



## President's Message

by Robert F. Early, MD

As I begin my term as President of PSA, I feel compelled to not only look to the future as is customarily done by incoming leaders, but also to briefly reflect back on our past. I want to express my gratitude to our immediate Past-President, Craig Muetterties, for his dignified and respectful leadership. He is a true ambassador for the PSA whose efforts have improved anesthesia care in Pennsylvania. Congratulations go out to Carol Rose, the recipient of this year's PSA Distinguished Service Award. Not only did Carol serve as President of PSA in 1995-96, she graciously stepped in for a repeat performance in 2003-04. Two other physicians deserve special recognition for service to PSA above and beyond the call of duty. Don Martin and Paul Schaner work tirelessly for the cause of anesthesia in our state and I thank them both for their time and effort.

For the coming year my message, or perhaps more accurately my plea, is simple—**Get Involved!** Involvement begins with membership. I truly believe that every anesthesiologist in Pennsylvania should be a

member of both PSA and ASA. If you know of any anesthesiologists practicing in our state who are not members of PSA, please encourage them to join. For those physicians who ask what PSA does for them, one need only look back to December when, after a ten year effort, PSA succeeded in gaining more equitable anesthesia reimbursement for Workers' Compensation cases. Also, I want you and every other anesthesiologist in Pennsylvania to know that PSA is **THE SINGLE** organization watching over the professional interests of you and your patients.

Our Society's relationship with the Pennsylvania Association of Nurse Anesthetists (PANA) warrants comment. As part of the initiative started at the national level between ASA and AANA, PSA and PANA began an informal dialogue last year. In fact our Board of Directors approved a statement indicating that PSA strongly endorses liaison with other organizations regarding issues of

mutual interest. The Board felt, and still feels, that PSA should encourage discussions with any organization, including but of course not limited to PANA, concerning specific patient care or reimbursement issues on which the two groups are likely to have common goals. Communication is to begin at the level of the Professional Relations Committee. As an example of such a relationship, PSA has long had an excellent and productive alliance with the Pennsylvania Association of PeriAnesthesia Nurses (PAPAN). Consistent with the above policy and considering the leadership role anesthesiologists have always had in patient safety issues, PSA and PANA supported a joint statement on the administration of Propofol to unintubated patients, which has been useful in conveying the position of both our Societies to the Department of Health and other state agencies. Unfortunately, more recently PSA has been unable to find similar agreement with



## Sentinel

Pennsylvania Society of Anesthesiologists Newsletter

### Editor

Paul J. Schaner, MD

### President

Robert F. Early, MD

### Association Director

Maria B. Elias

The PSA Newsletter is an official publication of the Pennsylvania Society of Anesthesiologists Inc. Opinions expressed in this newsletter do not necessarily reflect the Society's point of view. All correspondence should be directed to:

PSA Newsletter  
777 East Park Drive, P.O. Box 8820  
Harrisburg, PA 17105-8820  
717/558-7750 or 888/633-5784  
[www.psanes.org](http://www.psanes.org)

## Contents

### Presidents Message

What every member must know PAGE 1

### Who Clears a Patient For Surgery?

Questions your consultants should answer PAGE 3

### PSA's Three Keys to Political Success

Political success unlocked PAGE 4

### District Director's Report

PSA Highlights 2005 PAGE 5

### Annual Membership Meeting, PSA Inc.

Atlanta was HOT PAGE 6

## 2005 – 2006 Officers

### President

Robert F. Early, MD

### President-Elect

Erin A. Sullivan, MD

### Vice-President

Joseph F. Answine, MD

### Secretary-Treasurer

Donald E. Martin, MD

### Assistant

### Secretary-Treasurer

Stephen J. Kimatian, MD

### District Director, ASA

Paul J. Schaner, MD

### Alternate District

### Director, ASA

Donald E. Martin, MD

### Immediate Past

### President

Craig L. Muettterties, MD

### ASA Delegates

Joseph F. Answine, MD  
Steven D. Bell, MD  
John J. Bianrosa, MD, JD  
Edward H. Dench, MD  
Robert F. Early, Jr., MD  
Sean K. Kennedy, MD  
Donald E. Martin, MD  
Patrick K. McGannon, MD  
Craig L. Muettterties, MD  
Carol E. Rose, MD  
Joseph L. Seltzer, MD  
Stephen R. Strelec, MD  
Patrick J. Vlahos, DO

