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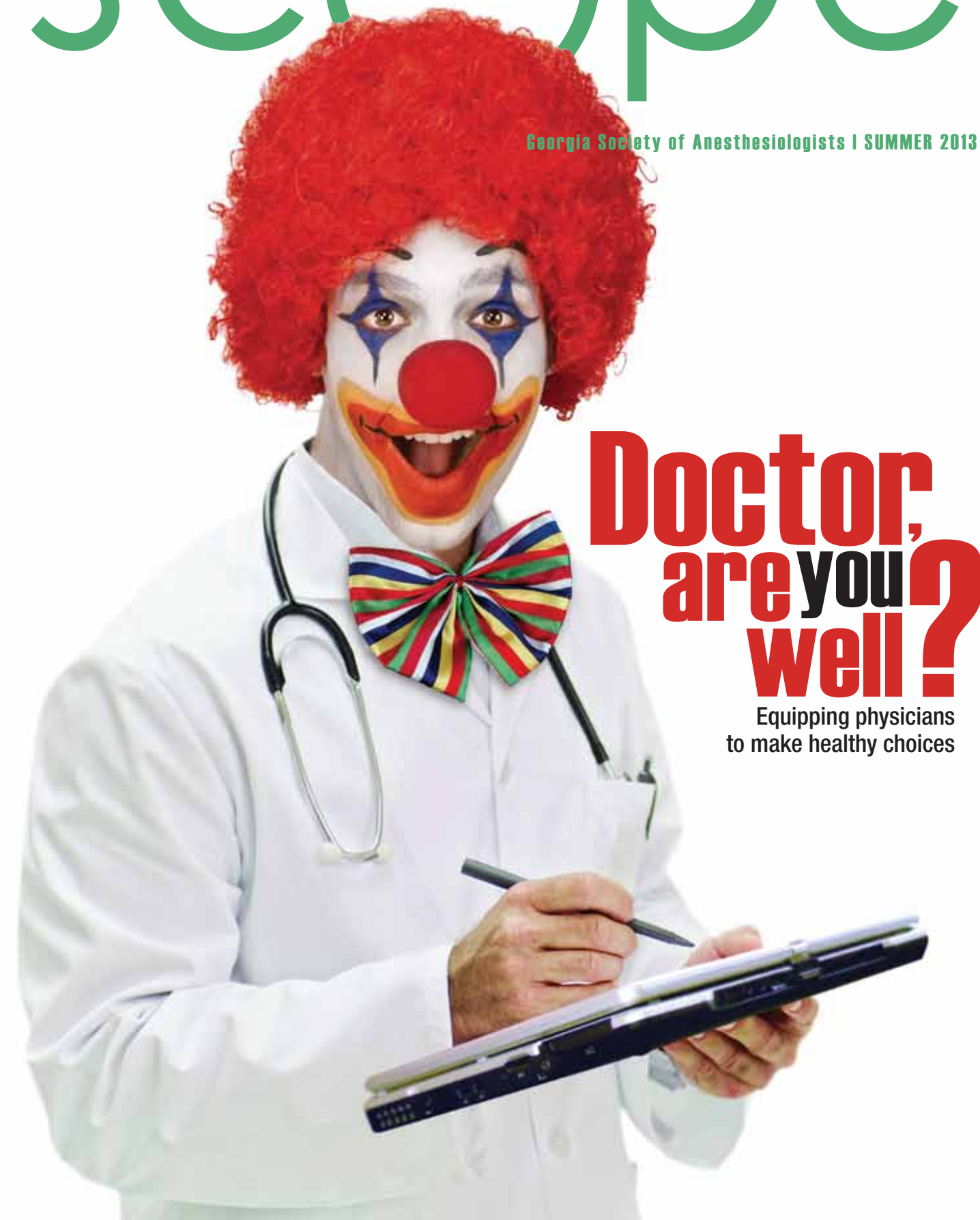
Georgia Society of Anesthesiologists | SUMMER 2013

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scOpe

scOpe is the quarterly magazine of the Georgia Society of Anesthesiologists, Inc. The print version is mailed to 900-plus members, exhibitors and advertisers. The digital version is posted in the members section at www.gsahq.org. scOpe is intended to inform members of contemporary issues and opportunities in anesthesiology, pain management, peri-operative care and patient safety. Opinions expressed in this publication do not necessarily reflect the official position of the Society or its leadership. Direct correspondence to:

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Editor's Corner

Ginger Zarse, MD
Chair, GSA Communications Committee
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Here's to your health...

As the summer winds down and we look forward to crisp mornings and the beauty of fall, we dedicate this edition of scOpe to the personal well-being of our members. We spotlight the ways that some choose to fulfill their own health and wellness needs. The practice of anesthesiology, while enjoyable and rewarding, can be stressful and exhausting at times. The uncertainty that we face as practitioners in the evolving arena of healthcare certainly adds to this. It is vitally important that we devote as much time and effort into caring for our own needs as we do in caring for patients every day.

Physician, heal thyself. Taken at its most literal, this is advice that we should all embrace each day. The notion was addressed in more than one presentation at the 2013 GSA Summer Meeting. The meeting was a great success, and Drs. Arora and Vadlamudi are to be commended for their efforts in recruiting such wonderful faculty to share their expertise. Participants were provided with a host of information relevant to clinical practice, as well as with timely and often overlooked data concerning the importance of wellness issues. It was a great reminder of how exercise, sleep and nutrition can affect our clinical performance and the longevity of our careers.

We hope you enjoy learning more about some of your colleagues and the ways they unwind to stay happy and healthy in this lighthearted, more personal edition of scOpe. Be assured that we will continue to keep you informed of the latest clinical and legislative updates throughout the year. As a member-purpose driven professional organization, GSA guarantees that the information that you receive via email, hardcopy or e-News is directly relevant to your practice and career. If the Society communicates with you, be confident the content is worthy of your time. This is our content worthy guarantee – if we send it, you will benefit.

No issue of scOpe would be complete without a big thanks to GSA headquarters staff, Kristin Andris, LeAnn Johnston and Jet Toney of Cornerstone Communications Group. Their tremendous efforts ensure GSA's communication is constantly developed, updated and improved.

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Georgia Society of
Anesthesiologists
on Facebook to
view photos from
the Summer Meeting.



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Contact Kristin at kristin.strickland@politics.org or call 404-249-9178.

Choose wellness

Recognize, treat burnout



Steve Alan Hyman, MD, MM
Associate Professor of Anesthesiology
Vanderbilt University
Nashville, TN

"I have worked 60 hours in the OR this week and have already missed my son's Little League game, my daughter's dance recital, and dinner with my spouse. And I haven't even been on call!"

"In the weekly staff meeting, we heard that new surgeons are coming in the next few weeks, and the hospital wants us to staff the cases."

"We also heard talks about expansion, but at the same time, there are reports of hiring freezes and layoffs. I have so many things to do at home—the house needs painting and the car hasn't been washed in months."

"I have so much paperwork to do and I just don't have enough time to get it all done."

"Gosh, it has been so long since I had a vacation, but if I COULD take some time off, I don't have enough money to go somewhere nice."

