President's Letter

Patient safety is top priority

Rickard S. Hawkins, MD, GSA President



As most of those reading this already know, the specialty of Anesthesiology is widely recognized as a pioneer in the

area of patient medical safety. The Anesthesia Patient Safety Foundation (APSF) was begun in 1985 as the first independent multi-disciplinary organization tasked to help avoid preventable adverse outcomes from anesthesia. The tremendous positive influence of this safety movement within anesthesiology was recognized in the 1999 Institute of Medicine report on errors in medicine. Anesthesiology was the only specialty that was praised for its improvement in patient safety. In 2005, a front page article in the Wall Street Journal also highlighted the role of the ASA and APSF in vastly improving the safety of anesthesia.

You may be wondering, "why this history lesson?" The efforts of organized anesthesiology to increase the safety of medicine for our patients, not only while under our care, but throughout medicine, continues today. This effort is carried forth by our national anesthesiology organizations as well as our state societies; thus, the reason for this article: The GSA was successful in getting a resolution

approved in the Health and Human Services committees of both the state House and Senate which urges the Georgia Composite Medical Board to establish medically accepted standards of care for Office Based Surgery (OBS).

Over the past two years, the leadership of the GSA has placed a high priority on the establishment of OBS guidelines/regulations here in Georgia. For offices that do not have accreditation from recognized organizations (JACHO, AAAHC, etc), there are no established minimum standards for monitoring, credentials, etc, in Georgia for surgical procedures that utilize sedation/anesthesia in offices. There are also no requirements to report any adverse outcomes. The Georgia Legislature attempted to establish regulations in 2001, but the bill failed to pass. However, due to the impassioned guidance of Steve Sween, MD, and the political experience of lobbyist Jet Toney, the GSA put into place a strategy to make OBS regulations a reality in Georgia.

We began two years ago identifying the states that had already instituted OBS statutes and reviewed these. At present, there are about 26 states with some form of OBS regulations with a few others in the legislative process. Georgia is the only state in the southeast that does not have some form of OBS regulations.

The American College of Surgeons

approved 10 *Core Principles of OBS* and these were endorsed by over 30 professional medical societies and accrediting bodies including the ASA, AMA, American Academy of Cosmetic Surgery, American Academy of Dermatology, AAAHC, JACHO, Federation of State Medical Boards, and others. The first Core Principle states: "Guidelines or regulations should be developed by states for office based surgery according to levels of anesthesia defined by the...ASA's "Continuum of Depth of Sedation..." We believe strongly that it is a patient safety issue for the citizens of Georgia that OBS minimal standards be instituted.

We concluded from our research that the most effective, flexible, and clinically relevant guidelines were those that were established by the Boards of Medicine and not through the legislatures. The guidelines should outline appropriate minimal standards for monitoring, reporting of adverse outcomes and a means of verifying appropriate credentials. These guidelines would not affect surgical procedures performed under straight local anesthesia or very mild sedation (single oral medication). We spoke with members of the GA medical board and obtained their input as well as their support. We then identified key members of both houses

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... efforts of organized anesthesiology to increase the safety of medicine for our patients continues today.

Commercial Support

MAG Mutual gift boosts GSA ConEd

MAG Mutual Insurance Company has contributed \$15,000 to the Georgia Society of Anesthesiologists through an unrestricted educational grant. A presentation of the check was made by Steve Davis, Ph.D., at the January 23 GSA Winter Forum at Dolce Atlanta-Peachtree (City) Conference Center. Davis is Medical Relations Director for the company. GSA member Dr. John B. Neeld, Jr., a MAG Mutual Board member, accepted the check on behalf of the Society.

MAG Mutual has made a significant contribution to the GSA educational program in each of the past 15 years. The financial support helps enable GSA to offer world-class continuing

education seminars to members and guests at registration rates which are below actual cost.

"This contribution recognizes the longstanding friendship and support of the Georgia Society of Anesthesiologists," MAG Mutual Board Chair Dr. Roy Vandiver wrote in an accompanying letter to Dr.



Dr. John Neeld



Dr. Roy Vandiver



Rick Hawkins, GSA President. "We value the close ties and collaboration between GSA and MAG Mutual which extend back to the Anesthesiologists' Premium Reduction Plan and resident seminars at Lake Oconee in the '90s."

"On behalf of Dr. John Neeld and all the MAG Mutual Directors, I congratulate you, the officers, members and staff of the GSA on your strong record of service to your membership and to the medical community in our state," Vandiver said.

Editor's Corner (continued from page 2)

Anesthesia", was held on January 23, 2010 at the Dolce Atlanta-Peachtree Hotel and Conference Center in Peachtree City. Program Director Dr. Paul Garcia assembled an impressive selection of nationally renowned speakers. The program emphasized the intersection of research and clinical practice. Attendees were also treated to an outstanding array of presentations highlighting resident and fellow research in Georgia's two anesthesiology training programs. A tradition of the winter CME meeting,

the historical lecture was delivered by Dr. William Hammonds who presented a memorable video history celebrating the life, career, and influence of Crawford W. Long.

Make your plans soon to attend the GSA 2010 annual Summer Meeting to be held July 16-18, 2010 at The Ritz-Carlton Lodge, Reynolds Plantation in Greensboro, Georgia. Activity Director Dr. Colin Brinkmann has a great program planned. Be sure to check out the details inside this edition of the newsletter.

Deadlines for future newsletters:

September 10 (fall)
December 10 (winter)

16

CME hours by
GSA this year

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ASA Washington Conference timely, relevant

More than 500 practicing anesthesiologists, resident physicians and component society lobbyists participated in the 2010 ASA Washington Legislative Conference, April 26-28. The Georgia Society of Anesthesiologists was represented by 16 practicing anesthesiologists, three residents and GSA staff Jet Toney. The state contingent visited or made a significant contact with each of the 13 Georgia Congressional offices (except the vacant 9th District) and both U.S. Senate offices.

Priority issues covered at the conference include the following:

- **Support for fair payment for anesthesia services under Medicare (33 percent problem)**
- **Support for H.R. 5295, "Healthcare Truth and Transparency Act," co-sponsored by Rep. David Scott, D-Georgia**
- **Support for rural "pass-through" legislation, H.R. 2204, "Medicare Access to Rural Anesthesiology Act" and S. 1157, "Craig Thomas Rural Hospital and Provider Equity Act of 2009"**

For more information on federal issues, go to <http://www.asahq.org/Washington/pospapers.htm>

Dr. Steve Sween, Vice-Speaker

of the ASA House of Delegates, presented at the popular State Issues Forum on the subject of GSA's proposal to establish office-based surgery standards of patient care in Georgia. Dr. Howard Odom, GSA Past-President, reported in his role as chair of the ASA Committee on Anesthesiologist Assistant Education.

GSA members attending the conference submitted the following observations on conference presenters, issue discussions, Capitol Hill visits and the responses of elected officials.

**Sona S. Arora, MD
CA-3, Emory Anesthesiology**

In addition to advocating for our profession every time we talk to patients and colleagues, advocacy

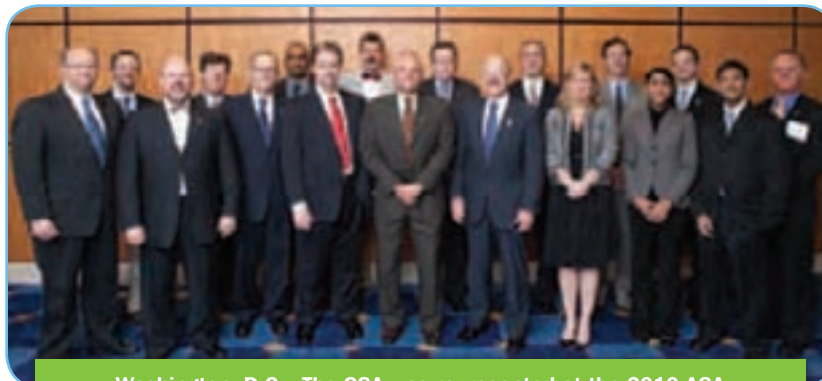
5295, the *Healthcare Truth and Transparency Act of 2010*. Although we strive to fully inform our patients daily, they can be unintentionally confused by the multiple members of the anesthesia care team and their roles. In an effort to empower patients to make more informed decisions, this bill seeks to make it illegal for any healthcare provider to misrepresent their training and qualifications. Such critical issues make advocacy at the federal level essential.

