Georgia Society of Anesthesiologists, Inc. Newsletter

scope

Winter 2010

2010: Adaptability in uncertain times

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

Welcome to 2010, and I hope you are well as the New Year begins. What is certain as we enter a new decade is that we greet it with substantial uncertainty. Surely the next decade will bring many changes to the practice of Medicine and Anesthesiology. Yet, the practice of Anesthesiology has been impacted by many changes over the past couple of decades. Managed care, low Medicare/Medicaid reimbursement rates, "opt-out" states and independent CRNA practices, the academic teaching rule, large conglomerate anesthesia practices, the pervasiveness of medical malpractice suits, an excess of anesthesiologists, followed by anesthesiologist shortages – all of these have greatly affected the way we practice.

But what is clear is that the specialty of anesthesiology has continued to adapt and thrive, setting the benchmark for patient safety and attracting the best and brightest into its training programs.

Technological advances over the past couple of decades have had a tremendous impact on how we safely care for our patients, now an older and sicker population. LMAs, glidescopes, capnography, BIS monitoring, ultrasound, and echo are now routinely utilized within our practices. Additionally, the practice of Anesthesiology has migrated far beyond the domain of the OR and become well-established in a multitude of off-site locations. Throughout this next decade and beyond, adaptability will remain a vital and necessary attribute in securing a bright future for the specialty of Anesthesiology.

I hope you have made your plans to attend the GSA 2010 Winter Forum: *New Research into the Fundamentals of Anesthesia*. The program, emphasizing the intersection of research and clinical practice, highlights the great future for our specialty. This winter's meeting will be held January 23, 2010 at the Dolce Atlanta-Peachtree in Peachtree City. Program Director, Paul Garcia MD, PhD, has assembled a great selection of speakers. Please be sure to check out the program inside this newsletter edition.

Many of you may have noticed the new updated version of the GSA's website when registering for the winter meeting or paying your annual dues. Many thanks to Jet Toney and Cornerstone Communications for the fresh new look. Check out the website at www.gsahq.org and stay up-to-date on the latest news and information, pay dues, make PAC contributions, and register for events.

Georgia Leaders Join ASA Officer Ranks

Two GSA members now serve the specialty at the national level. Annual elections during the 2009 ASA Annual Meeting in New Orleans gave Dr. Steve Sween and Dr. Arnold Berry officer responsibilities.

Dr. Sween ran unopposed for reelection as Vice Speaker of the ASA House of Delegates. Conducting Society business in the House requires trust, clarity, and fairness. Dr. Sween's election again this year is the best evidence we can point to that he enjoys the trust of the House. Dr. Sween previously served on the ASA Board as Director from Georgia. He is a master of procedure and order which assures a fair hearing of the points of view on each item of business before the House. These key attributes were recognized and resulted in his re-election.

Dr. Arnold Berry won a contested race for ASA Vice President for Scientific Affairs. The ASA Division of Scientific Affairs includes many of the most recognizable and widely valued aspects of ASA membership including oversight of the Annual Meeting and other educational offerings. Arnold has a clear understanding of the components of CME quality and the increasingly stringent certification requirements as a member of the Accreditation Council on Continuing Medical Education (ACCME) Board of Directors. His previous state-level leadership included GSA President in 2007, GSA Delegate to the ASA House for 12 years and ASA Alternate Director from Georgia.

Dr. Berry

Dr. Sween

Congratulations to Drs. Sween and Berry.

Winter 2010

Guest Editorial - Something's Going to Happen

Howard Odom, MD, Immediate Past President (2009)

We have all heard discussions during the last few months of how organized medicine has alienated its membership over political and professional positions taken by national societies. There is much uncertainty and skepticism in today's healthcare system debate.

Amidst the turmoil, one fact is inescapable – we have taken upon ourselves the responsibility for the wellbeing of patients in our care each day. The logical (and factual) consequence is that we are not allowed the professional choice of passively observing the system we are compelled to function within. Though keeping your head down is a natural response when artillery shells are falling all around, the battlefield that looms before us holds no option of retreat.

So where are anesthesiologists of Georgia to look for a voice that unites and represents them? GSA continues to execute these missions in our state and beyond. Mechanisms set in motion for your leadership to effectively carry the missions forward continue to be strengthened and refined.

But in this time characterized by a phenomenal scope and pace of change, it is not possible for just a few designated leaders to sustain the efforts in which GSA must be engaged. The channel for influence available to you through GSA is no longer an occasional luxury, it is a daily necessity.

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MCG: Talent and Creativity to Good Use

Thomas Gallen, MD, MPH

As I've discussed in the past there are four pillars in the field of Anesthesiology: Clinical skills/ training, research, business and political. With a focus towards research it pleases me to be able to discuss a few of the myriad projects that my fellow residents and I are undertaking at Medical College of Georgia:

- Dr. David Webb is working with one of our pain fellows Dr. John Schneider and they hope to stratify a chronic pain patient population that demonstrates the best response rates to spinal cord stimulators. To that end they are analyzing patient demographics such as age, location of pain, duration of pain, anxiety, depression, histories of sexual or physical abuse and history of work as they relate to treatment outcomes. Secondarily they hope to establish a timeline for how long the trial phase of the spinal cord stimulator needs to be in order to predict outcomes.
- Dr. Martina Downard has been working with one of our Pediatric Anesthesiologists Dr. Ivan Florentino and they are examining the effects of a variety of factors including various anesthesia regimens and use of beta-blockade on emergence delirium in pediatric patients. It is their goal to determine what steps we can take to lessen the agitation in recovery and improve satisfaction among patients and parents.
- I would be remiss to not congratulate Dr. Harsha Setty on his recent acceptance for the publication entitled "The Video RIFL: a rigid flexible laryngoscope to facilitate airway management" to be published in the next available issue of the Journal of Clinical Anesthesia. Ever the pioneer Dr. Setty and I are working on a larger retrospective clinical case series demonstrating efficacy of the Video RIFL (an FDA listed device of his invention for which he has several patents) in different airway scenarios ranging from intubating through a supraglottic airway, to awake upright techniques and use in patients that commonly have difficult airways such as those having undergone head and neck chemo and radiation therapy.
- Dr. Lee Rawlings and Dr. Ja Spivey are working with one of our Cardiothoracic Anesthesiology and Intensivist, Dr. Manuel Castresana, to do a retrospective analysis exploring efficacy of anesthetic techniques, particularly Ketamine with Propofol, for short duration cases including TEE, Cardioversions and Electrophysiology procedures. By looking at factors like patient satisfaction, procedure duration, number of attempts, hemodynamic stability, etc., they hope to benefit our patient population many of whom suffer from sleep apnea.
- With the support of Dr. Al Head I am working with Dr. Jim Mayfield to explore the use of the iPod Touch platform as a mobile communications and teaching tool for resident education. We hope to be able to demonstrate objective and subjective measures showing improved departmental communication and collaboration, patient monitoring/safety and resident education.
- Working with some of our surgical colleagues Dr. Rick Belle-Isle is examining the effects of pre-surgical treatment of Pheochromocytoma symptoms, particularly blood pressure control, and how it may affect intraoperative management of Pheochromocytoma patients.

I feel confident in saying that there is a lot of great work going on here at MCG and that we have a great deal of talent and creativity that is being put to good use. Without question I am excited to look forward to seeing how these various projects work out and the many things I can learn from them!

Emory: Evaluating questions, effecting change

Danika Little, MD

It is well known that research is the best way to evaluate clinical questions and effect changes in the realm of medicine. The field of anesthesia is varied in aspects of medicine and physiology, and the research performed encompasses a myriad of topics. This year there are three Emory senior residents involved in research electives: Paul Garcia, MD, PhD; Alison Hanowell, MD; and Armin V. Oskouei, MD.

Paul Garcia, MD, PhD, has been involved in multiple research projects with many Emory faculty researchers, including Marie Csete, MD, PhD; Peter Sebel, MBBS, PhD, MBA; Jerrold Levy, MD, FAHA; and Andrew Jenkins, PhD. In collaboration with Dr. Csete, Dr. Garcia performed clinical research on biomarkers for muscle wasting in patients with end-stage liver disease. With Dr. Sebel, he has written a chapter on current controversies in intraoperative awareness that will be published next spring in the book, *Consciousness, Awareness, and Anesthesia* (editor: George A. Mashour, MD, PhD). Currently, Drs. Levy and Garcia are preparing a review on the thrombin receptor and its role in pain signaling. In Dr. Jenkins' laboratory, Dr. Garcia has used site-directed mutagenesis to characterize propofol's specific action on the $GABA_A$ receptor. In continuation of research performed by Jim Richardson, MD, identifying a particular residue selective for propofol on the fourth transmembrane domain of this receptor, Dr. Garcia was able to determine the contribution of hydrogen bonding and aromaticity in the action of this anesthetic in this portion of the receptor.

Drs. Garcia and Jenkins' most recent endeavors are in conjunction with Emory neurologist and sleep specialist Dr. David Rye, who approached Dr. Jenkins about clinical usage of flumazenil, a known benzodiazepine antagonist, in patients with idiopathic hypersomnia. Their collaboration found flumazenil successfully treated a patient with idiopathic hypersomnia and that after several months of oral flumazenil therapy, the patient, remarkably, experienced insomnia after being prescribed clarithromycin for sinusitis by a PCP. That led Dr. Garcia to investigate the negative modulatory effects of clarithromycin on $GABA_A$ receptors expressed in their recombinant system preparation. Eventually, that patient and several others have successfully had their hypersomnolent symptoms treated with oral clarithromycin after an in-hospital "flumazenil challenge" to establish a disruption in GABA activity as a mechanism for their disease. A similar effect was noted with azithromycin. These and other related compounds are to be investigated for potential clinical use in reversal of anesthesia and as potential treatments for ICU delirium.

Alison Hanowell, MD, is investigating the role of ACE inhibitors on the risk of developing complex regional pain syndrome type I (CRPS-I) after distal limb fracture. ACE breaks down substance P and bradykinin, two neuropeptides that are locally and systemically elevated in CRPS and are implicated in the pathophysiology of the disease. Dr. Hanowell is using a rat tibia fracture model to re-create a syndrome mimicking CRPS I to prospectively study the effect of chronic ACE-I therapy on the vascular and nociceptive changes associated with CRPS (thermal and mechanical hyperalgesia, edema, limb temperature, and protein extravasation). She is also looking at the effect of ACE-I therapy on local, CNS, and systemic inflammatory cytokine levels and neuropeptide levels.

Armin Oskouei, MD is also involved in multiple research endeavors. One project investigates variables which promote a higher success rate in ultrasound guided interscalene catheter placement. Dr. Oskouei's research, which was presented at both the ASA and ASRA, found that adjusting the catheter under ultrasound guidance after advancement increases success rate, and also that placing the catheter at the superior portion of the brachial plexus decreases failure rate. Another project of Dr. Oskouei's analyzes ultrasound assistance in cervical medial branch blocks. Specifically, he is looking to see if ultrasound use slows down the block placement, changes the route of needle advancement or injection point, and if vascular structures can be avoided given soft tissue assessment with ultrasound in conjunction with fluoroscopy.

Dr. Oskouei has also developed a grading system to guide local anesthetic volume determination in regional blocks, as opposed to a predetermined standard volume, as predicted by the image of initial injection of local anesthetic on ultrasound imagining. A grade of A, B, C, or D is given to the ultrasound image after the first 1-2 mL of injected anesthetic, and then a grade-specific volume is given. Duration and efficacy of the blocks are analyzed to determine if the grading scale can predict the volume necessary for an effective block based on the quality of the initial injection.