Everyone likely has experienced at least one of the previous scenarios. At times, most unpleasant events are just bumps in the road of life. Other times, or with different people, these events may evolve into a disruptive breakdown of work-life balance with the development of burnout. Because burnout is an extremely personal phenomenon, one person may be totally unaffected, while someone else in the same workplace may be completely afflicted. Burned out people tend to be younger, never married, and highly educated. They may show low levels of hardiness, poor self-esteem, and unrealistically high expectations for their jobs. Additionally they may feel they have an external locus of control—i.e., a 'victim mentality.'



Portrait of Steve A. Hyman, MD, by artist Wanda Choate, Springfield, TN.

If we don't **take good care** of our needs and ourselves, how can we possibly take good care of other people and their needs?

As important as they are, an individual's own characteristics are not solely responsible for job stress. The profession itself influences the development of burnout. Policemen may become more cynical as a group than teachers or medical personnel, while teachers might have more emotional exhaustion than would either policemen or medical personnel. Affected people may feel the quantity of work (too much or too little) is not right for them. They may have role conflict with coworkers or with supervisors, or lack clarity about job expectations. On-the-job stress may be exacerbated by a lack of social support from supervisors or from fellow workers. Highly structured workplaces with steep hierarchies, large numbers of rules, and limited resources increase the risk of burnout. Mergers and downsizing may precipitate a feeling of absence of reciprocity—meaning you give something (your time and devotion) but may not get to keep the job¹.

Medical specialists are at risk for the development of burnout, but the risk varies by specialty. Results of a 2008 survey by The American College of Surgeons show that burnout, depression, and suicidal ideation differ depending on the surgical subspecialty². Trauma and vascular surgery were substantially higher

than was orthopedics. Hours in the operating room and nights on call were also associated with increased risk and pediatric surgeons were among the lowest at risk. Surgeons who were older, with grown children, and a physician spouse were also among the lowest at risk.

Why is the identification of burned out employees important? Some suggest that burned out or depressed people may have disruptive behavior, poor judgment, and inability to competently perform the job³. The symptoms may also be similar to those associated with drug abuse. The unrest may also spread to other people within the work unit.

What is to be done about burnout in the workplace? There is sparse literature regarding treatment of burnout. Dunn⁴ and Elpern⁵ address workplace issues and encourage a smoother functioning workplace with more personal control by employees. Peer support groups have been utilized to address personal issues^{6,7}. In our 2011 study⁸, we had hoped to (but failed to) find that well-adjusted people would have more outside activities.

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Choose wellness

The practice of health, happiness

By Kristin Andris
Cornerstone Communications Group, Inc.
Associate Editor

Just like anesthesia, good health is a practice. It is not something to be obtained once then forgotten forever. It is a continuing journey in which we must all be mindful throughout our entire lives. President Jimmy Carter defined good health in his book *The Virtues of Aging*.

"It's not just the absence of physical illness or something like a long vacation without pain. I would say that good health, more than being able-bodied, involves self regard, control over our own affairs, strong ties with other people, and a purpose in life. These things don't just evolve automatically, but have to be sought and maintained."

In other words, good health must be practiced over time. The practice requires a delicate balance between adequate rest, meaningful work and exhilarating recreation. Although GSA members share a passion for their anesthesia practice, they choose different methods to practice personal happiness and well rounded health. Here are just a few ways that GSA members promote wellness through recreation:



2

Buntin purchased a plot of land in January 2012, after noticing the property's reasonable price and potential to grow chestnuts. Located in Plains, Ga., the land also holds the charm of being adjacent to property owned by President Jimmy Carter's family. Buntin named the land Chestnut Plantation and set a goal to help repopulate the chestnut population in Sumter County.

Once the chestnuts began to grow, Buntin turned his attention towards other projects like pines and food plots to attract area wildlife. Turkey and deer soon began to populate the farm, taking advantage of its plentiful supply of food and water.

Last November, Buntin decided to introduce quail to Chestnut Plantation. He purchased incubators, brooding stations and quail eggs and consulted with various quail experts throughout South Georgia. Although the quail are a fairly new addition to the plantation, Buntin reports that the population is at a healthy level.

Buntin is now considering an addition of bees, goats and peacocks. With several fruit trees throughout the property, bees have the potential to increase the farm's

supply of fruit. The addition of goats could help maintain the grass, and peacocks would add additional beauty to the farm.

Although Buntin has purposely chosen low maintenance animals for his property, Chestnut Plantation does require work. Buntin seeks the advice of park rangers and other experts to gain estimates on the population and health of each species.

It is nice to have something that is fun to work on - something that you don't have to do but you want to do.

From these estimates, Buntin must alter feed or hunt deer to control populations. He must also know when to fertilize, how to plant and how to repair a tractor. He is hoping to soon add welding to his list of new farm skills.

"It is a lot of work, but it is rewarding for me and my whole family," he said. "It is nice to have something that is fun to work on - something that you don't have to do but you want to do. Right now, for me, that is the farm."

Hitting the slopes

In 1987, GSA Chair of the Vendor Relations Committee, Dale McMillon, MD strapped on a pair of skis for the first time. A friend from his medical school convinced Dr. McMillon to travel to New Mexico to experience the rush of downhill skiing. Dr. McMillon has since claimed skiing as a favorite hobby and an excellent way to stay happy and healthy.

"I like the freedom of being out there on the mountain on a beautiful day. There is a blue sky and no worries other than getting down the mountain. I also love to ski fast. As an adrenaline junkie, it allows me to get my speed fix," Dr. McMillon said.



3

Despite his fast pace, Dr. McMillon has never had a serious injury in his 26 years of skiing. He cautions beginner skiers to take a lesson at a ski resort, always wear a helmet and get in the best cardio shape possible as a precaution against mountain sickness.

"It is good balance training and a tremendous cardio workout," Dr. McMillon said.

Although there is no real way to practice skiing from Atlanta, some gyms offer ski machines which Dr. McMillon has used to help improve balance. Dr. McMillon also water skis, but he warned that it is no preparation for the challenges of snow skiing.

"If anything, it hurts you. You lean back when waterskiing but forward when snow skiing," Dr. McMillon said.

Dr. McMillon goes skiing about two times a year in various locations throughout Colorado, Utah and Montana. Many of his ski trips are anesthesia meetings that are held at ski resorts such as Big Sky Mont., which is slightly north of Yellowstone



National Park, and Snowmass, Colo., which is outside of Aspen. These meetings hold CME content in the early morning and late afternoon, so that attendees can spend their days on the slopes.

Searching for treasures

Joseph Cavan Woods, MD, GSA member from Robins Anesthesia Services, LLC, is one of two million people worldwide who enjoy geocaching.

Geocaching is an outdoor activity in which participants use GPS-enabled devices to find caches, or secret treasures, which have been hidden by other players.

Caches range in size from a small film canister containing a log sheet to a 20 liter bucket filled with tradable items like toys, coins, jewelry or gift cards. Caches can be found all over the world in parks, city streets or even underwater.



5

"One of the most interesting caches we have ever found was hidden in a tree. My son had to climb on my shoulders to find it," said Dr. Woods, who is also known as GAWOODSWANDERER in the geocaching world.

Dr. Woods began geocaching in 2012, after he was introduced to the hobby at a children's ministry trip at A. H. Stephens Historic Park in Crawfordville, Ga. The activity became an instant hit with Dr. Woods, his son, Joseph, and oldest daughter, Morgan.

What I enjoy most is challenging myself to do something new and working hard to meet certain goals.