**Arnold J. Berry, MD, MPH
GSA Past President
ASA VP for Scientific Affairs**

Although comprehensive healthcare reform legislation has been passed and signed by President Obama, the ASA Legislative Conference had a full

agenda covering other topics. One major initiative was to garner support for the "Truth and Transparency Act", sponsored by Representative David Scott (D-GA). This legislation would empower patients by requiring their healthcare providers to clearly identify their degree and level of training. I was part of the GSA delegation visiting Rep. Scott

and heard him describe how he was working to build a broad coalition of support prior to introducing the legislation. In the current healthcare environment, H.R. 5295 is critical to



Washington, D.C – The GSA was represented at the 2010 ASA Washington Legislative Conference by 16 active members, three residents and the executive secretary. Participants heard top elected officials, administrators and experts address the most current health care topics.

at the federal level is also necessary. For instance, this year at the ASA Legislative Conference we urged our Senators and Representatives to support, among other things, H.R.

Such critical issues make advocacy at the federal level essential.

allow patients to understand who is actually providing their care.

Gaurav P. Patel, MD
CA-1, Emory Anesthesiology

As a CA-1, attending the ASA legislative conference was a great experience. As a resident, I do not always get to see the problems affecting our specialty. But this event helped me understand the complex nature of and the politics that surround anesthesiology. Not only was I introduced to what was happening on a national level, I was also made aware of happenings on the state level, both in Georgia and elsewhere. **To say it was eye-opening would be an understatement.** I was also able to meet state representatives and policy makers who could theoretically make a difference in the way I practice in the future and can help empower patients. The legislative conference made me realize how important it is for me to be involved at an early stage in my career so that we can all help to further this last goal (empowering patients) and can help shape the future of anesthesiology.

Lee Davis, MD

The 2010 ASA Legislative Conference was another well-organized, productive, and interesting activity. This was my third time participating, and I felt the speakers this year were the best ever. I believe the issues were clear and straightforward. I believe we made some headway and am encouraged to see a bipartisan letter being sent to Secretary Sebelius regarding the "33%" problem. I am hopeful this has a chance to be corrected once

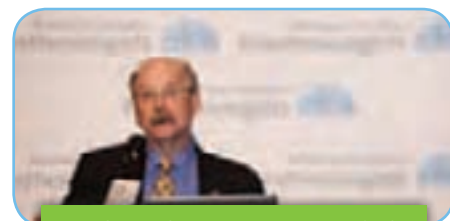
and for all. I have seen over the years that if you keep an issue in front of Congress long enough, eventually **positive change can be effected.** It is always good to see a strong Georgia contingent.

Rick Hawkins, MD
GSA President

Although it may seem like the "sky is falling" in medicine, now is the time to be Energized and Involved. Our recent visit to Washington, DC was disheartening, but also surprisingly encouraging. We now have a massive new health care law, but the "reform" is just now starting. The various agencies involved must now write the regulations which will implement this law. In addition, we were informed by members of both chambers and parties that there are many portions of the law that need to be altered or even replaced. ASA was able to keep many draconian rules out of the bill such as public plans with Medicare payment rates, and ASA will continue to be involved in the process. We, through the ASA, can have personal contact with those in DC, and, through our vote, still have a huge opportunity to help mold this law for the benefit of our patients and our profession. **HELP THEM HELP YOU!!! This is YOUR Career and Life.** Regardless of your opinion of the law, it is imperative to be INFORMED, INVOLVED, GIVE to the ASA and GSA-PACS and VOTE. **THERE IS POWER IN NUMBERS!**

Tom West, M.D.
Past-President, GSA

The benefit of the Legislative



Dr. Steve Sween reported on OBS regulation in Georgia at the ASA State Issues Forum.



GSA Past President Dr. Howard Odom updated ASA attendees on anesthesiologist assistant education and licensing initiatives nationwide.



Washington, D.C. – Dr. Arnold Berry (center right) discusses H.R. 5259, "Healthcare Truth and Transparency Act," with U.S. Rep. David Scott, GA-13, (left). Dr. Howard Odom (center left) and Dr. Lee Davis offered examples of why the legislation is vital to informed patient decisions. Congressman Scott became a lead bi-partisan co-sponsor of the legislation after this visit.

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H.R. 5295 is critical to allow patients to understand who is actually providing their care.

Change comes slowly when opposing views are present but quicker when one side does not show up.

ASA Washington ... (continued from page 7)

Meeting cannot be measured by one visit to the hill. We make the yearly trek to educate each member of the Georgia delegation about Anesthesiology as the practice of medicine and how their decisions affect our ability to staff and provide services. Almost every year the AANA has preceded us by a day. Most years, our key legislative issues are not scope of practice issues but nevertheless we hear that the Congressmen and their aides are being chided with assertions that anesthesiologists do exactly the same services as Anesthesiologists. Change comes slowly when opposing views are present but quicker when one side does not show up.

Katie Meredith, MD
Chair, GSA-PAC

Healthcare Reform is a critical issue that weighs heavily on our minds as we enter the 2010 election cycle. **Advocacy has never been more important.** Many federal laws that are passed will be implemented at the state level, and specific regulations and funding decisions will be made in our own backyard, at the Georgia State Capitol. We need to stay vigilant about what these legislators believe and how they impact our futures.

Todd Wheeler, MD

The 2010 ASA Legislative Conference once again shone the spotlight on exactly what issues face our specialty and what we must do collectively to ensure that we are protected. With the uncertain advent of impending healthcare reform it is more important than ever for us to be active in our local, state and national organizations. **Silence and ambivalence will ensure that we have no forum in which to discuss these issues.** Whether it be the 33%

inappropriate valuation of our services, rural "pass-through" protection for anesthesiologists, or protecting and informing our patients about the type of care they are to receive; each of these issues and many more will greatly impact the way we practice anesthesia now and in the future. It is imperative that we are all aware of the issues impacting our specialty and be prepared to discuss them with our elected representatives.

Thomas Gallen, MD
CA-2, MCG

This was my second ASA legislative conference and it finally clicked: This is a war not a battle. It is critical to maintain and encourage involvement--doing it by myself isn't enough. While they may seem to be the enemy, legislators often don't know what they are talking about, that's why they need US to visit, to call, to teach and to explain. **As practitioners of a complicated art we do ourselves and our patients an injustice not to educate those that dictate policies by which we must abide.**



Dr. Rick Hawkins
GSA President



Dr. Arnold Berry
ASA VP, Scientific Affairs



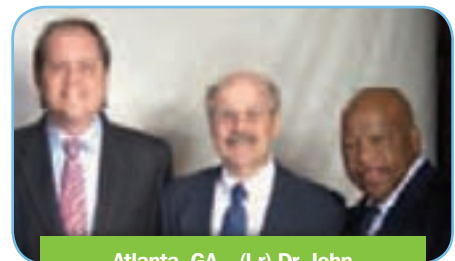
U.S. Rep. Lynn Westmoreland, GA-3, enjoys a group photo op.



Dr. Sona Arora
Emory Resident



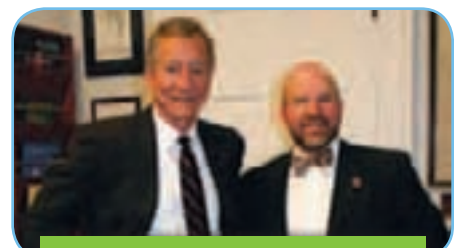
Dr. Gaurav Patel
Emory Resident



Atlanta, GA - (l-r) Dr. John Stephenson, Dr. Steve Sween and U.S. Rep. John Lewis, GA-5, House Senior Chief Deputy Majority Whip, at a district event last year. Congressman Lewis and Rep. David Scott co-signed a letter to the director of CMS calling for a solution to proportionately low Medicare payments to anesthesiologists. Lewis and Scott are the only two members of the Georgia delegation to support the "sign-on" letter sponsored by ASA.



A GSA Capitol Hill team heard U.S. Rep. Jack Kingston, GA-1, denounce health care reform.



U.S. Rep. Jim Marshall, GA-8, and Dr. Bob Lane of Macon in the Cannon House Office Bldg.

Society Administration

ByLaws update to clarify member process, cost

Steve Walsh, MD, Chair, ByLaws Committee - Stevenwalsh@bellsouth.net



The Executive Committee (EC) of the GSA meets by teleconference at least quarterly. Much of the work and responsibility

of the panel is to assure that the Society is run in an efficient, fair and financially sound manor. The EC constantly considers changes to procedures to assure member satisfaction and clarity of administrative processes.