### ASA Alternate Delegates

Mary Bolden, MD  
Dell R. Burkey, MD  
Robert Campbell, MD  
Barbara M. DeRiso, MD  
William T. Fritz, MD  
Joseph W. Galassi, Jr., MD  
David M. Gratch, DO  
Stephen J. Kimatian, MD  
Steven W. Neeley, MD  
Richard P. O'Flynn, MD  
Erin A. Sullivan, MD  
Joseph Talarico, DO  
Steven L. Whitehurst, MD

### Delegate, Pennsylvania Medical Society House & Representative to Specialty Leadership Cabinet

### Primary

Joseph F. Answine, MD

### Alternate

Joseph W. Galassi, MD

### Carrier Advisory Committee

Joseph E. West, MD

# Who “Clears” a Patient for Surgery?

by **Joseph F. Answine, MD, Vice-President**

Representative to the Specialty Leadership Cabinet of the Pennsylvania Medical Society  
Chair of the Professional Relations Committee

There have been a few resolutions over the last couple of years at the Pennsylvania Medical Society House of Delegates attempting to describe the ultimate responsibility for the pre-operative work-up (history and physical examination) of the surgical patient. Is the responsible party the surgeon or the patient's primary care physician?

Along with this, the question has frequently come up as to what we, the anesthesiologist and surgeon, expect from the primary care physician's evaluation of the pre-operative patient. Furthermore, one would then ask who is ultimately responsible for the collection of this data and the final interpretation prior to surgery. Many times the primary physician is asked to “medically clear” a patient for surgery, or to give “medical clearance”. The PSA has always stressed to the other involved specialties that it is our belief that the ultimate responsibility to “clear” a patient for surgery, defined as “allowing the procedure to be performed,” lies with the anesthesiologist and surgeon involved with the case. Other physicians, whether family practice, internal medicine, cardiology, pulmonary or pediatrics, should be asked, or consulted, to evaluate, assess risk and optimize the patient prior to undergoing the procedure. If the term “medical clearance” must be used when asking for a medical evaluation, then it should be understood that we are asking for a consultation and the above points only should be covered by the “consultant” physician. Such

The PSA has always stressed to the other involved specialties that it is our belief that the ultimate responsibility to “clear” a patient for surgery as defined as “allowing the procedure to be performed” lies with the anesthesiologist and surgeon involved with the case.

a consultation is mandated by the state for children age 17 or younger undergoing procedures at an ambulatory surgery center.

It is also our belief that it is inappropriate to ask the consultants to review the contraindications and complications of a particular procedure because they may not fully understand the complexities of the procedure to be performed.

Furthermore, it is equally inappropriate to ask consultants including the pediatrician for their opinion of a particular ambulatory surgery center, or any ambulatory surgery center, to handle the care of a particular patient. They can help with the determination as to whether a patient should undergo outpatient surgery or be admitted for inpatient care after a procedure based on their understanding of the patient's overall health issues. However, that should be the extent of what we, the anesthesiologist and surgeon, ask of them when deciding whether a patient should be cared for at an ambulatory surgery center.

In closing, there are three groups of health care professionals (along with their teams) involved with the care of a pre-operative patient; the surgeon,

the anesthesiologist and the primary care physician (or consultant). The surgeon is responsible for the pre-operative history and physical examination as well as the performance of the procedure and post-operative care. The surgeon is also responsible along with the anesthesiologist for requesting pre-operative consultations and collecting the appropriate data prior to the performance of the procedure. The primary care physician, and other consultants as needed, are responsible



for providing pre-operative evaluations for the more complex patients and pediatric patients for procedures at ambulatory surgery centers. Lastly, the anesthesiologist is responsible for the anesthesia pre-operative evaluation concentrating on that portion of the history and physical examination specifically focusing on those issues most important for carrying out a successful anesthetic.