"It keeps me out of my house and gets me into the great outdoors of Georgia," Dr. Woods said. "More importantly, it takes me to places that I have never been. I find hidden gems of history in my own backyard. Oftentimes there is a reason why a cache is placed where it is."

Dr. Woods has found over 470 caches, including all 300 caches in Houston County. He also found a cache in Georgetown Grand Cayman, while celebrating his 20th wedding anniversary, and another in Honduras, while on a medical mission trip with The Rice Foundation.

"The great thing about geocaching is you can find a cache anywhere, even in a strip mall as you are leaving a restaurant," Dr. Woods said.

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[photo key] 1) Bill Buntin, AA-C, and his sons, Courtland, 14, and Harper, 8, at Buntin's farm in Plains, Ga. 2) Former U.S. President Jimmy Carter and his wife, Rosalynn, visited children suffering from schistosomiasis during their Feb. 15, 2007, trip to Nasarawa North, Nigeria. Photo Credit: Emily Staub/The Carter Center.

[photo key] 3) Dale McMillon, MD, skiing at Big Sky Montana. 4) J. Austin Quina, MD, surfing in Lake Sinclair with the help of his specialized boat, designed to produce ocean-like waves for wakesurfing. Inset - Dr. Quina's children, Gavin, 11, and Caroline, 9, also enjoy wakesurfing. 5) Cavan Woods, MD, after finding The Battle of Iwo To geocache on a small island in Lake Tobesofkee.

Georgia PHP Update: First Year A Success



By Paul Earley, MD, FASAM
Medical Director of the
Georgia Professionals Health Program

Despite being home to some of the nation's top centers for treatment of physician substance abuse problems, Georgia was one of the last four states without a professional health program to assist physicians towards treatment. In August 2012, with the help of many partners, the Georgia Professionals Health Program (PHP) was finally launched. We're a year into our mission to help our colleagues struggling with the disease of addiction get the help they need. At the same time we're protecting hospitals and the public at large.

Why does Georgia need a PHP? Often physicians with addiction are coping well at work, but fear that seeking help for their problem will hurt them professionally, through medical board sanctions or loss of employment. Because of this, physicians with addiction often hide their condition and avoid seeking help until they are impaired professionally.

A PHP empowers the physician to enter recovery with the full support of the medical board and with a plan for returning safely to work. This process also ensures public safety, because it is a safe harbor for those physicians who otherwise would struggle on their own.

Starting a PHP from scratch is a challenging process, and Georgia is a big state (more than 30,000 physicians) to launch a new program. We are pleased to report our results this year have exceeded all our expectations. There is more outreach to do, but we are encouraged by the support we have received from many sources, including the Georgia Composite Medical Board, hospitals, and individual practitioners.

Our first order of business has been to make physicians and human resource administrators aware of our existence. When we explain that PHPs decrease workloads on hospitals, preserve public safety, and return physicians to health, the most common response has been, "That sounds like a really good idea."

A PHP empowers the physician to enter recovery with the full support of the medical board.

But we need help getting that message out. We estimate our current market penetration at approximately 10 percent, but we want to be seen as a resource for every practice administrator, CMO and physician in the state.

Our next task was to enroll physicians in the program. Since our launch, we've triaged about 130 individuals from across Georgia who contacted us regarding assistance. Those who met our criteria and needed monitoring were enrolled, and we helped the rest find help elsewhere. The Georgia Composite Medical Board, which has been one of our greatest allies, allowed about 80 physicians to terminate consent orders and enroll with the PHP instead.

For more information visit www.gaphp.org, call 855-MYGAPHP (855-694-2747) or email robin.mccown@gaphp.org or paul.earley@gaphp.org.

6 Risk Factors for Physician Addiction

Paul Earley, MD, FASAM | Medical Director
The Georgia Professionals Health Program (Georgia PHP)

When it comes to medical illnesses, early intervention is always best. This truism also applies to addiction disorders among physicians. Unfortunately, we too often identify a physician addiction problem only after it is well established, having progressed to the point of impairment or when a hospital incident occurs. All of us have personally seen or heard of colleagues who have succumbed to the devastating effects of this illness.

Approximately 4 percent of all physicians practice anesthesiology, but 10 to 14 percent of physicians entering treatment

We've also helped 15 participants who came directly to us for assistance and are now either in a course of treatment or early recovery. Today, we have more than 90 participants enrolled in our program, and expect our enrollment to double every year for the foreseeable future.

The work we've begun is important. We've all seen colleagues succumb to addiction, with anesthesiology being particularly hard hit. While physicians develop addictive disorders at about the same rate as the general public -- one in ten will develop addiction over the course of a lifetime -- physicians, especially anesthesiologists, are good at hiding their addiction and have easy access to some powerful addictive drugs.

The good news is that once the addiction is identified and referred for help, treatment protocols for physicians are remarkably effective. This is why a PHP is such a powerful mechanism for change. Year One has been a success. Let's work together to make Year Two even better.

are anesthesiologists. Knowing the warning signs and seeking early intervention may keep a physician from heading down the path of addiction. Below are some of the risk factors for addiction in anesthesia providers.

Insomnia

If you are not getting enough rest, you may be increasing your risk of addiction. In addition to causing exhaustion and poor decision-making, insomnia is often an underlying symptom of many psychological disorders often co-morbid with addiction.

For many anesthesiologists the first abuse of drugs comes as an attempt to alleviate insomnia. They have access to effective

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drugs for overcoming it and expertise in administering them. But, it is always a bad idea.

Make getting enough rest a priority. If you are having trouble sleeping, formally seek medical advice from a qualified physician. Self-medicating with prescription drugs from the office is not the answer.

Overconfidence

Anesthesia residencies are prized among medical students, and typically go only to top students- an ambitious, overachieving group. Many who are drawn to the specialty are risk-takers to some degree. The qualities of self-determination help create an outstanding physician, but they can also lead to overconfidence.

Thinking "I know what I'm doing; I use these drugs every day" is a mentality that corners many anesthesiologists into a trap. Their expertise is their downfall. They think, "I know all about this drug so I can try it just this once." That 'just one time' often turns into the first step towards addiction.

We encourage physicians to always follow best practices, including disposing of drugs in front of witnesses. It's not always convenient, but making a personal commitment to best practices can be the best protection.

Social Isolation

Becoming a physician takes hard work and commitment that doesn't stop after residency. Physicians often work long, unpredictable hours that can have a severe social cost.

Make space in your life for personal time and short vacations from work. Addiction often begins as a physician seeks respite from stress. Manage your stress before it becomes overwhelming, and seek professional help when it does.

The Anesthesiology Specialty

While addiction occurs across all fields of practice, it varies from field to field. Approximately 10 percent of physicians will struggle with addiction at some point. In no field is this problem greater than anesthesiology, where a high percentage of addicted anesthesia providers gravitate toward the more powerful opioids that are available to them every day as part of their practice.

Despite controls in disposal, it is possible to divert powerful medications from patient to physician. The link between access and abuse is undeniable. Acknowledge early and often that you are in a high-risk field. Recognize the risks around you as risks and not opportunities. Awareness can help you stay healthy.

Family Medical History

Not only does a family history of substance abuse make a struggle with addiction more likely, it also makes a relapse more likely. If genetically related members of your family have struggled with addiction, you are at a higher risk yourself. Addiction is a risk for any drug abuser, but it is much greater for those with a family history of substance abuse.