With such charge, the ByLaws Committee submits the following notification of two proposed ByLaws amendments to be considered in a vote of all members in attendance at the July 18 General Business Meeting at the summer CME conference at the Ritz-Carlton Lodge at Lake Oconee/ Reynolds Plantation.

Proposed new language is in green text. Please do not hesitate to contact me to discuss these amendments. My email is provided above.

4.05 Application for

Membership: Application for membership in any class of membership, other than honorary membership, shall be made in such manner and form as the Committee on Membership or the Board of Directors may from time to time designate. A nonrefundable

application fee equal to the annual assessment for the class shall accompany all such applications, provided, however, that if application for membership is being made **for the first time, the application fee shall equal the annual fee prorated to the remaining months of the membership year.** ~~after July 1st, the application fee shall equal one-half (1/2) of the annual assessment.~~ Such application fee shall, upon approval of the application, be used to satisfy the applicant's annual assessment requirement for the year of application. By making application for membership in the corporation, each applicant agrees to abide by and be bound by the Articles of Incorporation and Bylaws of the corporation.

Purpose: The amendment will authorize pro-ration of the application fee (member dues) in the initial year of membership based on the month of the year in which the application is made.

4.09 Annual Dues and

Assessments: Annual assessments are due and payable on January 1st of each year. Members not paying such assessments before March 31 shall be deemed delinquent. The Secretary shall notify a delinquent member in writing, by registered mail, that his/her membership will be terminated if the applicable assessment is not received by April 20th of that year. If such assessment is not paid by April 20th,

the delinquent member's membership shall automatically terminate and the Secretary shall notify ASA of the same. Membership so terminated can only be reinstated after an application for membership is submitted and approved in the manner provided in these Bylaws and payment of all dues and assessments to include the entire current year's dues and up to one year of delinquent dues ~~including all delinquent amounts,~~ is received by the corporation. **The Membership Committee may waive or reduce the amount of the delinquent dues.**

The GSA Executive Office staff shall be empowered to communicate with members in accordance with such Administrative Procedures as the Board of Directors may enact for the purpose of notice and collection of such annual dues and assessments.

Purpose: The amendment clarifies the cost of reinstating membership after a lapse of a year or more. A member who terminates (by non-payment of dues or by choice) membership will be required to pay the full year dues in the year of application for reinstatement and may be required to pay up to the full cost of the prior year's dues. The Membership Committee is granted authority to determine whether or not circumstances justify a waiver or reduction of the cost of the prior year's dues.

The vote on proposed ByLaws amendments will be held at the July 18 General Business Meeting.

1449/1222

State House and Senate resolutions on office-based surgery regs

2

GSA members on the 12-member ASA Administrative Council

157

GSA-PAC contributors

4.05/4.09

By-laws section amendments to streamline member applications

By the numbers ... (continued from page 1)

HB 321 which requires third-party health plan administrators to abide by state 'prompt pay' laws. Though Governor Perdue vetoed the bill, MAG's lobbyists deserve a weighty pat on the back for their efforts in completing this three-year effort to improve cash flow for medical practice and assure that patients are receiving the coverage/benefits deserved. Other medical specialty societies were as involved as GSA, which demonstrates the importance of having a strong, coordinated advocacy program involving the state medical association and the various specialty societies. Such coordination was evident in a successful defense against efforts by some APNs to expand their prescriptive authority to Schedule II drugs and allow APNs to become providers of record for insurance purposes.

Political/Regulatory Action

As this is an election year in Georgia, GSA began its electoral participation immediately after the close of the 2010 legislative session. Led by Chair Katie Meredith, M.D., GSA-PAC will contribute more than \$48,000 to state legislative candidates who face opposition in the primary on July 20. Most of these candidates are incumbents who have demonstrated their support for policy and law that protects patient safety and assures the continuance of physician-led health care in Georgia. Once the primaries are concluded, GSA-PAC will prepare another round of campaign funding for run-offs and general election contests. Note that each of these contributions is delivered personally by GSA lobbyists or a GSA member, or both.

ASA Component Society

At the federal level, 20 GSA members joined more than 500

anesthesiologists and society staff from throughout the nation at the April 26-28 ASA Washington Legislative Conference. The highlight of that three-day conference is physician visits to each of the offices of Georgia's 13 members of Congress and two U.S. Senators. The primary purpose of those visits this year was to advocate for legislative pressure on the CMS to enact an administrative solution to anesthesia's "33 percent" problem of low payment rates under Medicare.

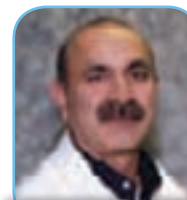
Among ASA leadership responsibilities, GSA is hugely represented. Two of 12 ASA Administrative Council members are GSA members: Dr. Arnold Berry, Vice-President of Scientific Affairs, and Dr. Steve Sween, Vice-Speaker of the House of Delegates. In the category of "It ain't braggin' if you done it," having your members represent 1/6th of leadership of your national professional organization is a serious indication of effort and participation.

Committees in Action

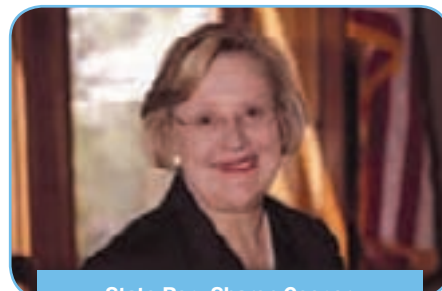
On the practice management front, Chair Dr. Jason Williams and Vice-Chair Dr. Raj Arora have responded to member inquiries on billing and coding issues. Though not widely known, Dr. Raphael Gershon has quietly and successfully represented the GSA before the Carrier Advisory Committee of Medicare/Medicaid. Dr. Gershon and GSA President Dr. Rick Hawkins served as "Doctors of the Day" at the State Capitol this winter providing medical care to legislators and staff in the popular and beneficial MAG physician involvement program. And Anesthesia Care Team Committee Chair Dr. Howard Odom has been at the forefront of state and national efforts to expand Anesthesiologist Assistant training and licensing.



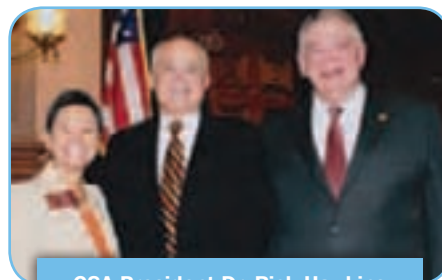
Dr. Jason Williams
Practice Management
Chair



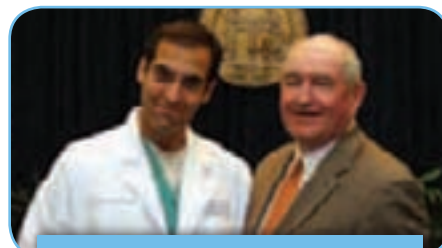
Dr. Raj Arora
PM Committee Vice-
Chair



State Rep. Sharon Cooper, R-Marietta, sponsored GSA's OBS regulation legislation. The chair of House Health and Human Services, she faces a primary challenger on July 20. GSA-PAC asks GSA members to supplement the PAC's contribution with personal contributions.



GSA President Dr. Rick Hawkins (center) served as a MAG Doctor of the Day. State Rep. Charlice Byrd (left) is Dr. Hawkins' state House member. Speaker David Ralston, R-Blue Ridge, on right.



Dr. Raphael Gershon, a MAG "Doctor of the Day" during the 2010 legislature, with Governor Sonny Perdue.

In Memoriam

George Petrus Petrides, MD

AUGUSTA, Ga. - George Petrus Petrides died June 13, 2010, of a massive heart attack while working out at his favorite gym. Dr. Petrides joined the GSA in 1986 and had remained an active member since.

George was an anesthesiologist in Augusta for more than thirty years, first at St. Joseph's Hospital, then at University Hospital. Caring for his patients and providing for his family were his chief goals. He served in the US Army as a General Medical Officer at Ft. Stewart, Georgia, and did his residency at Bowman Gray School of Medicine in North Carolina. He was the sole anesthesiologist in

Statesboro, GA, for a year before making his home in Augusta.