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From the President-Elect

Once naïve, now engaged

Rickard S. Hawkins, MD, President-Elect

I am humbled, privileged and, frankly, apprehensive to be assuming the position of President of the GSA in these turbulent times. This is why I am counting on all of you around the state to guide, assist and direct, not only me, but all the officers and members of the Board of Directors, this next year. It takes all of us to protect our profession and, more importantly, our patients.

I graduated from the University of Georgia (GO DAWGS!) and Emory University School of Medicine prior to entering the US Air Force. While in the Air Force, I completed my residency in anesthesiology. I separated from the AF in 1995 and have been practicing ambulatory anesthesia in the metro Atlanta area ever since.

I, like many physicians, was naïve in regards to the organizational and political aspects of medicine when I completed my training. I just wanted to take care of patients. My involvement in organized medicine began in 2002 by accident; however, once involved, I was shocked. The excellent care we give our patients is constantly under attack and manipulated by non-medically trained individuals who have various agendas besides patient care. Frankly, it ticked me off and I have been involved since. I am glad to serve you but need all of you to give input and help.

In the upcoming year we, as patient advocates, must address the following issues:

1. **ADVOCACY:**
   a. National Healthcare Reform Movement: We ALL MUST remain engaged with all elected officials. The more people they hear shouting the more likely they will eventually listen.
   b. Office Based Surgery (OBS) regulations: There are 25 states with some form of OBS regulations and Georgia is the only southern state without this *patient safety* measure.
   c. Increase the *number* of GSA members, and *average contribution* to the GSA-PAC & ASA-PAC
   d. Advocate for a sustainable, permanent funding source for Trauma Care Network.
2. **SOCIETY ADMINISTRATION:**
   a. Identify all the anesthesiologists working in Georgia
   b. Garner active involvement from members in all parts of the state and all types of practice models.
3. **EDUCATION AND MEMBER SERVICES:**
   a. Continue to improve our CME meetings to meet both the needs of our members as well as the stringent rules of the ACCME

Thank you all for the opportunity to serve. Together we will make a difference.

Doc Hawk and patient aboard Mercy Ship, West African coast.

Frankly, it ticked me off and I have been involved since.

we have taken upon ourselves the responsibility ...

For instance:

- Want to know how to work through political channels? Dr. Steven Walsh can plug you into our grassroots advocacy effort.
- Know of Georgia legislators that GSA needs to encourage and support? Dr. Katie Meredith can focus GSA-PAC resources.
- Have practice management problems or ideas about solutions? Dr. Jason Williams needs to hear from you.
- Interested in joining the work of a committee or learning more about how GSA leadership works? Dr. Rick Hawkins knows where your contribution is most needed.

GSA will attain the necessary vitality and strength when each of its nearly 900 members are connected and engaged. If you have been waiting to be invited to participate, you now have no reason to hesitate.

In this time of complaint and cynicism, conviction and commitment are sorely needed. Isolation must be overcome by involvement. Something's going to happen. Will it happen to you, or because of you?

... no option of retreat.

Get involved in the GSA

Member tools for Society involvement:

- Informational resources readily available online
- Effective organizational structure of committees and leadership
- Experienced mentors to encourage and inform state and national engagement
- Recognized state voice for patient safety and advocacy
- GSA Leadership Development initiative

GSA 2010 Winter Forum

New Research into the Fundamentals of Anesthesia:
How it will impact my patients

Saturday, January 23, 2010
Dolce Hotel and Conference Center
(www.dolce-atlanta-peachtree.com)
Peachtree City, Georgia

Paul Garcia, MD, Ph.D., Activity Director

"I was flattered and excited when Dr. Bannister (GSA Program and Education Chair) asked me to be the activity director for the winter CME conference. We have invited three of our country's top physician-scientists to share their perspectives on how clinical decision-making is influenced by newly gathered scientific knowledge." ***-Paul Garcia, MD***

Theme

No medical specialty relies more on laboratory science than anesthesiology. Most of our critical decisions are not made by memorizing the latest in large multi-center drug trials but instead by quickly diagnosing the aberrant physiology and applying the appropriate pharmacology to correct the situation. This theme for our winter meeting was chosen because clinicians want to use fundamental scientific research to guide clinical decisions and are asking for reviews on current research in our field. It is our research training and knowledge that can be used to clearly delineate our doctorate-level education from other anesthesia providers.

In the era of evidence-based medicine, laboratory research is unfortunately de-emphasized alongside large multi-center randomized control trials, in my opinion. Often, people improperly extrapolate the results of large clinical trials as if the results proved something mechanistically. Perhaps by being advocates for investigating scientific principles we can change these perceptions.

Each of our invited speakers maintains a busy clinical practice while producing quality laboratory research. They are enthusiastic about updating the registrants on recent important scientific advancements in the field that guide clinical decision-making. Drs. Kohane, Gallos, and Crowder will instruct attendees on how to apply novel scientific principles in specific clinical scenarios (general and pediatric anesthesiology, pain medicine, critical care, obstetric anesthesia, and neuroanesthesia).

Faculty

Dr. Daniel S. Kohane obtained his MD and a Ph.D. in Physiology from Boston University. He subsequently completed residencies in Pediatrics (Children's Hospital Boston) and Anesthesiology (Massachusetts General Hospital), followed by a fellowship in Pediatric Critical Care (Children's Hospital Boston). He is currently a Senior Associate in Pediatric Critical Care at Children's Hospital Boston at Harvard Medical School where he directs the Laboratory for Biomaterials and Drug Delivery. He will lecture on the latest developments of controlled release of local anesthetic formulations and on new systems for drug delivery (optic, otic, and intracranial).