# PSA's Three Keys to Political Success

by John P. Milliron, Esquire

Every group, organization or corporation that has been successful politically in Harrisburg has put three components together: a proven lobbying team, an effective grassroots network, and a healthy political action committee. The PSA has all three but we must continually work to strengthen them.



The first component of success involves an effective lobbying team in Harrisburg. If you will pardon a little shameless promotion, Milliron Associates is one of the best. This is our 20th year presenting the PSA's issues to House and Senate members, plus five

Governors. My colleagues—Ken Brandt, Jim Mann, and Andrew Goodman—know your issues and present them in a factual, concise manner. Our firm thrives on

its credibility. Our reputation and results prove it.

You may have heard the old saying that “all politics is local”. I am here to tell you it is absolutely true. Some of the best lobbying has been done over a beer at the local tavern or while sitting in the barber's chair on Saturday mornings. Legislators trust their local constituents. They have a deep desire for self preservation and that can best be done by listening to their people back home.

Eight years ago we had an anesthesiologist/legislator contact network for over two-thirds of the House and Senate. Today it is barely half. You must be willing to spend one hour a year to help us rebuild this network. Call our office at 1-800-822-6789 and we will match you up with your member of the General Assembly. We will help set up the meeting and give you points to discuss. **They will listen to us but they will be sold by you.**

A political action committee is the third key component to success. Z-PAC has been one of the most visible PACs in Harrisburg. We are known for sticking by our friends—in good times and bad. Many members of the House and Senate have supported us on our issues even though they were getting beat up back home by opponents. It is these legislators that we support with your political action donations.

In past years over 300 of our members contributed annually to Z- PAC. This year the number has fallen to less than 200. **Please—today—write your personal check to Z- PAC.** It should be sent to Paul Schaner, M.D., 133 N. Heide Lane, McMurry, PA. 15317.

When you combine these three components with our issues of quality patient care and safety, we can't lose! Do your part today and call us.



Paul Schaner, Ben Unger, Skip Ellison, Speaker John Perzel, Theresa O'Flynn, Rich O'Flynn, Don Martin

## PSA Leaders Meet with Speaker of the House, John Perzel

On the evening of July 27th, Doctors Paul Schaner, Rich and Theresa O'Flynn, Skip Ellison, Ben Unger and Don Martin attended a legislative reception for the Speaker of the House, John Perzel. John Milliron, founder of the PSA's lobbying firm Milliron Associates, and his wife Deborah hosted the event at their home in Mechanicsburg. One of the purposes of this annual reception is to help educate the Speaker on issues affecting anesthesiologists and their patients.

Through this reception, PSA members reinforced their already strong relationship with Speaker Perzel. The Speaker has certainly become more knowledgeable on the administration of anesthesia and our specialty's role in safe guarding patients.

# District Director's Report

by Paul J. Schaner, MD, District Director

As of August of 2005, the Pennsylvania Society of Anesthesiologists (PSA) has the following membership:

<b>Active Members</b>	1254
<b>Resident Members</b>	229
<b>Retired Members</b>	197
<b>Affiliate Members</b>	16
<b>Total</b>	1696

There has been a small increase in Active membership. The physician population in general, however, has been decreasing. While physicians continue to be trained in Pennsylvania, the retention of graduates has been on the decrease. Physician retirement, migration and the dwindling retention of trainees lead to the falling numbers in the specialties. The growing aging population, reimbursement levels and malpractice climate are catalysts for the physician population decrease. This inevitably leads to limited patient access in various areas.

The Society's Distinguished Service Award was awarded to William Hetrick, MD at the Annual Meeting of the PSA in Las Vegas. Bill has been a stalwart member of the PSA and ASA. His years of active participation at all levels are appreciated. He has been an outstanding example of distinguished service. Congratulations Bill.