He was born in Charlotte, NC, on August 18, 1948. He was the son of the late Petrus D. Petrides and Sachel M. Petrides, and is survived by his wife of more than forty years, Julia T. Petrides, as well as his children, Christina Petrides, Sarah Petrides (George Martins), David Petrides (Charlotte), and Michael Petrides, and two grandchildren, Julia and Jay Martins of West Warwick, Rhode Island. Other survivors include his sisters Georgia Petrides and Bess Holt and his brother James Petrides.

Memorial contributions may be

made to Redeemer Presbyterian Church, 2540 William Few Parkway, Evans, GA, 30809. George was a member of Redeemer Presbyterian Church. He looked forward eagerly to the day when he would be absent from his body and present with the Lord. Funeral services were held Wednesday, June 16, at the Chapel of Thomas Poteet and Son with Rev. Charlie Stakely officiating. Thomas Poteet & Son Funeral Directors, 214 Davis Rd., Augusta, GA 30907, (706) 364-8484.

The Augusta Chronicle-June 15, 2010

USDA grant enhances CWL Museum rehab

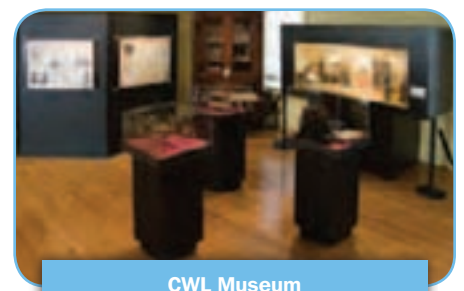
The Crawford W. Long Museum in Jefferson, Georgia, reopened January 9 after extensive structural repairs to the facility's three historic buildings. The two-year project, funded by a \$200,000 grant from the USDA Rural Development department, included enhancements to the museum's apothecary and anesthesia exhibits.

The Crawford W. Long Gallery offers all-new exhibits about the life of Dr. Long. The Gallery provides details of the first use of surgical anesthesia on March 30, 1842; information on his education compared with that of most physicians of his time; and a discussion of the "ether controversy" which unfolded after a demonstration of ether anesthesia by W. T. G. Morton in Boston in 1846.

A new exhibit room covers the

history of anesthesia from Dr. Long's day until the 1970s, with anesthesia machines from the museum's collection. Accompanying text notes the improvements from each machine to the next. Included in the gallery are an Allis Inhaler, a Bennett Nitrous Oxide-Ether Apparatus c. 1905, a portable Gwathmey Foregger Apparatus from 1914, a Foregger machine with Copper Kettle vaporizers, and Ohio Models 4000 and 5000.

GSA members are encouraged to visit the renovated "Birthplace of Anesthesia;" please allow 90 minutes to tour the facility. **The museum includes a mid-1800s General Store** and is suitable for family outings. Additional information can be found at the museum's website www.crawfordlong.org and on the museum's



CWL Museum

Facebook page. Jefferson, Georgia, is located on U.S. 129 between Athens and I-85.

The Crawford W. Long Museum Association is currently raising funds to expand the History of Anesthesia exhibit. Secure credit card donations may be made from the web site's main page.

GSA members are encouraged to visit

GSA 2010 Summer Meeting

Meeting Current Challenges in the OR and Beyond

The Ritz-Carlton Lodge, Reynolds Plantation
Lake Oconee Trail - Greensboro, GA

CME Activity Director:

Colin S. Brinkmann, MD

American Anesthesiology of Georgia
Atlanta, GA



The need for anesthesia services is expanding, and we continue to see more procedures done in the outpatient setting when the patients are only getting

sicker. We, of course, should not forget the inpatients, which are now all ASA 3 and 4. The surgeons, patients, and hospitals also expect us to keep up with the latest technology and skills, and they expect us to manage problems and complications, many of which were not created by us. All this occurs in the evolving climate of healthcare where one thing is certain: there will be change; there will be more regulations; and we will be expected to respond, react, and provide service.

The focus of this summer's meeting is filling the knowledge gaps and practice gaps which continue to confront many practitioners on a daily basis in the operating room and beyond. We are fortunate this summer to have very talented and accomplished speakers from several subspecialties:

Dr. Alexander Hannenberg, President of the ASA, and Cohen Vice-President will give the ASA update. Dr. Hannenberg currently serves on the Boards of Directors of the Foundation for Anesthesia Education and Research and the Anesthesia Patient Safety Foundation, and he is a former chair of the ASA Committee on Economics and was the ASA's representative to AMA's Medicare Relative Value Update Committee for six years.

Dr. Jerry Cohen, first Vice President of the American Society of Anesthesiologists,

will lecture on Medication Management and the Joint Commission. Dr. Cohen serves as the ASA chair of the Section on Professional Standards and has been the ASA representative to the Joint Commission for the last six years. He also has been chief of the liver transplant service for 15 years at the University of Florida Department of Anesthesiology in Gainesville.

Dr. James Ramsay is the Director of Critical Care Services and the former chief of service at the Emory University Hospital Department of Anesthesiology. He is the immediate Past President of the Society of Cardiovascular Anesthesiologists and currently serves as chair of the International Anesthesia Research Society (IARS) executive committee. Dr. Ramsay will lecture on the assessment of the adequacy of perfusion and noncardiac surgery for the patient with CAD.

Dr. Jirish Joshi is the Director of Perioperative Medicine and Ambulatory Anesthesia at the University of Texas Southwestern Medical Center in Dallas. He is a Past President of the Society for Ambulatory Anesthesia and on the Editorial Board for Anesthesia and Analgesia. Dr. Joshi will lecture on the adult patient with obstructive sleep apnea syndrome for ambulatory surgery and patients with implantable cardiac defibrillators in outpatient surgery.

Dr. Manual Vallejo is Director of Obstetric Anesthesia at the University of Pittsburgh Magee Women's Hospital, Director of the Obstetric Fellowship, and Medical Director of the University of Pittsburgh Dental Anesthesia Program. He is Editor-in-Chief of Obstetric Anesthesia Digest and has conducted numerous presentations on obstetric anesthesia, cardiac anesthesia and pregnancy, and ultrasound for labor analgesia. Dr. Vallejo will lecture on postdural puncture headache and the use of ultrasound for labor epidural analgesia.

Summer CME Meeting
July 16-18, 2010

Dr. Heather Samady is an Assistant Professor of Anesthesiology at Emory University School of Medicine with heavy involvement in ultrasound guided regional anesthesia. Dr. Samady has extensive experience as an instructor of regional anesthetic techniques and has participated and co-directed numerous seminars in ultrasound guided anesthesia. Dr. Samady will lecture on ultrasound guided indwelling catheters and setting up a regional anesthesia service.

Dr. Andy Harris practices obstetrical anesthesiology at Johns Hopkins University in Baltimore, MD, and three other Eastern Shore facilities. He will address state and federal public policy issues which impact the delivery of quality patient care. Dr. Harris brings practical political experience to his lecture: he is a former Maryland State Senator and is currently a candidate for the U.S. Congress.

Learning Objectives

James Ramsay MD **Assessment of the adequacy of perfusion**

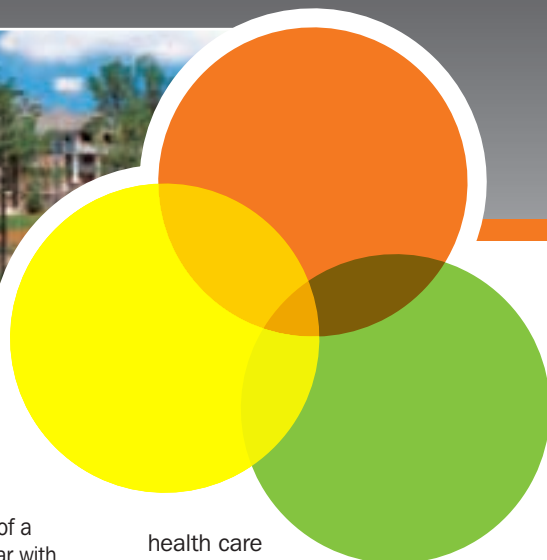
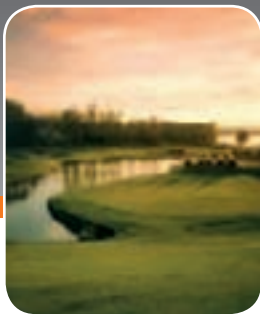
At the conclusion of the lecture the participant should be equipped to:

- understand the role of cardiac output in determining oxygen delivery to the tissues, as well as normal values, and
- understand dynamic assessment of fluid responsiveness and the use of venous and peripheral oxygen saturation in assessing adequacy of perfusion.