Personal History

A physician who has a history of struggling with psychological issues, such as anxiety or depression, or who suffered abuse as a child, is at greater risk for addiction and needs to be especially vigilant. Seek help sooner rather than later.

An important part of recovery for physicians in the Georgia PHP program is an intensive counseling program. Many of the underlying issues that lead physicians into addiction are present before the drug abuse starts. Recognizing when you need help — and seeking that help before you start self-medicating — is key to avoiding addiction.

For more information...
Visit www.gaphp.org,
Call 855-MYGAPHP (855-694-2747)
or email robin.mccown@gaphp.org
or paul.earley@gaphp.org

Spiritual wellness

Building spiritual health in Haiti

By Kristin Andris
Associate Editor, scOpe

On January 12, 2010, Haiti was struck by a 7.0 magnitude earthquake. Michael Byas-Smith, MD, and Cinnamon Sullivan, MD, saw the destruction on the news and knew they had to do something. They each found ways to help heal Haiti and continue to do so each year.

"It is rewarding in that I am called to provide service for people who need help. In that environment, you can do it with a sense that you are helping someone who truly has no ability to return payment," said Dr. Byas-Smith, Associate Professor at Emory.



Dr. Byas-Smith first traveled to Haiti a month after the earthquake through an organization called Project Medishare. Relief efforts in Haiti were at such early stages that the volunteer doctors and nurses slept in tents. Dr.

Byas-Smith now travels to Haiti every October to Hospital Bernard Mevs, the only trauma, critical care and rehabilitation hospital in the country.

...satisfaction that you are doing good work.

Recently Dr. Byas-Smith has taken an interest in improving medical education in Haiti, in addition to treating patients. In October he will spend a week lecturing and treating patients. He is also working with the hospital to set a more regular schedule and possibly teleconferences for the medical students at the State Medical University of Haiti.

Once I can no longer go to Haiti, if I know I had an influence on the young people who will have to carry the mantle, then that will be a job better done, Dr. Byas-Smith said.

Dr. Sullivan began traveling to Haiti before the earthquake through mission trips with her church. In 2009, she began medical trips to Haiti. For the past three years she has practiced in a small clinic in the town of Hinche, located off of the central plateau.

Although Dr. Sullivan also travels through Project Medishare, her trips are in June with the Emory medical students. The students plan, fundraise, and recruit volunteers so they can offer three weeks of

medical care to the area's residents. Two of those weeks are spent in surgery and the third week is a follow up clinic. About 30 to 35 cases are completed each week, with the team stopping every so often to allow for emergency caesarian sections and orthopedic cases.

"We have to be very flexible," Dr Sullivan said.

It reminds me of how blessed I am

Dr. Sullivan recalls one of the most memorable moments of her trips was an emergency case involving a young boy. The boy's arm had been cut by a neighbor as punishment for throwing rocks at a mango tree in attempt to eat the fruit.

"If we couldn't reattach the vessels then would lose his arm. In Haiti, amputation is very frowned upon, so the family patriarch demanded that we save the arm even if it risked the boy's life. Everyone pulled together, and we had a good save. The team dynamic was fantastic," Dr. Sullivan said.

Both Dr. Sullivan and Dr. Byas-Smith agree that volunteering in Haiti improves one's spiritual health.

"It mainly helps with my spiritual health. It reminds me of how blessed I am and also it reminds me not to be prideful. These kinds of trips should not be seen as medical tourism. You have to ask the



Dr. Sullivan at work in Haiti.

people what they need and then be willing to serve. It is arrogant to tell the country what you will do for them without listening first," Dr. Sullivan said.

"It provides you with satisfaction that you are doing good work. It certainly helps with my spiritual walk. At the end of the day, when a person goes out of their way to help another person in the name of a calling, there is satisfaction that you don't get from any other kind of activity," Dr. Byas-Smith said.

For more information on Project Medishare visit www.projectmedishare.org.



Putting on the Ritz: Dr. Cinnamon Sullivan (2nd from left) served on faculty at the 2012 GSA Summer Meeting at the Ritz-Carlton Lodge at Lake Oconee. She posed with friends (l-r) Dr. Chris Miller, her daughter Savannah, and Jay McMasters.

Health & Happiness...

Continued from Page 5

In addition to finding caches, Dr. Woods also enjoys hiding caches for other players to find. One of his published caches is a 10-part, Leonardo Fibonacci themed, puzzle cache. This cache includes puzzles about the famous mathematician who brought the Hindu-Arabic numeral system to Europe. Each cache contains clues about the next cache, ultimately leading the player to a final cache that contains a model spiral shell associated with the Fibonacci spiral.

The items found within caches are tradable, with an honor code that players should only take an item if they leave another item that is of equal or greater value. Some players enjoy leaving signature items, such as coins, cards or themed memorabilia. For more information visit geocaching.com.

Racing to the finish line

Billynda McAdoo, MD, and Cinnamon Sullivan, MD, are teammates at work and in play. They and other doctors and nurses from Emory University are training to swim 500 meters, bike 22.5 miles and run 3.1 miles.

Drs. Sullivan and McAdoo are members of a Team in Training, a fundraiser developed by the Leukemia and Lymphoma Society that provides athletes with the training and support needed to complete a marathon, half marathon, century, hiking adventure, or triathlon in exchange for a pledge to fundraise for the Society.

Drs. Sullivan and McAdoo's team have worked towards a common goal of preparing for the Athleta Iron Girl Atlanta Women's Triathlon. Although the triathlon, scheduled for May 19, 2013, was cancelled due to rain, team members are planning to participate in other Iron Girl triathlons across the nation. Drs. Sullivan and McAdoo will complete their Iron Girl at Lake Las Vegas in October.

It keeps me happy and healthy, while raising money for a great cause.

"What I enjoy most is challenging myself to do something new and working hard to meet certain goals," said Dr. McAdoo, who has raised a total of \$1,580. "The fundraising element has helped keep me motivated, because it makes it about more than just me."

Dr. McAdoo decided to set more challenging fitness goals for herself when her son completed a fitness challenge in kindergarten where he walked and jogged 200 miles throughout the school year. Since then Dr. McAdoo has ran her first half marathon and completed her first sprint triathlon.



6

She has also encouraged her extended family to become healthier by implementing monthly goals. For example, in July, family members pledged to participate in meatless Mondays. In August, they continued meatless Mondays but also added a goal to walk or jog at least one mile each day. Progress is recorded on Facebook, and Dr. McAdoo is currently taking photos of her running shoes in different locations to create a collage for her family to enjoy.

Dr. Sullivan began her fitness journey in October 2012. She started with the Couch to 5k mobile app, a training program that gradually trains joggers for a 3 mile run through nine weeks of walk-jog interval sessions. Less than a year later, she has ran four 5ks and one half marathon, in addition to completing her first sprint triathlon. Her long term goal is to do the Augusta Half Iron Man.

"It keeps me happy and healthy, while raising money for a great cause," said Dr. Sullivan, who has raised a total of \$1,820 through her Team in Training fundraising efforts.

For more information on the Leukemia and Lymphoma Society's Team in Training program visit www.teamintraining.org.