Dr. George Gallos finished both his Anesthesiology residency and fellowship in Obstetric Anesthesiology at Columbia University in New York City. As a resident and fellow Dr. Gallos' research on sepsis/peritonitis and airway smooth muscle physiology won numerous awards at national meetings. His recent publications on management of obstetrical hemorrhage will be discussed as will novel insights into peri-operative management of the asthmatic patient.

Dr. Michael Crowder obtained his MD and a Ph.D. in Neuroscience and Pharmacology from Washington University in St. Louis. Dr. Crowder completed his residency at the University of Washington in Seattle, but returned to "Wash U" for a fellowship in Molecular Genetics. Recently, Dr. Crowder was selected to receive the prestigious 2009 Frontiers in Anesthesia Research Award at the IARS 83rd

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Annual Meeting in San Diego, CA for his leadership in the field and his work on Cellular and Molecular Mechanisms of Hypoxic and Anesthetic Preconditioning.

Dr. Crowder is Chief of the Anesthesiology Research Unit at Washington University's School of Medicine. He also is an attending anesthesiologist at Barnes-Jewish Hospital, where he specializes in neurosurgical anesthesiology. His research involves identifying the targets of general anesthetics as well as looking for genes that control survival and adaptation to cellular injury from low oxygen (hypoxia). He will lecture on how current research on cellular mechanisms of hypoxic cellular injury influences his clinical decisions to prevent stroke and heart attack in the peri-operative period.

We are also fortunate to continue our tradition of highlighting research by residents from both Emory and the Medical College of Georgia at the Winter Forum.

The Georgia Society of Anesthesiologists designates this educational activity for a maximum of eight (8) AMA PRA Category 1 Credit(s)™.

Emory: Evaluating questions ... (continued from page 5)

In addition to the senior residents, a few CA-1 residents are also involved in research ventures. Ryan Guffey, MD, examined the correlation between medical school USMLE scores and anesthesia resident performance on in-training exams and ABA certification scores to find a direct correlation. This may allow anesthesia programs to select residents who will likely succeed in the medical knowledge area of core competencies. Admittedly there are five other core competencies and Dr. Guffey is hoping to look into ways of predicting resident success in those arenas as well. Matthew Whalin, MD, PhD, recently initiated a quality improvement project focused on management of ventilation during codes, as well as identifying risk factors for code-associated aspiration. The goal is to determine methods to reduce the incidence of aspiration and improve ventilation during code situations in hospital settings. Anna Woodbury, MD, coauthored a case report on rocuronium-induced Kounis syndrome after a patient had an allergic reaction to rocuronium that manifested itself solely as coronary vasospasm.

From propofol's biochemical action to flumazenil-, clarithromycin-, and azithromycin-treated hypersomnolence and delirium, from ACE-I action on neuropeptides and CRPS-I to ultrasound guided self-assessment of perineural injection for efficacy of regional anesthesia, and from predicting successful residents to quality improvement projects for code situations to rocuronium allergy leading to cardiac ischemia, the Emory anesthesia residents are intelligent, inquisitive, and leading the way into the future of anesthesia by their various research endeavors.

Medicare Fee Update

Navigating, updating the maze

Raphael Gershon, MD, MBA, GSA Representative to Medicare Carrier Advisory Committee

It's that time of year again -- the time when we all bite our nails wondering if Medicare will slash physician payments in the New Year.

This year, the drama is more intense as Congress decides whether to permanently repeal the **Sustainable Growth Rate (SGR)** formula that creates the physician annual pay cut fiasco. With the present SGR formula, the Anesthesia 2009 **conversion factor (CF)** of $20.9150 will result in a negative 21.2% update to $16.6191 in 2010. In terms of **RBRVS** the 2009 level of $36.0666 will drop to $28.3895.

Traditionally, Congress has stepped in to reverse such dramatic cuts before they take place, and while this Congressional override has occurred every year since 2003, our specialty is certainly in a precarious position. Keep in mind; these proposed cuts are set to arrive when Medicare physician payment updates already lag far behind increases in the costs of caring for seniors. In 2011, the leading edge of the baby-boom generation will start enrolling in Medicare, with enrollment growing from 44 million in 2011 to 50 million by 2016.

So you say, "What in G-d's name is Gershon talking about?!"

Quick review:

The **Medicare RBRVS** called for a payment schedule based on three components with each component adjusted for geographic differences in resource costs and a conversion factor (CF) used to transform relative value units (RVUs) into dollars.

Physician work. This refers to the physician's individual effort in providing the service: the physician's time, the technical skill and physical effort, mental effort and judgment, and psychological stress associated with the physician's concern about iatrogenic risk to the patient. Physician work is geographically adjusted by the work **GPCI**, which represents the cost of living. But this index measures only one quarter of the geographic differences in cost of living.

Practice expense (PE). This refers to the cost of physician practice overhead, including rent, staff salary and benefits, medical equipment and supplies. Practice expense is geographically adjusted by the **PE GPCI**.

Professional liability insurance (PLI). This refers to the cost of insurance to protect a physician against professional liability. This is geographically adjusted by the **PLI GPCI**, which measures differences in premiums across Medicare payment areas.

Conversion factor (CF). This is the factor that transforms the geographically adjusted relative value for a service into a dollar amount under the physician payment schedule.

Now that we're on the same page, further realize that when changes in the Fee Schedule cause shifts of more than $20million, CMS is required to apply a **budget neutrality (BN)** adjustment. In 2007 and 2008, BN adjustment mandated by the Five Year review was applied to work relative value units for RBRVS services. And in terms of our specialty, adjustments are applied to the work portion of the anesthesia CF, as anesthesia codes do not break down into work, practice expense and PLI components.