Diagnosis and Management of Perioperative Cardiac Dysrhythmias

At the conclusion of the lecture the participant should be equipped to:

- describe an approach to the patient who develops intraoperative dysrhythmias
- understand the role of newer anti-dysrhythmic drugs for supraventricular and ventricular dysrhythmias.



Girish Joshi, MD

Adult patient with obstructive sleep apnea syndrome for ambulatory surgery

At the conclusion of the presentation, participants should be equipped to:

- understand the pathophysiology of OSA,
- appreciate the importance of patient and procedure selection for ambulatory surgery,
- discuss anesthetic techniques that minimize postoperative risks in sleep apnea patients, and
- describe ASA practice guidelines and recognize how they impact daily clinical practice.

Patients with implantable cardiac defibrillator: are they suitable for ambulatory surgery?

At the conclusion of the presentation, participants should be equipped to:

- understand the differences between pacemakers and ICDs,
- identify the concerns for a patient with an ICD and discuss the preoperative evaluation and preparation of a patient with an ICD, and
- develop an approach to prevent intraoperative electromagnetic interference.

Jerry A Cohen, MD

Medication Management and the Joint Commission

Upon completion of this learning activity, participants should be equipped to:

- identify safe practices essential to managing medications in the anesthesia environment,
- understand and explain the essential elements of the Joint Commission requirements for medication management,
- discuss and explain the gaps between the standards and elements of performance required for TJC accreditation and actual safe practices in the operating room, and
- predict how surveyors are likely to interpret the standards.

Manual Vallejo, MD

Postdural Puncture Headache

At the conclusion of the lecture, participants should be equipped to:

- identify and diagnose a Post Dural Puncture Headache (PDPH) as well as know the appropriate treatment and management,
- recognize the differential diagnosis of a peripartum headache and be familiar with treatment strategies, and
- recognize “red flags” for life-threatening headaches in pregnant patients.

Ultrasound for Labor Epidural Analgesia

At the conclusion of the lecture, participants should be equipped to:

- discuss the indications for the use of ultrasound for labor epidural catheter insertion,
- discuss the technique utilizing ultrasound for labor epidural catheter insertion, and
- recognize advantages of utilizing ultrasound over the standard epidural block technique.

Heather Samady, MD

Ultrasound Technology for Regional Anesthesia

At the conclusion of the lecture, participants should be equipped to:

- describe and understand ultrasound equipment and how it is applied to regional anesthesia.

Continuous Peripheral Nerve Blocks in the Ambulatory Surgical Patient

At the conclusion of the lecture, participants should be:

- familiar with catheter insertion techniques, and
- equipped to describe the ins and outs of placing indwelling catheters in the outpatient surgical population.

Alexander A. Hannenberg, MD
ASA Update and Impact of ASA Programs on Patient Care

At the conclusion of the lecture, participants should be able to:

- Understand ASA Organizational Improvement,
- Appreciate ASA partnerships with

health care foundations,

- Know how to access the growing educational portfolio for member needs,
- Know more about the Anesthesia Quality Institute, a national clinical registry,
- Recognize the ASA Advocacy Agenda -- Legislative and Regulatory, and
- Appreciate Professionalism and Participation -- The Cost of Citizenship.

Andy Harris, MD

Federal and State Health Policy Issues for Anesthesiologists and Patients

This course covers the structure and function of federal and state legislative bodies, the bill-making process, various health policy issues before state legislatures, and how anesthesiologists can effectively advocate for patients. At the conclusion of the course, participants should be able to:

- differentiate between federal and state legislatures and which health policy issues they decide,
- list six areas of health policy of interest to anesthesiologists, and
- be effective advocates for their patients to state legislatures.

This is a family-oriented setting.

Family Scavenger Hunt
Family Ice Cream Social
Doctor/Vendor Golf
Receptions overlooking Lake Oconee
Evening Dessert Cruise
Families Photographed

Register at www.gsahq.org

GSA's OBS initiatives advance

■ Legislature adjourns as solons hit campaign trail

Mark Huffman, MD, Chair, Government Affairs

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



Dr. Huffman



Jet Toney

The Georgia General Assembly adjourned precisely at midnight Thursday, April 29, marking the end of what is the longest "40-day session" in four decades and probably in state history. More than 50 state lawmakers have chosen to retire or run for other elective

offices, from governor to insurance commissioner to state senate. This voluntary evacuation of more than a fifth of the seats in the state House and Senate will further enhance the "freshness" of the legislative roster after high-profile scandals in leadership rocked the state House last fall and brought a sea change in leadership style and approach.

GSA and its political action arm, GSA-PAC, will be heavily involved in races for state legislative seats and those statewide offices whose winners will create or change public policy that will impact the practice of Anesthesiology. To contribute to GSA-PAC, go to www.gsahq.org.

Bills of Interest

Office Based Surgery Standards of Care -- GSA won near-unanimous approval in both chambers for separate resolutions which "urge" the Georgia Composite Medical Board to consider standards of patient care for

procedures done in office settings. Georgia is the only southeastern state where guidelines, regulations or laws do not exist and one of about 20 states nationally. HR 1449 and SR 1222. For copies of the legislation, go to www.legis.state.ga.us.

Trauma Care Funding -- Lawmakers passed a proposed constitutional amendment to go before voters in November which would, if approved, place a \$10 additional charge on vehicle tags for the purpose of funding trauma services statewide. Increasing funding to trauma has been a priority issue for the House of Medicine and the GSA the past three sessions.

Prompt Pay -- The Medical Association of Georgia, with support from various medical specialty societies, won approval of valuable "prompt pay" legislation which will require third-party administrators of self-funded plans (ERISA plans) to comply with the state's "prompt pay" statute. SB 62/HB 321. Editor's note: Governor Sonny Perdue vetoed this legislation stating that the bill should not have included ERISA health plans.

Medicaid Payment/Hospital Bed Tax -- In its search for new sources of revenue in down economic times, the legislature enacted a 1.45 percent tax on hospital revenue for three years. The legislation does not create a provider tax on physicians, however. Due to the increased revenue from the bed tax and the ensuing federal Medicaid match, physicians will not see a proposed reduction in Medicaid payment in FY 2011.

Rental Network Reform -- Despite two years of heavy lobbying, MAG

and its allies, including the GSA, were unsuccessful in gaining approval for legislation which would have placed stricter controls on abusive practices by health care networks who rent their list of insureds to other network plans. Near the end of the session, political maneuverings on the bill between candidates for insurance commissioner spelled defeat.

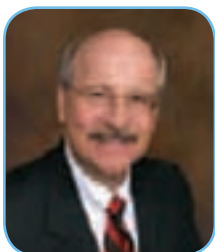
Nurse Practice Scope Expansion -- Legislation which would have authorized APNs to prescribe Schedule II drugs did not advance beyond initial considerations. The bill would have expanded APN scope of practice in five areas.



Georgia Capitol - Dr. Don Thomas, R-Dalton, (left) is retiring from the State Senate this year. Sen. Thomas sponsored SR 1222, GSA's OBS regulation resolution. Dr. Steve Walsh visited with Dr. Thomas outside the Senate in 2008.

OBS standards top GSA agenda

Steve Sween, MD, Vice-Speaker, ASA House



Editor's note:
The following
report was
presented by
Dr. Sween, a
member of the
ASA Administrative
Council, to 540
doctors from

around the country at
the April 26-28 ASA Washington Legislative
Conference. The state issues briefings are
the most popular event of the conference.

"Thank you for the opportunity
to briefly highlight the ongoing saga
of Office-Based Surgery Regulation
in Georgia; actually, the lack of
office-based surgery regulation in
Georgia. Let me start with some
history regarding GSA's early efforts to
promote this patient safety measure,
and then more details of our more
recent activity.

In the 2001 Georgia General
Assembly, a bill promoted by the GSA
(and also by the Medical Association
of Georgia), the *Office Based Surgery
Quality of Care Act of 2001*, was
passed unanimously by the Georgia
House 156-0. Though it was only
modest in its requirements for the
facility and the providers in the office
surgery setting, it was not able to
get out of committee in the Georgia
Senate. It carried over to the 2002
Georgia General Assembly, but again
was not able to get to the Senate
floor. Unfortunately, OBS regulation
in Georgia was placed on the shelf for
too many years after this unsuccessful
early effort.