The Harrisburg legislative activity continues to be a key concern for the Society. Senate Bill 580 was re-introduced as House Bill 1066 which would permit the nurse anesthetist to administer anesthesia in cooperation with a physician. The cooperation is defined as each professional working together

contributing expertise at his or her individual and respective levels of education and training. The nurse would be under the overall direction of the chief or director of anesthesia. In facilities or situations where anesthesia services are not mandated, the nurse would be under the overall direction of the physician responsible for the patient's care. In instances where the anesthesia team consisted of all non-physicians, the nurse anesthetist could by his or her choice have a consulting physician or anesthesiologist. The original bill died because of lack of support in the Senate, it never left the Professional Licensure Committee. This reflected an active lobbying effort by John Milliron and Associates that continues on House Bill 1066. The PSA political action committee, Z-PAC, continues to aid in the Harrisburg fray. The effort goes on to have a wider base of participation in the PAC by the membership; payroll deduction, automatic checking/credit card, and corporate PAC contributions have been helpful. Robert Hoffman, Esquire of Wolf/Block has been an important component of our legislative efforts.

The PSA and the Pennsylvania Society of Nurse Anesthetists issued a joint statement on the use of Propofol with the non-intubated patient. While this statement paralleled the ASA/AANA joint statement, it provided essential background data that was specific to Pennsylvania. It was an initial area the PSA/PANA worked together. This statement is crucial for patient safety at a time of expanding use of Propofol by the medical community. President Craig Muetterties

and Past ASA President Roger Litwiller were speakers at the Pennsylvania Society of Nurse Anesthetists (PANA) meeting in June. These endeavors were a starting point for a dialogue between PSA and PANA sparked by the détente efforts of President Muetterties. Every journey begins with the first step. The steps are cautious and measured.

The PSA Newsletter has undergone a major revision. The newsletter is named the Sentinel. The end product is a more colorful, graphic and hopefully informative product. It is a membership avenue of information that is essential. The PSA website has become an improved avenue for membership education through the efforts of Steven L. Whitehurst, M.D. He has worked diligently to make this website more beneficial to the membership.

This year's Board consists of the following members: President Craig L. Muetterties, MD, President-Elect Robert F. Early, MD, Vice-President Erin A. Sullivan, MD, Secretary-Treasurer, Donald E. Martin, MD, Assistant Secretary-Treasurer, Stephen J. Kimatian, MD, District Director Paul J. Schaner, MD, Alternate District Director Donald E. Martin, MD, Immediate Past President Carol E. Rose, MD.

The 2006 Board was elected following the PSA Annual Meeting. See page 6 for the Report of the Annual Meeting.



# Annual Membership Meeting

## Pennsylvania Society of Anesthesiologists, Inc

by Donald Martin, MD, Secretary/Treasurer

The annual membership meeting of the Pennsylvania Society of Anesthesiologists was held as part of the ASA meeting in Atlanta, on Saturday, October 23 in the Omni Hotel.

Dr. BianRosa, as Chair of the Judicial Committee, announced that Carol E. Rose MD, who has served the Society admirably for more than twenty years, had been selected to receive the 2005 Distinguished Service Award presented by the Pennsylvania Society of Anesthesiologists. Drs. BianRosa, Muetterties, and Early commended Dr. Rose for her dedicated service to the society. Dr. Rose served as Chair of the Annual Meeting Committee as well as President for two terms, in 1995-96 and 2003-04. While Dr. Rose functioned on the faculty of the Department of Anesthesiology at the University of Pittsburgh she was active with the PSA and has been president, and a member of the Board of Trustees of the Pennsylvania Medical Society; she is also one of the delegates from anesthesiology to the American Medical Association.

In his opening remarks, Dr. Muetterties emphasized three significant accomplishments of the society during 2004 -2005:

1. After approximately eight years of work and persistence, the society successfully achieved an increase of approximately 62.5 % in Worker's Compensation reimbursement for anesthesia services, effective December 2004. The attempt to achieve parity in Workers' Com-



Dr. Carol Rose receiving the PSA Distinguished Service Award from Drs. Early and Schaner.

pensation reimbursement spanned the terms of many Presidents. However, Drs. Schaner, Rose, and Strelec probably had more to do than any other PSA members with our eventual success. In addition, much credit for this success goes to the Society attorney, Mr. Robert Hoffman, who outlined and then persisted in what proved to be a successful strategy.