Some good news, but stay tuned:

On Nov. 19, the U.S. House of Representatives passed H.R. 3961, the "Medicare Physician Payment Act of 2009," by a vote of 243-183. The bill would permanently repeal the SGR and replace it with a formula that physician groups feel more accurately reflects actual costs, using the **Medicare Economic Index (MEI)**. The bill eliminates all SGR accrued debt and also would cancel 2010's 21 percent cut. Furthermore, HR 3961 only counts physician services, with the two categories being evaluation/management /preventive, and all others.

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... our specialty is certainly in a precarious position.

Bill proposes annual reimbursement increases:

"In 2011 and beyond, Medicare physician payments would be based on the gross domestic product (GDP) plus two percent for evaluation and management and preventive services, and the GDP plus one percent for all other services" explains the Medical Group Management Association which supports the bill along with other physician groups. "These service categories would apply without regard to the specialty of the physician providing the service."

Up next:

The bill goes to the Senate, which rejected a similar measure in October because it cost too much. There is also a bit of good news for those of us in academics, who have dealt with the totally inexplicable loss of payments for attending oversight of more than one resident concurrently. The recently released **2010 physician fee schedule (PFS)** contains important payment changes for anesthesiologists involved in the teaching of anesthesiology residents or student nurse anesthetists (SRNAs). Most notably, for the first time since 1994, teaching anesthesiologists will now receive **100% of the Medicare Fee Schedule** for each case when they work with two residents in overlapping cases. In addition, the rule also codifies new payment rules in scenarios where an anesthesiologist is involved in a case with a CRNA and/or a SRNA. This document is intended to clarify how anesthesiologists and CRNAs will be paid in various scenarios under the new Medicare rule for services provided after January 1, 2010.

First, it is important to note that the medical direction rules for anesthesiologists have not changed. As under current law, anesthesiologists may still medically direct up to four separate concurrent cases involving CRNAs and will get paid 50% of the Medicare allowed amount for each case. Prior to the release of the 2010 final rule, an August 2002 CMS transmittal allowed non-medically directed CRNAs to be involved in up to two teaching cases with SRNAs. In these cases, the teaching CRNA would receive the full base units for each case plus the actual time spent in each case, multiplied by the anesthesia conversion factor. We refer to this payment scenario as "**base + face**" because the CRNA gets paid the full base units plus the "face" time spent with each SRNA. The 2010 PFS codified the CRNA payment transmittal into law and added that if the CRNA is being medically directed by an anesthesiologist in a case involving the training of a SRNA, the anesthesiologist would receive 50% of the allowed amount (full base units + time, multiplied by conversion factor, all of which is divided by 2) and the CRNA would receive 50% of the base + face calculation. For various scenarios and permutations, I refer you to the ASA website.

Finally, CMS recently released an official **Change Request** transmittal that updates the **Medicare Claims Processing Manual** and provides guidance to Medicare carriers as they implement the final rule. It also provides guidance to providers about the requirements needed to successfully report a case involving the training of anesthesiology resident or SRNA. For example, the transmittal emphasizes that the teaching anesthesiologist, or a different anesthesiologist in the same anesthesia group, must be present during all critical or key portions of the anesthesia service or procedure. Further, the teaching anesthesiologist (or another anesthesiologist with whom the teaching anesthesiologist has entered into an arrangement) must be immediately available to provide anesthesia services for the entire procedure and that both of these requirements must be documented in the patient's medical records. If different teaching anesthesiologists are present during the procedure, the performing physician, for purposes of claims reporting, is the teaching anesthesiologist who began the case.

Update:

I have a meeting set up for December 11th with Camilla R. Grayson, Director of Health Policy and Third Party Payor Advocacy, Medical Association of Georgia, with **DCH Medicaid** representative, Gia Compton. Several of your practice managers will be in attendance as well. Topic? Obstetrics, labor epidurals and C sections (01967 and 01968).

Next Issue:

Physician Quality Reporting Initiative

... it is important to note that the medical direction rules for anesthesiologists have not changed.

GSA-PAC

2010 plump with election opportunities

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

Happy New Year Georgia anesthesiologists! We welcome 2010, an election year in the state of Georgia, with hope and anticipation for what lies ahead.

As many lawmakers leave their current posts to pursue higher office, the openings which result are sought after by many people eager to shape our law and public policy related to health care and business. We need to stay vigilant about how our legislators are affecting our futures, both on the national and state levels. State level issues will continue to include office-based surgery guidelines, APRN prescriptive ability, and interventional pain management.

With all eyes on healthcare reform, it is apparent that advocacy has never been more important. The GSA-PAC supports candidates who have demonstrated an interest in protecting patient safety and improving the delivery of quality healthcare in Georgia. In a state with 236 lawmakers, lead 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.

As we roll into January the calendar for donating to the PAC resets. It is more important than ever to stay active and to support the GSA-PAC, as opportunities to support friends of organized medicine exist and will be fulfilled. 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! Go to www.gsahq.org to contribute to GSA-PAC.

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

Savannah, GA (October 2009) – GSA members Dr. Bob Lane (left) and Dr. John Bowden (right) represented the Society at a fundraiser for U.S. Senator Johnny Isakson, R-Georgia, held in conjunction with the Medical Association of Georgia's House of Delegates meeting last fall.

2010 State Election Contests

56 State Senate Seats
180 State House Seats
13 U.S. Congressional Seats
Governor
Lt. Governor
Secretary of State
Insurance Commissioner
Agriculture Commissioner
Labor Commissioner

... the calendar for donating to the PAC resets.

The following represents the final and complete list of contributions from GSA members to the Committee for Responsible Health Care Policy (GSA-PAC) made during the 2009 calendar year. Congratulations to all physicians who have helped equip the GSA Government Affairs Committee and the GSA-PAC Committee to complete their tasks.