Basically, what became apparent
in the years between then and now
is that the leading opponent to
establishing office-based regulation

in Georgia is our own state medical
society, The Medical Association of
Georgia (MAG) and its leadership.
Since the early 1990's, GSA has made
a deliberate effort to work as closely in
tandem with MAG as possible. But on
this particular issue, we obviously have
disparate interests.

By 2008, GSA leadership under
then President Dr. Howard Odom was
determined to re-address the issue
of Office-Based Surgery Regulation.
GSA brought a resolution to the MAG
House of Delegates requiring that MAG
advocate for legislative action in the
2009 General Assembly for regulation
of office-based surgery and anesthesia.
After vigorous debate, the resolution
failed.

Rather than adopt a resolution,
which was aggressively opposed by
Orthopedic Surgery and Dermatology,
the MAG Legislative Council (Dr.
John Neeld and I are members)
voted in 2009 to convene a task
force to determine if office-based
regulation was a priority or even a
necessary patient safety measure in
Georgia. I was appointed chair of the
task force, but had no input on the
appointment of other members from
many specialties. Very early on, in
spite of my best effort to explain why
most states now had regulations in
place, and that Georgia is the only
Southeastern state to have no specific
OB regulation, it was obvious that
the task force was *not supportive*. In
fact, the decision to not support OBS
regulation was pre-selected, in my
opinion.

With the unanimous support of the
GSA Executive Committee, I notified
The Medical Association of Georgia

leadership and Legislative Council that
GSA would go it alone, without their
support.

GSA has a strong and respected
Political Action Committee (PAC), and
an even more respected Executive
Secretary and Lobbyist, Mr. Jet Toney.
Under Jet's guidance, GSA brought our
cause to the 2010 Georgia General
Assembly, in the form of a resolution
urging the Georgia Composite Medical
Board to promulgate regulations
that establish accepted standards of
patient care for office-based surgery
and anesthesia. The resolution was
introduced in both the House and the
Senate by the respective *chairs* of the
Health Subcommittees. The resolution
easily passed both health committees,
and effective April 2010, now has
passed both chambers of the Georgia
General Assembly. So far, the Medical
Association has been silent, and other
allied health groups raised only minor
concerns, but did not testify against
the resolution.

The next opportunity for us will be
to work with the Medical Board in its
response to the non-binding resolution.
Our task may be complicated
somewhat by the close ties that the
current medical board president,
a surgeon, has with MAG, and the
president-elect of the Medical Board
is a dermatologist. Even so, I am
confident that next year at this meeting
I will be able to report back to you
that meaningful office-based surgery
regulation has been established in
Georgia.

Thank you for the opportunity to
share our story with you."

GSA has a strong and respected Political Action Committee (PAC)

GSA 2011 Winter Forum

January 22, 2011

The Future of You

External forces on your ability to provide patient care

The Westin Atlanta Perimeter North (near Perimeter Mall)
Atlanta, Georgia



2011 Winter Forum to forecast practice of tomorrow

Tom West, MD & Ginger Zarse, MD; CME Activity Co-Directors



Dr. West

If you are to make professional skills a reality for your patients then surely the realities that affect you will in-kind affect your patients.



Dr. Zarse

The days of practicing medicine in isolation have passed. JCAHO, CMS and even professional societies share the premise

that requirements, regulations and guidelines can improve patient outcomes. Managed care, Congress and CMS presume to lessen expenditures without affecting quality. Corporate employment, hospital stipends and clever staffing models have become a common reality in

these unsettled times.

The GSA 2011 Winter Forum will focus on external forces that impact your professional future and consequently how you provide care. This will not be a whine fest but rather an opportunity to learn what may be coming your way and hopefully to be even better prepared for change.

At this point, we have speaker commitments from the CMS regional Chief Medical Officer, the Executive Director of the ASA's AQI program and GSA members practicing in non-traditional models. We are evaluating speakers who can discuss prospective payments, Accountable Care Organizations, and other changes in the payment methodology.

Our focus intends not to minimize the importance of traditional scientific assemblies but rather to **maximize your future ability to provide the clinical skills required by your patients.** Don't be naïve to your future; plan to attend our Winter Meeting and learn what may be *The Future of You*.

Faculty:

Richard E. Wild, MD, JD, MBA, FACEP
Chief Medical Officer
Atlanta Regional Office
Centers for Medicare and Medicaid Services

Stan Stead, MD MBA
President and CEO
Stead Health Group, Inc.
Improving Strategic, Operational and Financial Performance in Healthcare

Richard P. Dutton, M.D., M.B.A.
Executive Director, Anesthesia Quality Institute (AQI).
Professor, Department of Anesthesiology
University of Maryland School of Medicine

Dr. Brian Thomas
Piedmont Hospital/Atlanta
Topic: National Group Practice Model

This will not be a whine fest

CME Review

2010 Winter Forum Review - New research and impact on patient care

Paul Garcia, MD, PhD



On January 23, the Georgia Society of Anesthesiologists held their Winter Forum at the beautiful Dolce Hotel in Peachtree

City, Georgia. The theme was "New Research into the Fundamentals of Anesthesia. How it will impact my patients?" As the Activity Director, I invited three outstanding clinician-scientists at different stages of their careers to remark on recent scientific advancements from their laboratory and others that guide clinical decision-making today. The following is a summary of the day's events for those unable to attend.

GSA President, Bruce Hines, MD, welcomed the attendants and introduced the program. From there, we started the morning off with four very interesting resident and fellow research presentations. I presented some of my recent research on GABA antagonism for reversal of general anesthesia. Emory Pediatrics Fellow, Scott Kolesky, MD, PhD presented his research on modulation of different GABA receptor subtypes by isoflurane. Anuj Aryal, MD from the Medical College of Georgia presented on facilitating anesthetic management of thoracotomy and pulmonary hypertension with Transesophageal Echocardiography. And lastly, Harsha Setty, MD, also from Medical College of Georgia, presented on his innovative new tool, the Video RIFL, a rigid flexible laryngoscope to facilitate airway management.

Our first invited speaker was George Gallos, MD, an Assistant Professor at Columbia University. Dr. Gallos' laboratory research focuses on

the role that the GABA receptor plays in airway hyper-reactivity. His talk on "Novel Insights into the Management of Patients with Hyper-Reactive Airway Disease" included evidence from his laboratory and others that suggest GABA-mediated pathways play a significant role in peri-operative bronchospasm.

After a short break, Dr. Hammonds entertained the crowd with a lecture on our native Georgia son Crawford W. Long's role in the history of our specialty. Then, we heard about



Michael Crowder, Ph.D. delivered a provocative review of research on the neurotoxic effects of anesthetic drugs.

recent advancements in delivering local anesthetics for neuropathic and chronic pain by Daniel Kohane, MD, PhD from Children's Hospital Boston at Harvard Medical School. Dr. Kohane's research on microspheres for delivery of adjuncts of local anesthetics has performed well in the initial clinical trials. His scientific contribution to the field has resulted in a paradigm shift in our specialty regarding peri-operative and chronic pain management.

Our GSA organization was fortunate to host a visit by two political candidates (Gubernatorial Candidate

Nathan Deal and Congressional Candidate Lee Hawkins) after lunch and the GSA general business meeting. True to their loquacious nature, each of the two political candidates had prepared eloquent general comments to the assembly which was followed by detailed answers to questions from members of our organization.

The afternoon science session began with Dr. Kohane's second talk of the day which focused on novel methods of drug delivery. Through the efforts of Dr. Kohane and his collaborators, several non-traditional methods have recently been approved for use and they have found their way to most hospital pharmacies (including transdermal, inhaled, liposomes, chelated and caged agents, and targeted intra-cranial therapeutics).

We were very privileged to hear two talks by C. Michael Crowder, MD, PhD from Washington University in Saint Louis. Dr. Crowder was recently recognized by the International Anesthesia Research Society (IARS) by receiving the prestigious Frontiers in Anesthesia Research Award. His first talk was very provocative as it reviewed the literature on the potential neurotoxic effects of our anesthetic drugs. His second talk focused on hypoxic preconditioning, specifically the potential for anesthesiologists to confer profound and long-lasting protection from hypoxic or ischemic injury. Most of the therapeutic targets in preclinical trials are focusing on enhancing the body's own natural defenses to hypoxic injury – specifically, by preventing protein misfolding.