Catching a wave

After growing up in the panhandle of Florida, J. Austin Quina, MD, CEO of South Georgia Anesthesia Associates, PC, is no stranger to surfing. In fact, his teenage years were spent in the ocean surfing, sometimes in tournaments with Hudson Surf Shop as his sponsor. Despite being a few hours from the ocean, Dr. Quina has found a way to continue his childhood hobby. He and his family wakesurf in Lake Sinclair of Milledgeville, Ga.

Wakesurfing is a water sport in which surfers use the wake from a specialized boat to surf man-made waves. Surfers are pulled up by a tow rope connected to the boat, but unlike wakeboarders, wakesurfers drop the rope upon standing. They then ride the waves in a manner similar to ocean surfing.

"Wakesurfing is great family bonding time. It is an outdoor activity that requires athleticism and keeps us in shape," Dr. Quina said.

Dr. Quina and his family began wakesurfing in the summer of 2012, after enjoying many years of wakeboarding and water skiing. Through his wakeboarding years, Dr. Quina experienced several injuries from the sport. He learned about wakesurfing and decided to give it a try, in hopes that it would be a safer alternative to wakeboarding.

It is a good idea to get away from work for a little bit and recharge your batteries from the stress that anesthesia brings.

"Wakesurfing is lower impact than wakeboarding, but unlike ocean surfing, you can do it anytime you want," Dr. Quina said.

The family purchased a specialized wakesurfing boat and began practicing. After a few months, they were all able to stand up on the board. Now they are experimenting with using a paddleboard behind the boat to allow for multiple people to surf at one time. Dr. Quina has also introduced others to the sport, including one of his partners.

"It is a good idea to get away from work for a little bit and recharge your batteries from the stress that anesthesia brings upon all of us. The water takes me away from everything. It is peaceful to me," Dr. Quina said.



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[photo key] 6) Billynda McAdoo, MD and her sons, Charlie, 7, and Billy, 3, at Lake Alatoona for her first triathlon. 7) Cinnamon Sullivan, MD, and her co-worker and teammate, Jenn Stever, AA-C, after completing the PT Acworth Women's Sprint Triathlon.

Financial fitness

New 401(k) program for small groups

by Kristin Andris
Associate Editor, scOpe

The Medical Association of Georgia is now offering a multiple employer 401(k) Plan for small practice groups. Practice groups with 75 percent membership in MAG may join the MAG MEP 401(k) Plan to offer their employees a competitive and customizable retirement option, while eliminating the need for some of the administrative and reporting requirements that come with managing a plan individually.

As a multiple employer plan, the MAG 401(k) program is treated like one large plan from a government Form 550 reporting standpoint. With MAG having more than 7,000 members, MAG's MEP will draw larger participation than a small practice group's individual plan. This allows the plan to leverage economies of scale to deliver lower fees, more services and a more diverse investment offering. The plan will also feature pricing that reflects combined assets of participating employers.

MAG and the companies selected for managing the plan will handle administrative responsibilities, employee eligibility tracking, distributions, processing, plan compliance, non-discrimination testing, annual reporting, and participant education/enrollment. With employers being relieved of administrator/trustee sponsorship, participating practice groups would no longer need to complete audits on their 401(k) plan.



Dr. Walsh

Planning for retirement is a journey. Like good health, it should start early and you should surround yourself with professionals to get the best advice.

GSA's Immediate Past President Steven Walsh, MD, is the Treasurer of MAG and served as a key leader in the development of the MAG 401(k) plan. Dr. Walsh has passed the courses and tests necessary to become a financial advisor. His financial planning studies at Oglethorpe University covered the areas of insurance, benefits, pensions, taxes and investments.

"Planning for retirement is a journey. Like good health, it should start early and you should surround yourself with professionals to get the best advice on how to reach your financial and retirement goals," Dr. Walsh said. "I believe that the team we have put together can go a long way in helping owners of a practice and their employees reach their goals."

The MAG sponsored plan was approved by the MAG Board of Directors in July 2012. After a comprehensive due diligence process, the Board selected Atlanta Capital Group to serve as the plan's investment advisor and Transamerica Retirement Services and Retirement Strategies to conduct record keeping.

For more information on the MAG MEP 401(k) plan, contact Kevin Rainwater with Atlanta Capital Group at (404) 893-4100.



Economic wellness



with solid core

by Gregory V. Katulka

The topic of wellness is commonly referred to when discussing physiological health. Many people rely on their physicians to guide them with steps to wellness. Vital signs are measured and monitored, exercise and a healthy diet are commonly prescribed, and any issues are discussed and assessed for treatment. As a physician, you're hopefully following a routine for your own wellness. But what about your financial wellness? Do you have solid plan in place to ensure financial wellness for you and your family? Even if you feel as though your plan is strong, some guidelines may help you with your own financial wellness.

Begin by building and maintaining a solid "core" to your financial plan. A solid core can provide the body with strength, flexibility and good posture; it's no different when referring to your plan for financial wellness. Unexpected events and expenses can cause great stress if you're not properly prepared. Start by ensuring that your emergency plan is in place.

- Maintain a liquid savings reserve of no less than 3 – 6 months of your living expenses. As an additional measure, consider maintaining a home equity line of credit as a back-up to your cash reserve.

- Review your insurance plans beyond your professional liability insurance coverage. Do you have the proper amount of life insurance to provide for your family in the event of your death? If you're injured or incapacitated, and unable to perform your duties as a physician, would your current disability insurance plans be adequate to provide for your monthly expenses?

- Meet with a qualified estate planning attorney to complete and as necessary, update your estate plan. This may include your will, trusts, powers of attorney and advanced healthcare directive.

- Understand your cash flow as it relates to your expenses, debt management and goals. Utilize a spreadsheet or simply a notepad and pencil to track all of your monthly expenses. This will help you to determine available amounts for retirement savings, saving for a child's higher education and any additional goals you may have.

To build your plan for financial wellness, you might want to consider hiring a team of financial, tax and legal advisors to assist you. This may include a CPA for tax planning, a qualified estate planning attorney for your estate planning and a financial advisor to assist you with your goals analysis, investments and retirement plans. It may also be a good idea to encourage collaboration among these professionals on your behalf. As an anesthesiologist, you understand the benefits of collaboration with other physicians and healthcare professionals in treating a patient. The same may be said when analyzing, implementing and then managing your plan for financial wellness.

Seek... Diversify... Avoid...

Do you find investing to be stressful? The stock market can seem like a roller coaster at times. You may not be a fan of roller coasters. Consider the following when it comes to your own investment plan and managing your stress levels:

- Seek the help of a financial advisor to assess your risk tolerance, help you choose the proper investments and form a strategy for you to pursue your financial goals.

- Diversify. How many times have you heard the expression, "don't keep all of your eggs in one basket"? This refers to the principle of reducing portfolio risk by owning various types of investments including mutual funds, stocks, bonds, cash, precious metals and commodities.

- Avoid kneejerk reactions to financial news, specifically during times of large upward or downward swings in the markets. What typically happens in short periods of time may have very little impact on your long term plan.

Without a proper plan for financial wellness, certain events could cause a tremendous amount of pain and stress for you; therefore it is important to be proactive about your financial health.



Gregory V. Katulka is a Senior Financial Advisor and First Vice President with Merrill Lynch Wealth Management.