Dr. Naureen Adam, $200
Dr. Peter E. Anderson, $200
Dr. Robert Arasi, $200
Dr. Sona S. Arora, $50, (R)
Dr. Rajesh Arora, $150
Dr. Michael E. Ashmore, $200
Dr. Michelle Au, $200
Dr. David Bryan Austin, $25
Dr. Jaiwant M. Avula, $100
Dr. Daud Azizi, $200
Dr. Nathan Baldwin, $20 (R)
Dr. Richard Scott Ballard, $200
Dr. Carolyn F. Bannister, $250
Dr. Laurie A. Barone, $200
Dr. Robert C. Baumann, $200
Dr. James Francis Beatty, $200
Dr. Timothy N. Beeson, $200
Dr. J. Daniel Beeson, $200
Dr. Arnold J. Berry, M.P.H., $200
Dr. Aundie L. Bishop, $20 (R)
Dr. Virlyn L. Bishop, $20, (R)
Dr. John R. Blair, $200
Dr. Timothy W. Boozer, $200
Dr. Brandon L. Bowman, $20 (R)
Dr. Wilmer Dornon Bradley, $200
Dr. Cordell L. Bragg, $200
Dr. Karen Lynn Bramblett, $200
Dr. Jennifer L. Brandenberger, $20, (R)
Dr. James Braziel, III, $200
Dr. Kurt Stephen Briesacher, $200
Dr. Colin S. Brinkmann, $200
Dr. Jerome L. Bronikowski, $225
Dr. Alrick G. Brooks, $500
Dr. Amanda K. Brown, $500
Dr. John J. Byrne, $200
Dr. Amy Marie Cabbabe (Alvarez), $20, (R)
Dr. James L. Carlson, $200
Dr. Karen T. Carlson, $250
Dr. Alan K. Carnes, $200
Dr. Donn A. Chambers, $200
Dr. Diane L Chauffe, $50
Dr. Bessie B. Chen, $200
Dr. Laura Chesoni, $20 (R)
Dr. Jonathan Clayton, $200
Dr. Charles L. Clifton, Jr., $200
Dr. Lindsay Coleman, $20, (R)
Dr. James E. Cook, $200
Dr. Larry L. Corbitt, $200
Dr. Ryan J. Corley, $20 (R)
Dr. Donald R. Cornutt, Jr., $25
Dr. Sean L. Coy, $200
Dr. Sara Bigsby Crutchfield, $20 (R)
Dr. Casey Lynne Daste, $20 (R)
Dr. Keith David Craig, $200
Dr. Lee S. Davis, $200
Dr. Gwen K. Davis, $200
Dr. C. Phillip deJarnette, $100
Dr. Preston Chandler Delaperriere, $200
Dr. Frank W. DeMarino, $200
Dr. Sheryl S. Dickman, $200
Dr. Alice Lachenal Dijamco, $200
Dr. Gary Lee Dove, $200
Dr. Lisa R. Drake, $200
Dr. Eddy Neil Duncan, $200
Dr. Joel S. Dunn, $250
Dr. Joseph Kirk Edwards, $20 (R)
Dr. Erik James Elwood, $20 (R)
Dr. L. Ashley Ermenc, $20 (R)
Dr. Mauro Faibicher, $500
Dr. Darryl F. Feldman, $200
Dr. Roderick C. Finlayson, $100
Dr. Anthony J. Fister, $200
Dr. Joseph B. Floyd, $200
Dr. Annabel Rosado Flunker, A.A., $100
Dr. Scott C. Foster, $200
Dr. Rex B Foster, III, $200
Dr. Craig Scott Freiberg, $200
Dr. Thomas B. Gallen, $20, (R)
Dr. Paul S. Garcia, $20 (R)
Dr. Gregory L. Gay, $200
Dr. Maurice B. Gilbert, $100
Dr. Marcel Gilli, $200
Dr. Cary B. Gilman, $200
Dr. Patrice A. Goggins, $200
Dr. Stephen C. Golden, $200
Dr. Lawrence H. Goldstein, $200
Dr. Timothy Michael Grant, $500
Dr. Arthur R. Gray, Jr., $500
Dr. Michael J. Greenberg, $200
Dr. Kathryn A. Grice, $200
Dr. Stephen C. Grice, $200
Dr. Timothy Dale Griner, $200
Dr. Beata K. Grochowska, $200
Dr. Ryan Guffey, $20 (R)
Dr. Matthew L Guidry, $200
Dr. Christopher G. Gunn, $500
Dr. Kimberley D Haluski, $200
Dr. Robert C. Ham, Jr., $500
Dr. Mark E. Hamilton, $200
Dr. Sue Han, $100
Dr. Alison S. Hanowell, $20 (R)
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Dr. Rickard S. Hawkins, Jr., $750
Dr. Harold J. Hebert, III, $200
Dr. Amber Millette Henderson, $200
Dr. Kirk Hickey, $20, (R)
Dr. Bruce A. Hines, $200
Dr. James E. Hinkle, $200
Dr. Michael David Hodge, $50, (R)
Dr. Howard Y. Hong, $200
Dr. Charles Stephen Hoover, $75
Dr. Keith A. Housman, $200
Dr. Jian Jim Hua, $500
Dr. Barry Hunt, A.A., $50
Dr. Wayne G. Hutchens, $200
Dr. Robert P. S. Introna, $200
Dr. Vadim Borisovich Ioselevich, $20 (R)
Dr. L. Lester Jackson, $100
Dr. Robert H. Jarman, $200
Dr. Thomas Lemuel Javelona, $200
Dr. Jay W. Johansen, Ph.D., $250
Dr. R. Allen Johns, $200
Dr. Keith R. Johnson, $200
Dr. Krista L. Johnson, $200
Dr. Edwin D. Johnston, Jr., $200
Dr. Joseph F. Johnston, $25
Dr. Aida I. Joiner, $200
Dr. David Arnold Josephson, $200
Dr. David M. Kalish, III, $500
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Dr. Peter M. Kaye, $200
Dr. Saba F. Khan, $20 (R)
Dr. Jung S. Kim-Wirsing, $150
Dr. Brian T. Kinder, $100
Dr. Jeffrey M. King, $200
Dr. Jamie M. Kitzman, $20 (R)
Dr. Matthew A. Klopman, $20, (R)
Dr. Kevin B. Knight, $20 (R)
Dr. Britton D. Knowles, $20 (R)
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Dr. Forrest J. Lane, Jr., D.O., $200
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Dr. Richard R. Little, $200