2. This year, PSA attempted to develop a productive working relationship with the Pennsylvania Association of Nurse Anesthetists, centered on patient care and patient safety issues with which our society had common interests. Our societies were successful in issuing a joint statement on the use of propofol but have subsequently not been able to find common ground on other issues.
3. The society, in particular Dr. Answine and the Professional Relations Committee, have worked to define the roles of three groups of physicians—Consultants,

Surgeons, and Anesthesiologists—in preparing patients for surgery. This issue was first raised approximately two years ago at the Pennsylvania Medical Society, and Dr. Answine is drafting a letter explaining the PSA position, which was outlined at our annual Board meeting. In short, internist, cardiologists, and other consultants would have the responsibility of providing preoperative information on medically complex patients, evaluating their risk of surgery, and optimizing them for the procedure. Surgeons, as they have traditionally, would be responsible for the preoperative history and physical, preparation for the procedure, performance of the procedure, and post operative management. Their global fee includes reimbursement for these portions of care. Anesthesiologists would be responsible for preoperative anesthetic evaluation, anesthetic administration and medical management during the procedure, and post operative pain and medical management. Both the surgeon and the anesthesiologist share the responsibility for deciding on the appropriateness of a particular patient for a particular procedure.

Dr. Muetterties urged the PSA membership to remain involved in state politics, and to contribute both effort and money to ZPAC. Finally, he thanked the Board, the Society staff, and the

PSA members for their support during the past year.

The Nominating Committee, chaired by Dr. Kennedy, proposed the following nominees for office in the Pennsylvania Society of Anesthesiologists for 2005-2006:

<b>Office</b>	<b>Nominee</b>
President	Robert F. Early, MD
President Elect	Erin A. Sullivan, MD
Vice President	John F. Answine, MD
Past President	Craig L. Muetterties, MD
Secretary Treasurer	Donald E. Martin, MD
Assistant MD	Stephen J. Kimatian, MD
Secretary Treasurer	
PSA District Director	Paul J. Schaner, MD
ASA Alternate Director	Donald E. Martin, MD

### **Delegates (3 year terms)**

Donald E. Martin, MD  
Patrick K. McGannon, MD  
Craig L. Muetterties, MD  
Carol L. Rose, MD

### **Alternate Delegates (1 year term)**

Mary Bolden, MD  
Bernard Harris, MD  
Robert Campbell, MD  
Barbara M. DeRisa, MD  
William T. Fritz, MD  
Joseph W. Galassi, MD  
David Gratch, MD  
Stephen J. Kimatian, MD  
Steven W. Neeley, MD  
Richard P. O'Flynn, MD  
Erin A. Sullivan, MD  
Joseph Talarico, MD  
Stephen J. Whitehurst, MD

### **Delegate to the Pennsylvania Medical Society House of Delegates**

Joseph F. Answine, MD

### **Alternate Delegate to the Pennsylvania Medical Society House of Delegates**

Joseph W. Galassi, MD

### **Carrier Advisory Committee Representative**

Joseph West, MD

# Annual ASA Convention— Atlanta 2005

by Paul J. Schaner, MD, District Director

The 2005 ASA Convention was planned for a year for New Orleans until the wrath of Katrina. The flooding following the collapse of the levies made the planned Convention site uninhabitable. The ASA had seven weeks to accomplish the impossible; transfer the Convention to Atlanta. The ASA staff worked 24/7 to assure most of the educational programs and the meeting of the House of Delegates was a reality. The miracle was performed and the Annual Meeting was held. Fourteen thousand members attended to view this accomplishment. The Centennial Celebration will be delayed until 2006 but the Celebration of the Spirit of the ASA was this year. The cohesiveness of staff and members was evident in the success of the 2005 Meeting. ASA is alive and very well, thank you. Atlanta was most hospitable and also deserves applause.

The meeting was a cafeteria of educational opportunities. The diversity of basic and advanced research was staggering. The Georgia World Congress Center was used for the Scientific Exhibits and Poster Sessions and of course the Exhibit Hall with a display of all the current advances in anesthesia equipment. Area hotels hosted the Panels and Breakfast Panels. The evening hours offered a plethora of eating experiences that delighted the palates of the conventioners. If you missed the convention this year, it was a mistake, big mistake. Don't repeat this mis-

take next year. The 2006 Annual Meeting Committee will be sure to try to top the 2005 Meeting. It will be a difficult act to follow. I hope to see you there.