Sandwiched between the two talks by Dr. Crowder was Dr. Gallos'

continued on page 19

Committee for Respons

High season for GSA-PAC, state elections

Katie Meredith, MD, Chair, Committee for Responsible Healthcare Policy



Healthcare Reform is the foremost issue that weighs heavily on our minds as we enter the 2010 election cycle.

Many federal laws that are passed will be implemented at the state level, and specific regulations and funding decisions will be made in our own backyard at the Georgia State Capitol. **We need to stay vigilant** about what these legislators believe and how they impact our futures.

The GSA-PAC supports candidates who have demonstrated an interest in protecting patient safety and improving

the delivery of quality healthcare in Georgia. As approximately 25% of current Georgia lawmakers leave their posts to retire or to pursue higher office, the openings that result are sought by many people eager to shape our laws. In a state with 236 lawmakers, this leaves tremendous potential for the GSA to start building relationships from the ground up

Lobbyist Jet Toney, along with members of the Governmental Affairs Committee, will continue to hand deliver campaign contributions to both Democratic and Republican members of the House and Senate who are in positions to positively impact issues we care about. State level issues will continue to include office-based

surgery guidelines, scope of practice issues, provider taxes, trauma funding, and prompt pay.

It is more important than ever to stay active and to support the GSA PAC as opportunities abound in supporting friends of organized medicine. By giving to the GSA PAC in 2010, you will help us to continue to build the relationships with the lawmakers that have demonstrated support for pro-patient, physician led healthcare. The time to act is NOW!

Thank you for your support and for helping us to more effectively work for you.

The following members have contributed to GSA-PAC this year:

Jung H. Ahn, MD, \$100
Robert Arasi, MD, \$200
Rajesh Arora, MD, \$125
Michael E. Ashmore, MD, \$200
Michelle Au, MD, \$200
David Bryan Austin, MD, \$25
Richard Scott Ballard, MD, \$200
Laurie A. Barone, MD, \$200
Barry James Barton, MD, \$200
Robert C. Baumann, MD, \$200
Arnold J. Berry, MD, PhD, \$200
John R. Blair, MD, \$200
Kurt Stephen Briesacher, MD, \$200
Alrick G. Brooks, MD, \$500
Amanda K. Brown, MD, \$500
John J. Byrne, MD, \$200
James L. Carlson, MD, \$200
Donn A. Chambers, MD, \$200
Larry L. Corbitt, MD, \$200
Edward D. Culverhouse, Jr., MD, \$200
Gwen K. Davis, MD, \$200
Lee S. Davis, MD, \$200

Sheryl S. Dickman, MD, \$200
Alice Lachenal Dijamco, MD, \$200
Heather J. Dozier, MD, \$200
Joel S. Dunn, MD, \$200
Mauro Faibicher, MD, \$500
Anthony J. Fister, MD, \$200
Rex B Foster, III, MD, \$200
Scott C. Foster, MD, \$200
Gaston G. Garcia, MD, \$100
Karen A. Giarrusso, MD, \$200
Jeffrey N. Gladstein, MD, \$200
Timothy Michael Grant, MD, \$500
Arthur R. Gray, MD, \$500
Michael J. Greenberg, MD, \$200
Stephen C. Grice, MD, \$200
Kathryn A. Grice, MD, \$200
Beata K. Grochowska, MD, \$300
Matthew L. Guidry, MD, \$200
Christopher G. Gunn, MD, \$500
Kimberley D. Haluski, MD, \$200
Robert C. Ham, MD, \$500
Mark E. Hamilton, MD, \$200

Anne T. Hartney-Baucom, MD, \$200
Amber Millette Henderson, MD, \$200
Bruce A. Hines, MD, \$200
Howard Y. Hong, MD, \$200
Jian Jim Hua, MD, \$500
Steven Mark Huffman, MD, \$150
Barry Hunt, AA, \$50
Robert P. S. Introna, MD, \$200
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Jay W. Johansen, MD, PhD, \$200
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Peter M. Kaye, MD, \$200
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Nevin S. Kreisler, MD, \$200
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Edward Woo Lee, MD, \$200
Richard R. Little, MD, \$200
Hugh Stuart MacGuire, MD, \$200
Michael E. Maffett, MD, \$200

... specific regulations and funding decisions
will be made in our own backyard ...

sible Healthcare Policy

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Keith M. McLendon, MD, \$200
Donald S. McLeod, MD, \$200
Donnie Lynn McMickle, MD, \$500
John C. McNeil, MD, \$200
Catherine K. Meredith, MD, \$200
Stephen L. Miller, MD, \$200
Stanley R. Mogelnicki, MD, \$200
Rodney L. Moody, MD, \$200
John J. Moss, MD, \$200
Richard J. Muench, MD, \$200
John B. Neeld, Jr., MD, \$200
Jonathan C. Newton, MD, \$200
Michael Scott Nichols, AA-C, \$50
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Tonya R. Raschbaum, MD, \$200
Carroll Reese, MD, \$150

Howard Keith Robinson, MD, \$200
Stephen E. Rogers, MD, \$200
Ana Maria D. Roxo, MD, \$100
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Anthony Schinelli, MD, \$200
Stephen J. Schwartz, MD, \$200
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Karl J. Sennowitz, MD, \$200
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John S. Solitario, MD, \$200
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Steven L. Sween, MD, \$200
Sharyn Ridler Syre, MD, \$200
Steven N Tafor, MD, \$500
Sanjiwan Tarabdkar, MD, \$500
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Raul G. Velarde, MD, \$200
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Reuben P. Wechsler, MD, \$100
Thomas B. West, MD, \$200
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Dawn Chanin Wilson, MD, \$200
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Ginger E. Zarse, MD, \$200
Matthew W. Zeleznik, MD, \$200

2010 Winter Forum ... (continued from page 17)

lively second talk on the role of the Anesthesiologist in Obstetric Hemorrhage. His talk reviewed the current literature and confronted several myths and controversies regarding cell salvage, usage of recombinant Factor VIIa and normovolemic hemodilution.

Overall, there was a lot of

scientific information delivered amidst the important organizational meetings and political and industrial networking so vital to the GSA members. No medical specialty relies more on laboratory science than anesthesiology. As physicians we are committed to lifelong learning. Our GSA 2010 Winter Meeting

was an excellent way to update the members of our state society on recent scientific advancements that guide clinical decision-making in neuroanesthesiology, obstetric anesthesiology, critical care, and pain medicine.

No medical specialty relies more on laboratory science than anesthesiology.

Patient safety ... (continued from page 3)

whose support would be critical and met with them and defined the problem, demonstrated how this was a patient safety issue and not some "turf grab" on our part, and why we thought that the Georgia Composite Medical Board was the appropriate organization to establish guidelines.

We stated our conviction that surgical **patients have the right to obtain the same basic quality of care regardless of the surgical venue.** Most patients already believe this to be true as well as believing that all surgical venues have some form of oversight. Our legislators agreed that it was time to

make this belief a reality.

Everyone in the GSA should send their words of gratitude to Rep. Sharon Cooper (House HHS Chair) and Senator Don Thomas, MD (Senate HHS Chair) who were the leading champions for our resolutions.

Resident Component

A resident's perspective on PM conference

Matthew E. Patterson, MD



*Editor's Note:
The 2010
American
Society of
Anesthesiologists
Conference
on Practice
Management
was held January
29-31 at the Marriot*

Marquis Hotel in downtown Atlanta. The conference offered more than 21 CME Category One credit hours and is annually a sellout. Resident physicians are encouraged to attend to learn more "nuts and bolts" about the business of anesthesiology. The following two articles provide a resident perspective on the conference.

Resident education focuses largely on preparing for the boards and becoming a safe and effective anesthesiologist. I am feeling more comfortable with the practice of anesthesiology, but I realized that there is more to learn that is not covered in my textbooks. Are you familiar with: The Joint Commission, Centers for Medicare/Medicaid Services, Pay for Performance, and Current Procedural Terminology? I can't say that I was. There are many aspects to the practice of medicine, such as hospital relations, appropriate billing practices, and general business knowledge, which we will all have to come to grips with. However, let not your hearts be troubled, there is time and resource available to us.

In January, the ASA held 2010 Conference on Practice Management in Atlanta, GA. The conference provides information and strategies for improving business practices in the world of anesthesiology.