Dr. Ying Hsin (Jesse) Lo, A.A.-C, $200
Dr. Richard C. Lodise, $200
Dr. Mark Thomas Lofye, $20, (R)
Dr. John Tuan Lu, $200
Dr. Hugh Stuart MacGuire, $200
Dr. Michael E. Maffett, M.D, $200
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Dr. Girish N. Makwana, $200
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Dr. Gary L. Margolias, $20 (R)
Dr. Ian Marks, $200
Dr. William M. Martin, Jr., $200
Dr. Daniel G. Marshburn, $100
Dr. Jill Marie Maslowski, $20 (R)
Dr. John E. Maxa, $200
Dr. David Preston McDaniel, $20 (R)
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Dr. Keith M. McLendon, $200
Dr. Donald S. McLeod, $200
Dr. Donnie Lynn McMickle, $500
Dr. Charles D. McMillon, $150
Dr. John C. McNeil, Jr, $200
Dr. John Brotherton Meisinger, $200
Dr. Catherine K. Meredith, $700
Dr. Justin Paul Meschler, Ph.D., $500
Dr. Joseph P. Mihalka, $200
Dr. Stephen L. Miller, $200
Dr. Stanley R. Mogelnicki, $200
Dr. Antonio I. Morales, $200
Dr. Robert O. Morris, Jr., $300
Dr. Wyndham G. Mortimer, $200
Dr. John J. Moss, $200
Dr. Richard J. Muench, $200
Dr. Carol M. Mulligan, $300
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Dr. John B. Neeld, Jr., $200
Dr. Mark C. Norris, $200
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Dr. Robert E. Oliver, $200
Dr. Marissa Omurtag, $20, (R)
Dr. Shaun P. O'Rear, $400
Dr. Yelunde O. Orimogunje, $100
Dr. Armin V. Oskouei, $20, (R)
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Dr. Andrew B. Pandya, $200
Dr. Rogerio M. Parreira, $200
Dr. Rafael P. Pascual, $400
Dr. Gaurav P. Patel, $20 (R)
Dr. Matthew E. Patterson, $20, (R)
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Dr. William Owen Prince, $200
Dr. J. Austin Quina, $200
Dr. Derrick W. Randall, $200
Dr. Tonya R. Raschbaum, $200
Dr. William M. Redwood, $100
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Dr. Carroll Reese, $200
Dr. Linda B. Ritter, $200
Dr. Howard Keith Robinson, $200
Dr. Kent H. Rogers, FRCP(c), $200
Dr. Stephen E. Rogers, $200
Dr. Luther C. Rollins, $200
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Dr. Ashley Connor Ryan, $20 (R)
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Dr. Amanda Lynn Sampey, $20 (R)
Dr. James M. Sams, $200
Dr. Albert H. Santora, MD, $100
Dr. Joanna M. Schindler, $20 (R)
Dr. Anthony Schinelli, $200
Dr. Julie Lyle Schuman, $20 (R)
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Dr. Fred J. Schwartz, $125
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Dr. Donald B. Silverman, $200
Dr. Alan M. Smith, $200
Dr. Kenneth Douglas Smith, $200
Dr. Lisa Beth Snyder, $200
Dr. John S. Solitario, $200
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Dr. Craig M. Spector, $200
Dr. Kathryn E. Stack, $200
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Dr. John H. Stephenson, $200
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Dr. Thomas M. Stewart, $200
Dr. David A. Stewart, $200
Dr. Gary Stolovitz, $200
Dr. Charisse Nicole Stovall, $10, (R)
Dr. David Evan Strick, $200
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Dr. Steven L. Sween, $200
Dr. Trent S. Tadsen, $200
Dr. Steven N Tafor, $500
Dr. Donald R. Talley, $200
Dr. Sanjiwan Tarabadkar, $500
Dr. Marvin Tark, Ph.D., $200
Dr. Jigar M. Tataria, $20 (R)
Dr. J. Mark Tatman, $100
Dr. William M. Taylor, Jr., $200
Dr. Damon A. Templeton, $200
Dr. Brian L. Thomas, $200
Dr. Elise Miranda Tomaras, $200
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Dr. Richard W. Trent, $200
Dr. Palak Turahkia, $20 (R)
Dr. Ratna Vadlamudi, $50, (R)
Dr. Margaret Sewall Van De Water, $20 (R)
Dr. Raul G. Velarde, $200
Dr. James Donald Vinson, Jr., $200
Dr. Steven M. Walsh, $500
Dr. Alan S. Walters, $200
Dr. David Michael Webb, $25, (R)
Dr. Reuben P. Wechsler, $100
Dr. Stephen R. Wells, $20, (R)
Dr. Thomas B. West, $200
Dr. Jordan M. Wetstone, $200
Dr. Matthew Keith Whalin, $20
Dr. Jeffrey T. Wheeler, $200
Dr. Christopher D. Whitson, $200
Dr. Dana R. Williams, $20 (R)
Dr. Gordon S. Williford, $200
Dr. Robert Charles Wilson, $100
Dr. Robert Jim Winham, $200
Dr. Anna Woodbury, $20 (R)
Dr. Jason Edward York, $200
Dr. Lily Young, $20, (R)
Dr. Ginger E. Zarse, $500
Dr. Matthew W. Zeleznik, $200
Dr. Kerry Trent Zottnick, $200
Dr. Victor E. Zubar, $150