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- May Lose Value

Insurance wellness

MagMutual links wellness to liability costs

John B. Neeld, Jr., MD
MagMutual Director Emeritus

Stephen Davis, PhD
Director of Medical Relations
at MagMutual

MagMutual Insurance Company is a proud supporter of the Georgia Professional Health Program (GaPHP), the non-profit state organization dedicated to promoting physicians' well-being and health.

GAPHP Executive Director Robin McCown staffed the program's exhibit at each of the last two annual educational conferences of the Georgia Society of Anesthesiologists. We commend the GSA for its forward thinking and founding financial support of the GaPHP.

Recently Dr. Paul Earley, Medical Director for the GaPHP, addressed MagMutual's Board of Directors, explaining their work. The PHP, established last year by the Georgia General Assembly, takes calls and e-mails from hospitals, family members and medical practices who seek to refer a physician or other caregiver to a physician health/substance abuse treatment program. The program staff employs experienced professionals to monitor the impaired caregiver's progress toward rehabilitation.

"Addiction in physicians is a common illness," Dr. Earley said. Genetics is a key factor, and alcohol abuse rates high. But availability of controlled substances explains much about physicians' drug abuse. For this reason, among all medical specialties, anesthesiologists are over-represented in program participation. "Substance abuse," Dr. Earley added, "is therefore an occupational problem, not a moral problem."

Burnout...

Continued from Page 3

I personally credit musical activities and working less than full-time with adding balance to my life and curing my burnout. Although I have not (as yet) been able to identify this as necessary for healing, I firmly believe we often fail to participate in activities that help us recharge our batteries. If we don't take good care of our needs and ourselves, how can we possibly take good care of other people and their needs?



Steve Davis



John Neeld, MD

MagMutual's interest in supporting the PHP derives in part from a recent study published in Occupational Medicine. The authors studied claims data from the Colorado Physician Health Program and COPIC Insurance, the Colorado physicians' liability company. They found that after monitoring, physicians enrolled in the program showed a 20% lower malpractice risk. Physicians' annual rate of claims was also significantly lower after program monitoring.

Dr. Ted Clarke, Chairman of COPIC, was visiting MagMutual on "Board Day" in July and heard Dr. Earley's presentation. "I'm glad our research has made its way east of the Mississippi," he said later.

Substance abuse...
is therefore an
occupational
problem.

As anesthesiologists, what do we need to do about burnout? We need to understand that it is a real phenomenon and that is NOT a sign of weakness. We need to understand that burnout is not solely a problem of the individual—it is a problem that also involves problems with the workplace. We need more information about whether burnout is associated with other diseases such as hypertension, vascular disease, or substance abuse. We need to see how burnout affects patient care and patient outcomes. Most of all, we need to look for effective treatment strategies that address all aspects of the problem.

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Without access to a health program, physicians typically hide their addictions until an event calls them out. Once summoned, programs are "profoundly effective," Dr. Earley pointed out. He cited a 2009 study by DuPont et al. showing that 78% of program participants had no positive test for alcohol or drugs over five years of careful monitoring. In other words, where physicians have access to programs and treatment centers, they "get well and stay well." On the other hand, the PHP is a voluntary program. If a caregiver chooses not to participate, the state licensing board is notified. As Dr. Earley said, the program has a twin focus: on the medical professional, and on the health and safety of the general public.

MagMutual and the Georgia PHP are in discussion about formalizing an even stronger relationship of mutual support.

At the time of this writing, MagMutual and the Georgia PHP are in discussion about formalizing an even stronger relationship of mutual support. After all, commented MagMutual Board Chair Dr. Joe Wilson at the July meeting, "We're both in the business of helping physicians."

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Public policy fitness

Two added to public policy panel



Two GSA members who have demonstrated an interest in and awareness of the importance of public policy advocacy have been added to the GSA Government Affairs Committee. Dr. David Fishman and Dr. Justin Scott join one of GSA's busiest working groups in the effort of promoting anesthesiologists, physician-led health care and patient safety. GSA President Jay Johansen, MD, PhD, made the appointments in August. Dr. Scott will serve as Vice-Chair of the panel.



David Fishman, MD



Justin Scott, MD

"Public policy is a dominant force shaping the delivery of health care," Fishman said. "We as physicians have an obligation to be advocates for our patients in this forum."

Dr. Fishman was appointed Chief of Anesthesiology at the Atlanta VA Medical Center in June 2013. Previously, he served as Clinical Director of Anesthesiology at the Long Island College Hospital campus of SUNY Downstate Medical Center. He completed medical school and residency training at SUNY Downstate Medical Center.

Other members of the Government Affairs Committee include Dr. Mark Huffman, chair; Dr. Steve Walsh; Dr. Rick Hawkins, GSA-PAC Chair; Dr. Steve Sween, ASA Speaker of the House; Dr. Tom West; and Dr. Bob Lane.

The Committee works to prepare GSA's positions on state issues impacting anesthesiologists and patient safety. Working with the ASA's government and regulatory affairs staff in Washington, the committee monitors activities in other states on scope of practice policies, anesthesia care team and practice management policy changes and proposed regulations.

"GSA's advocacy focuses on those issues which affect Georgia physicians," Dr. Scott said. "GSA develops relationships with our lawmakers and helps ensure the best future for practicing medicine."

To volunteer for the Government Affairs or any GSA committee, contact... Executive Secretary Jet Toney at jet.toney@politics.org.

For more information, go to...

<https://www.asahq.org/For-Members/Advocacy/Federal-Legislative-and-Regulatory-Activities/Rural-Pass-Through-Legislation.aspx>

GA Sen. Isakson



introduces "rural pass through" bill

Under S. 1444 introduced last night by U.S. Senator Johnny Isakson (R-GA), hospitals in 27 rural Georgia communities would be empowered to attract anesthesiologists and expand medical care for their patients. U.S. Senator Ron Wyden (D-Oregon) is the bi-partisan co-sponsor.

GSA member Dr. Steve Sween began serving as the liaison with Sen. Isakson's office in 2012 at the request of ASA's Washington Office. S. 1444 is a clarification of the current rural "pass-through" program, which addresses the lack of healthcare access to rural citizens by creating incentives for anesthesia providers in small rural hospitals. Under current Medicare policy, eligible hospitals may use reasonable-costs based Part A funds in lieu of the conventional Part B fee schedule to induce anesthesia providers such as anesthesiologist assistants (a type of physician assistant) and nurse anesthetists to provide anesthesia services in small rural hospitals and critical access facilities.

Under the Centers for Medicare and Medicaid Services (CMS) current interpretation of the statute creating the "pass-through" program, eligible rural hospitals are not permitted to use the "pass-through" funds to employ or contract with anesthesiologists.

News Briefs

In Memoriam: Cindy Zerwas

Cynthia H. Zerwas died on August 20, 2013 at her home in Richmond, TX. after a battle against cancer. Cindy was the wife of ASA President John M. Zerwas, MD.

Cindy is a 1973 graduate of Bellaire High School in Houston, TX. She enjoyed needlepointing, visits to the family's condominium in Galveston's west beach and spending time with her husband, four children and two grandchildren.

A memorial service and celebration of Cindy's life was held at 10:30 a.m. on Saturday, August 24, at First Colony Church of Christ, 2140 First Colony Blvd., Sugar Land, Texas. In lieu of flowers, donations in Cindy's name may be made to the Dr. Marnie Rose Foundation, at www.runfortherose.com or 5090 Richmond Ave., Houston, Texas 77056, which supports brain cancer research.