The residents were provided the "resident track" which focused more on our concerns. Attendees had lectures on hospital and medical staff relations, compliance with appropriate billing practices, and marketing your anesthesiology department. Luckily, residents have time to develop an understanding of these matters and we will become familiar with the "business of medicine" once we go out into practice.

First, we have to find jobs, which was a focus of the resident section. We had discussions that covered topics such as CV formatting, evaluating a prospective practice, and negotiating with your group/hospital. We were provided a wealth of knowledge, but here are a few pearls that were discussed. Your CV should be tailored to the type of practice you are seeking. If you are considering a private practice, limit your CV to one page. A private practice likely won't care about your rat experiments six years ago. Focus on your qualifications and credentials. If you are considering an academic practice, the longer your CV is the better. List all of your publications, leadership roles and

scholarly activities. Hopefully the offers will start coming to you.

When reviewing a proposed contract, you should get advice from an attorney with expertise in healthcare law, and ideally one with an understanding of the practice of anesthesiology. The ASA legislative office can assist you in finding an attorney. Remember, when considering a position, you should be evaluating the practice just as much as they're evaluating you. Any practice that is reluctant to share information should send up a red flag.

Certainly the highlight of the experience was having these focused discussions to assist us in transitioning from residency to the "real world". Currently residents should be preparing to enter the practice of anesthesiology, but remember there is more to this practice than what is covered in the textbooks. It's never too early to start learning about these other aspects, and the Conference on Practice Management is a great place to start the education process. Additionally, [the PM section of the ASA website is an invaluable tool.](#)

I highly recommend that all residents make an effort to attend future meetings and review the material on the ASA website. I am certainly glad that I did.

Focus on your qualifications and credentials.

... you should be evaluating the practice just as much as they're evaluating you.

ASA Conference on PM

Beyond Practice Management

Thomas Gallen, MD



The most recent conference on practice management caused me to stop and think about

the systemic

issues that we as physicians face. Our medical societies focus almost entirely on the political, financial and legal ramifications that we as providers face. While these are important I think they miss a critical area that every physician needs, few understand well and is very much in our long term interests: personal wealth planning.

According to the Bureau of Labor Statistics, an Anesthesiologist's average annual wage was just under \$200,000. This is well over 90-95% of Americans. Consider further that the majority of news sources you are likely to be reading (CNN, Fox News, New York Times, MSNBC, etc.) cater to an income demographic of \$65K-\$85K/year. Much of the advice they give is not pertinent and may well be detrimental to the financial planning of physicians. Financial consultants

are similar; they often deal with a different population and as a result we miss opportunities that should have been seized upon. As physicians we have different issues and need different strategies than the majority of Americans. Yet none of this is ever taught to us. Ever.

Many physicians (not to mention CPAs, tax attorneys, investment advisors, etc) agree that as a group, physicians manage their money very poorly. We are known as high income/low wealth accumulators. Despite high incomes there are relatively few millionaire physicians and it is not because we are lazy. This does not come as a surprise and is not without reason. We give up decades of our lives in pursuit of knowledge and receive little by way of compensation during those times. Suddenly we graduate and are making hundreds of thousands of dollars. We make up for "lost time" and then find ourselves in greater debt.

This is exacerbated by the fact that accountants, financial planners, investment advisors, tax attorneys and the myriad of other advisors that are knowledgeable about our

specific situation are often not readily identifiable. Those that do use advisors usually select them based on family or friend's recommendations and then use that advisor indefinitely. It is the equivalent of seeing the pediatrician your parents chose from birth to death: not a good fit. As you become an adult or develop specific systemic disease it is appropriate to seek specialized counsel just as it is appropriate to seek different financial counsel as you move through life.

I say that it would be in physician's best interests for our societies to identify this as a serious issue and to help provide a solution. It could be low cost on their parts, tremendously valuable to their membership and may ultimately increase society revenue. The solution would take the form of education and advising mainly in residency and practice but also during medical school. It is undoubtedly in our community's interest to have improved financial literacy regardless of how it is accomplished. And while it may not be widely accepted now, I hope someday it will be.

... as a group, physicians manage their money very poorly.

As physicians we have different issues and need different strategies ... none of this is ever taught to us. Ever.

75th Anniversary celebration

MCG endowments to recognize program founders

C. Alvin Head, MD, Professor and Chair, Department of Anesthesiology and Perioperative Medicine
Medical College of Georgia



It's hard to believe that the department of anesthesiology at the Medical College of Georgia will be celebrating its 75th anniversary

in just two short years! Our history begins with Dr. Perry Volpitto, our first chairman and the first chair of any academic anesthesiology department in the South. In addition to being among the profession's esteemed Aqualumni, he was also a co-founder of the GSA and recipient of the ASA's

Distinguished Service Award.

Over the years, under Perry Volpitto's leadership, as well as that of Drs. Zachariah Gramling, Robert Crumrine, and me, some 700 anesthesiology residents and pain fellows have graduated from our program and gone on to train future physicians, conduct thought-provoking research, and practice the art and science of anesthesiology.

We plan to celebrate our 75th anniversary during MCG's Homecoming week in April 2012 with our anesthesia colleagues, many of whom are MCG alumni. We will tell you more as our plans progress, and hope

to see all of you there.

Even more exciting, we are hoping to announce MCG's first endowed chairmanship in anesthesiology and first endowed professorship in anesthesiology during the festivities.

Dr. Zachariah Gramling served as department chair from 1974 to 1983. Under his leadership, our house staff grew from 2 to 31 residents; the anesthesiology elective for medical students was enhanced to meet the needs of future physicians; and the respiratory therapy department was founded. He received the GSA's Crawford W. Long

continued on page 23

stability matters.

if there is one thing to learn from the recent financial turmoil, knowing who to trust is paramount.



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MCG endowments ... (continued from page 22)

Award for his contributions to the advancement of our specialty. We plan to remember Dr. Gramling's significant accomplishments in perpetuity by naming our first endowed chair in his honor.

Dr. Margaret DeVore received MCG's Distinguished Faculty Award in 1978 as well as the Residents' Choice Award in 1989, which is named in her honor. She is a well-respected and revered teacher, Professor Emerita, and Associate Dean of Students Emerita. The first endowed professorship in anesthesiology will

be named after Dr. DeVore for her contributions to the department, dedication to educational excellence, and wonderful rapport with our house staff.

Our goal is to have these two endowments funded by our 75th anniversary celebration in 2012. I'd like to personally invite you to be a part of these firsts by asking you to

donate to either or both the endowed chairmanship or professorship. In future issues of our department newsletter ("About Us" tab at www.mcg.edu/som/anes), we will acknowledge our generous donors.



Dr. Zach Gramling



Dr. Perry Volpitto



Dr. Robert Crumrine

Our goal is to have these two endowments funded by our 75th anniversary celebration

Neeld to receive CWL Award

July 17, Ritz-Carlton Lodge, Lake Oconee

The prestigious Crawford W. Long, MD Award will be presented to John B. Neeld, Jr., MD, on Saturday evening, July 17, 2010 in coordination with the GSA Summer Meeting at the Ritz-Carlton Lodge at Lake Oconee/ Reynolds Plantation. Dr. Peggy Duke, CWL Award Committee Chair, announced the decision at the January 2010 GSA Winter Forum.

The CWL Award is the highest recognition of a GSA member and honors people who have made exceptional contributions to the GSA. These contributions must have been made in the tradition of service as exemplified by the life and medical practice of Crawford W. Long, M.D., the Jefferson, Georgia, physician who first used anesthesia for medical purposes.

In his nomination letter, Dr. Steve Sween, offered the following comment:

There never has been and likely

never will be a more deserving candidate for the GSA Crawford W. Long Award than Dr. John Neeld. He is truly one of a kind, and he has brought unmatched distinction and prominence to our specialty and our profession. Finally, I must also note the extraordinary and important contributions that Dr. Neeld's lovely wife, Gail, has made to the GSA and other medical societies. Without her steadfast support and love, there is no way that John would have enjoyed the unparalleled success that is his.

Previous recipients include the following:

Dr. Perry P. Volpitto
Dr. Evan L. Frederickson
Dr. John E. Steinhaus
Dr. Zachariah W. Gramling
Dr. Joseph F. Johnston (1999)
Dr. Julius N. (Buck) Hill (1999)
Dr. Ronald W. Dunbar (2001)
Dr. Robert S. Crumrine (2007)
Dr. Yung-Fong Sung (2008)



Dr. John and Gail Neeld with the 2007 ASA Award for Excellence in Government Affairs.