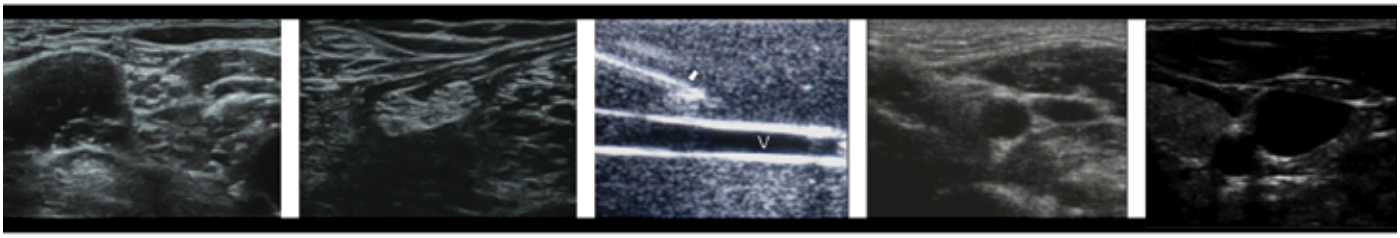
MASTERS OF ULTRASOUND

Ultrasound-Guided Peripheral Nerve Blocks & Vascular Access

Medical College of Georgia
April 16-18, 2010

The Departments of Anesthesiology and Emergency Medicine at the Medical College of Georgia invite you to **Masters of Ultrasound: Ultrasound-Guided Peripheral Nerve Blocks & Vascular Access**. This 3-day course is targeted to emergency medicine physicians and anesthesiologists who have an interest in ultrasound. Novices and experts are invited to attend. The course offers didactic and hands-on training using simulated phantom models and live subjects.

The course will be held at the beautiful Marriott in downtown Augusta, GA; reduced hotel rates are available for participants who stay at the Marriott. You and your family can also enjoy organized activities such as golfing, canoeing/kayaking, or a boat tour of the Augusta Canal. Call 706-721-4467 or visit us online at www.MastersofUS.com for more information.



Course Schedule (April 16-18, 2010)

Day 1: US-guided central venous access - 3.25 hrs.

Day 2: US-guided upper extremity nerve blocks - 4.75 hrs.

Day 3: US-guided lower extremity nerve blocks - 4.0 hrs.

Course Cost & CME Credits (12*)

Registration: $650/person ($550 before 2/15/10)

MCG Faculty: $450 | **12 CME credits***

Residents: $275 (no CME credit, certificate only)

*Accreditation: The Medical College of Georgia School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Designation: The Medical College of Georgia School of Medicine designates this educational activity for a maximum of 12 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Course Directors

William D. Hammonds, MD, MPH
Professor, Department of Anesthesiology and Perioperative Medicine, Medical College of Georgia

Matthew Lyon, MD, FACEP
Director, Emergency and Clinical Ultrasound, Department of Emergency Medicine, Medical College of Georgia

Invited Faculty

Dr. Srikar Adhikari, Assistant Professor, Department of Emergency Medicine, Univ. of Nebraska Medical Center

Dr. Michael G. Byas-Smith, Associate Professor of Anesthesiology, Emory Univ. School of Medicine

Dr. Robert S. Weller, Professor, Department of Anesthesiology, Wake Forest Univ. School of Medicine

Information & Registration

For more information or to register for the course and/or activities, contact Becky Mueller at rmueller@mcg.edu or 706-721-4467.

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Letters to the Editor

Post-'Golden Era' encouragement

In '73 I entered college and my father cautioned that the golden era of medicine might be coming to an end. In '86 I entered private practice and my hospital was Atlanta's first to contract with a HMO.

You see; the golden era of medicine was ending. For most of my career, physicians have endured scope-of-practice encroachments and unremitting regulations. Hassled frightened physicians told their children that medicine was no longer an attractive career; the golden era…

I have attended Legislative Affairs meetings, railed against the SGR, battled payers and worried how our specialty could survive. I have preached doom and vulnerability footnoted with true stories from peers. I follow the efforts of political do-gooders who jeopardize excellent for most with mediocre for all and debt for the yet born. Perhaps the golden era of medicine truly has passed.

Like you, I worry how will new graduates repay loans; how will 24-7 demands for availability be met with any multiple of Medicare; and how will I find balance between the demands on me and the very real needs of patients in their time of vulnerability. I do not know. I have some ideas as to what may have to happen but that is not why I write.

I write having been the horizontal one in the patient-physician relationship. My physician was not there as my friend but rather as one who had the ability to make me better. I write to remind you to take the time to relish the personal reward of appreciation when you are the vertical one in this intimate relationship. For sure, lobby/fight/strategize/fear the unjust intrusions on your profession and the ignorance of the work it took to get there, but … don't walk away from the reward they can't take away from you.

I do not mean to minimize the stress of running a small business with expensive employees and inability to deny services. I definitely do not mean to be your father. I do mean to affirm that while most anesthetics are not life and death events, every patient lays down innately needing to trust their physicians and caregivers. And when you really, really get angry with the do-gooders making promises on your back, take a moment to enjoy your patients.

You will never be paid as well as those on Wall Street who create nothing, but they will never have your opportunity to be relevant to the safety and well-being of others. In that regard, they will never ever be as successful as you.

-Tom West, MD

P.S. I am the proud parent of a first year medical student at Emory University and I know that she has made an excellent choice for her future. Despite not being excused from fiscal realities, I believe that the golden era of being a patient's physician will survive in a world where nothing ever stays the same.

… don't walk away from the reward they can't take away from you.

… they will never ever be as successful as you.

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GSA 2010 Winter Forum

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How it will impact my patients

Saturday, January 23, 2010

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