Compiled with information from the Houston Chronicle.

State DCH offers ICD-10 webinars

The Georgia Department of Community Health is hosting free ICD-10 webinars through October:

- Sept. 10 -- 10:30 a.m. Topic: Medicaid Policy Update & ICD-10
- Sept. 17 -- 10:30 a.m. Topic: Trading Partners - Testing Readiness with DCH
- Sept. 25 -- 10:30 a.m. Topic: Providers - Testing Readiness with DCH
- Oct. 15 -- 10:30 a.m. Topic: Pre-Testing Readiness & Troubleshooting
- Oct. 29 -- 10:30 a.m. Topic: Open Discussion, Q&A on ICD-10

Attend live or on-demand. Those interested in attending live should register early. Space is limited. For more information visit www.dch.georgia.gov/IT-Events or www.mmis.georgia.gov

Resident Section taps officers

The GSA Resident Section has elected officers for the 2013 term. The action was completed on July 20 at the Society's Summer Meeting at the Omni Beachfront Resort on Hilton Head Island, SC.



John Blackburn, MD



Suvikram Puri, MD



Tiffany Richburg, MD



Christopher Malgieri, MD

GSA resident officers include John Blackburn, MD, of Georgia Regents University, as president; Christopher Malgieri, MD, of Emory University, as president-elect; Tiffany Richburg, MD, of Georgia Regents University, as treasurer; Katherine Heller, MD, of Emory University, as secretary; Suvikram Puri, MD, of Georgia Regents University, as legislative liaison. Dr. Puri and Dr. Blackburn were elected as an ASA Resident Delegate with a third post pending confirmation.

GSA donates to research, education

The Society annually contributes to the nation's most significant anesthesia research and education initiatives and helps the Georgia Association of Peri-Anesthesia Nurses with the funding of a \$1,000 educational scholarship. Over the years, GSA has become among the most supportive of contributors to the following organizations:

Anesthesia Patient Safety Foundation

APSF strives to continually improve the safety of patients during anesthesia care by encouraging and conducting safety research and education, patient safety programs and campaigns and national and international exchange of information and ideas. The Foundation is comprised of practicing anesthesia professionals, representatives from the medical device industry, and other relevant stakeholders. Initiatives include an effort to better train anesthesia professionals to use advanced medical technology and provide healthcare institutions and technology manufacturers with considerations for such use. For more information visit www.apsf.org.

Foundation for Anesthesia Education and Research

FAER is a premier national foundation providing guidance and resources to physician investigators and medical educators focusing on anesthesiology-related issues in the sciences of clinical practice and disease biology. FAER provides research grant funding for anesthesiologists and anesthesiology trainees to gain additional training in basic science, clinical and translational, health services and education research. FAER's goal is to support talented anesthesiologists through the formative stages of their careers, so that their research will benefit anesthesiology, medical centers and patients. For more information visit www.f aer.org.

Georgia Association of Peri Anesthesia Nurses

GAPAN is the organization for networking and advancement of Georgia Peri Anesthesia Nursing. The Association strives to advance continuing education, community service and research in the nursing specialty practice. For more information visit www.ga-pan.org.

GA Rx Monitoring Database Available

The Georgia Drugs and Narcotics Agency (GDNA) has announced that, as of July 26, the Georgia Prescription Drug Marketing Program (PDMP) is available to eligible Georgia prescribers. The program allows Georgia prescribers to determine if patients have obtained prescriptions for controlled substances from other physicians. Prescribers may also find information on which pharmacies patients use to fill their prescriptions. Practitioners who are licensed by the Georgia Composite Medical Board and have the authority to prescribe or order controlled substances may access the GA PDMP website at www.hidinc.com/gapdmp

State issues update

GSA president welcomes multi-state legislators

by James E. "Jet" Toney
GSA Executive Secretary

With a smile and a small gift, GSA President Jay Johansen, MD, PhD, welcomed state legislators from across the nation to Atlanta for the 39th Annual Legislative Summit of the National Conference of State Legislatures August 12-15, 2013. Dr. Johansen joined Jason Hansen and Erin Philp of ASA's Washington Office in staffing the ASA exhibit in the massive World Congress Center near the Georgia Dome.

More than 4,500 state legislators and staff from throughout the United States and some foreign governments participated. The ASA exhibit offered literature promoting public policy which supports physician-led medicine. Mr. Hansen, ASA's Director of State Issues, and Ms. Philp, State Issues Associate, responded to numerous questions about the difference in training for physicians and non-physician providers. The ASA booth was part of a exhibit section staffed exclusively by medical specialties.

Kudos to the ASA for dedicating two of its top people from the DC office to stand at this conference.

"The discussions with lawmakers from all over the country reminds me that the states are where health policy is actually being implemented," Johansen said. State legislators are as concerned with health care policy as the folks in Washington. "Kudos to the ASA for dedicating two of its top people from the DC office to stand at this conference over four days."

More than 100 sessions informed legislators on issues facing states, including education, criminal justice, the environment, taxation, agriculture, the economy and veterans' affairs. Retired U.S. Supreme Court Justice Sandra Day O'Connor and CNN Senior Political Analyst David Gergen were key speakers at the event. Healthcare topics included "Emerging Changes in Medicaid and the Insurance Marketplace," "Building a Lasting Health System in Rural America" and "Taming Health Costs: New Solutions, New Challenges."

The National Conference of State Legislatures is a bipartisan organization that serves all 7,383 state lawmakers and more than 20,000 legislative staff throughout the country.



GSA President Dr. Jay Johansen (center) discusses rural health care with freshman Georgia State Senator Tyler Harper, R-Ocilla (left) at the NCSL convention in Atlanta. Erin Philp, ASA's State Issues Associate, offered perspective on health care initiatives in other states. Sen. Harper has eight rural hospitals in his legislative district across more than 100 miles of farmland and small towns.



GA State Rep. Matt Hatchett, R-Dublin, visited the ASA booth for a free gift and a lively conversation about his recent personal health care challenges. Also pictured: ASA's Erin Philp (center) and Jason Hansen and GSA Member Services Manager Kristin Strickland Andris.

Summer Meeting

July 19-21, 2013

Exhibitors

Cadence Pharmaceuticals
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Guest Exhibitors

ASA PAC
www.asahq.org/asapac
Rick Hawkins, MD

GAAA
www.georgiaaaaa.org
William Buntin, AA-C
Joy Rusmisse, AA-C
Claire Chandler, AA-C

Georgia PHP, Inc.
www.gaphp.org
Robin McCown
Paul Earley, MD FASAM



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of Anesthesiologists
on Facebook to view
more photos from
the Summer Meeting.

Healthy Society

GSA adds 70-plus to dynamic roll

The health and wellness of any professional society, association or organization can be measured, to a significant degree, by the number and quality of members. Compared to many medical and professional organizations whose members have earned similar advanced education and experience, GSA is an extremely healthy organization, according to GSA Executive Secretary James E. “Jet” Toney who monitors the size and scope of similar organizations across the United States.

“Organizations across our nation are challenged to maintain and grow membership,” Toney said. “Credit for GSA’s strong member numbers and member activity must be given to its volunteer leaders who remain focused on issues that matter to members on a daily basis. There is an economy and focus within the GSA that should reassure every member that their dues dollars matter and make a difference.”

GSA leaders concentrate on increasing member benefit.

GSA Membership Committee Chair Dr. Sanjeev Kapuria has announced that 73 new members have joined the organization in 2013. Two years ago, he worked with the Executive Committee and the Board to re-engineer the member application and approval process. The result was a chronological reduction in time required to process an application from six months to less than a week.

By the numbers

Total members	945
Active	692
Affiliate	10
Resident	90
Retired	107
Disabled	2
Student	7
Educational Affiliate (AA)	34
Student AA	3

Welcome to the following new members who joined this year:

Brock Blankenship, AA-C - Albany	Eric Hamilton, MD - Valdosta
Gabrielle Gavthier, AA-C - Albany	Deborah Simmons, MD - LaGrange
Ryan Dosetareh, AA-C - Atlanta	William Prince, MD - Atlanta
Bonnie Smith, AA-C - Valdosta	James Alexander, MD - Atlanta
Catherine Saunders, AA-C - Albany	Tiffany Ture, MD - Ellenwood
Richard Bassi, AA-C - Savannah	Candace McAlpine, MD - Vidalia
Andrew Moore, AA-C - Atlanta	Nabeel Khan, MD - Marietta
Mark Dooley, AA-C - Atlanta	Carlos Giron, MD - Macon
Rafael Tapias, AA-C - Atlanta	David Fishman, MD - Milton
Patrick Register, AA-C - Decatur	Brian Waltmann, MD - Alpharetta
Brad Maxwell, AA-C - Peachtree Corners	Lisa Bethea, MD - Decatur
Ted Smith, AA-C - Leesburg	Paul Garcia, MD, PhD - Decatur
Jason Lichtenstein, MD - Atlanta	Ines Berger, MD, PhD - Martinez
Shawn Tritt, MD - Alpharetta	Alexander Bailey, MD - Atlanta
Zachory Lazarus, MD - Atlanta	Thomas Cartwright, MD - Atlanta
Emery Swenson, MD - Roswell	Regina Charrier, MD - Atlanta
Chitra Ramasubbu, MD - Atlanta	Neale Clark, MD - Atlanta
Jada Reese, MD - Atlanta	Catherine Cook, MD - Atlanta
Justin Ford, MD - Atlanta	Lynn Fraser, MD - Atlanta
Victor Zubar, MD - Flowery Branch	Joshua Hammond, MD - Atlanta
Martin O'Hara, MD - Columbus	Danielle Howe, MD - Atlanta
Robert Burton, MD - Atlanta	Erica Johnson, MD - Atlanta
Natalie Reto, MD - Marietta	Peiman Lahsaei, MD - Atlanta
Michele Sumler, MD - Atlanta	Chinedu Okupukpara, MD - Atlanta
Alison Hanowell, MD - Covington	Kinnari Patel, MD - Atlanta
Michael Hanowell, MD - Covington	Clifford Song, MD - Atlanta
Randall Newman, MD - Atlanta	Adam Stuart, MD - Atlanta
Robert Bliss, MD - Duluth	Jerry Todd, MD - Atlanta
Ajay Handa, MD - Johns Creek	Babajide Teniola, MD - Mableton
Sekethia McDonald, MD - Fayetteville	Helen Vo, MD - Atlanta
Richard Meyer, MD - Powder Springs	Edward Grady, MD - Atlanta
Steven Waronker, MD, MBA - Johns Creek	Matthew Stanich, MD - Atlanta
Keith Harlan, MD - Atlanta	Katherine Suttle, MD - Atlanta
Francis Acqua, MBBS, MD - McDonough	Larry Mabine, MD - Atlanta
Julie Schuman, MD - Scottdale	Reginald Strother, MD - Braselton
Lindsay Attaway, MD - Columbus	Peter Motolenich, MD - Marietta
Nazzario Villasenor, MD - Atlanta	Larry Morehead, MD - Atlanta
Murray Hirsh, MD - Tifton	James Wang, DO - Valdosta

New GSA Educational Affiliate members that joined under the GSA/GAAA joint membership venture will be acknowledged in the fall issue of scOpe.”

GSA, GAAA announce new joint membership



Bill Buntin, AA-C



Joy Rusmisell, AA-C



Dr. Jay Johansen

GSA President Dr. Jay Johansen and Georgia Academy of Anesthesiologist Assistants (GAAA) President Joy Rusmisell, AA-C, have announced the creation of a joint membership for Anesthesiologist Assistants in the two organizations. As an incentive, both the GSA and the GAAA will offer the joint enrollment for the balance of 2013 and calendar 2014 at the membership dues rate of a single year.

“AAs are valued members of the Anesthesia Care team,” Johansen said. “Physician Anesthesiologists are directly involved in AA training and state licensure. It is only natural for the GSA to support the GAAA as it establishes one of the first state level organizations for AAs and to provide opportunities for professional development.”

The GSA Board of Directors approved the joint venture at its July 19, 2013 meeting. GAAA Past President Bill Buntin told Board members that joint membership will create growth opportunities for both organizations. GAAA President Rusmisell stated that her members will be able to participate more effectively in legislative, educational and professional activities in unity with attending physicians.

“The purpose of this member merger is to increase advocacy for the Anesthesia Care Team practice,” Rusmisell said. “Additionally, it will bring geographic and professional diversity to the GSA member mix and foster greater communication between members in both organizations.”

This collaboration better equips each organization to accomplish its mission of promoting education, research, advocacy and patient safety, according to GSA Executive Secretary James E. “Jet” Toney. Efficiencies of administration will be earned as GSA staff performs work on behalf of the GAAA. Joint members will receive important communication through both GSA and GAAA media including the GSA periodic e-News (typically twice-monthly), the GSA scOpe magazine and the GSA and GAAA websites.

“It is important to note that this is not an absorption of one organization into the other, but rather a long-stride toward a parallel journey by two organizations whose members share many common goals and vision,” Toney said.

As of September 3, 2013, all current and existing members of the GAAA will also be considered Educational Affiliate members of GSA. Joint members in GSA/GAAA will receive benefits from both organizations for a combined fee of **\$150 a year for Fellows** or a **\$75 one-time charge for Students**.

GAAA annual meetings will be held in conjunction with the annual GSA Summer Meeting conducted every July with CME offerings for attendees. All fees and registrations will be collected by the GSA. Invoices for annual dues will be sent in November and payment required before April 1 of the following year. The funds collected for membership dues will be distributed as agreed by the boards of each organization.

The merger will add 90 AAs and 42 AA students to the GSA membership.

To smooth the transition to a joint membership program, special allowances will be made for the balance of this year (2013) and for 2014 dues as follows:

- On September 3, 2013, GAAA members currently listed on the GAAA roster will automatically receive educational affiliate membership with the GSA at no additional charge for the remainder of 2013. Dues for 2014 joint membership may be paid now and are required before April 1, 2014.
- Between September 3 and December 31, 2013, AAs and students who join GSA/GAAA will pay the annual joint membership rate to receive membership for the remainder of 2013 and entirety of 2014. In essence, they will enjoy up to 16 months of member benefit for the cost of 12 months.



Membership Dues:

GAAA Fellow/GSA Educational Affiliate	\$150 annually
GAAA Student/GSA Educational Affiliate Student	\$75 one-time fee