The House of Delegates met and accomplished a large volume of legislation. Four Practice Advisories were approved. These included the following: **Intraoperative Awareness and Brain Functioning Monitoring, Perioperative Blood Transfusion and Adjuvant Therapies, Perioperative Management of Patients with Obstructive Sleep Apnea and Perioperative Visual Loss Associated with Spine Surgery.** This represents a large amount of work by the Committees involved. It is another member benefit for ASA members. Congratulations to the Committees. The credentialing of the non-anesthesiologist for moderate sedation was also accomplished. This should be helpful to institutions faced with this responsibility. The Committee has been charged to come back with criteria for those non-anesthesiologists doing deep sedation. This is an important report, which has impact in multiple clinical areas of the hospital; ambulatory care centers and the office. Patient safety has been the by-word for the first century of the ASA and the second will be no different. This is a small sampling of the important tasks that were accomplished this year. A full report will be in the ASA Newsletter.

# Simulation Saturday, March 11, 2006 Introduces New ASA-sponsored Educational Opportunity

by Elizabeth H. Sinz, MD

The American Society of Anesthesiologists, through its Workgroup on Simulation Education, is developing an ASA-sponsored simulation-based CME program for anesthesiologists.

The kick-off to introduce the program to practicing anesthesiologists will be on Simulation Saturday, March 11, 2006, at centers across the United States including centers in Pittsburgh, Hershey, and possibly Philadelphia.

Soon, the ASA will activate the URL [www.asahq.org/sim-saturday.htm](http://www.asahq.org/sim-saturday.htm) for its members to locate the Simulation Saturday site nearest them and to receive details and contact information on how to register for the introductory program. These programs will typically

include a tour and introduction to the facility, and an enjoyable, dynamic, and interactive learning session. Simulation centers maintain strict confidentiality and do not report anyone's performance to any organization or body without prior acknowledgement and permission.

It is important to note that Simulation Saturday on March 11th is provided as a promotional courtesy of the participating centers without charge to attendees, and may or may not offer CME credit.

Simulation has been used successfully for the past 15 years in many of our residency training programs. Spurred by the need for practice-based learning in MOCA™ for the American Board of Anesthesiology, and the adoption of

national simulation programs in Germany and Israel, the ASA convened this 19-member Workgroup in December 2004. Since that time, the Workgroup has studied the interest, feasibility, and methods of developing simulation-based CME for anesthesiologists.

The need for simulation CME was outlined in the recent article, "Innovation and the Future in Continuing Medical Education (CME)" published in the September 2005 issue of the ASA Newsletter.<sup>1</sup> After certification, clinicians rarely undergo continual systematic training and rehearsal with feedback assessment, to refine their clinical skills. The article describes new requirements by the FDA for use of simulation in

continued on page 11

## Annual Membership Meeting PSA, Inc.

continued from page 7

There were no additional nominations from the floor. The above nominees were elected and were installed as the Society officers for 2005-06.

Dr. Muetterties presented the President's gavel to Dr. Early, officially installing him in the office of President. In his first official duty, Dr. Early presented Dr. Muetterties with the Presidential plaque, and thanked him for his outstanding service to the Society.

In his remarks to the Society membership, Dr. Early com-

mended several PSA Committees for their activity during the past year. Particularly, he mentioned Dr. Whitehurst, chair of the CME Committee for that committee's work on posting CME opportunities on the Web site. He commended Dr. Answine for his work with the PANA, and the Pennsylvania Medical Society, as chair of the Professional Relations Committee. He commended Barbara DeRiso, M.D. for the surveys and the work that she has performed

in determining where the need for anesthesiologists is greatest within the state by means of surveys. He commended Dr. Kimatian for his work in revising the Bylaws, and finally Dr. Sullivan for the increased activity for the Committee on Insurance and Legislation.

Finally, Dr. Early outlined several goals for the Society in the coming year; as he has outlined in his President's Message.

# Welcome New Members

## PSA Active Members

Maurizio Albala, MD  
Saeed Anwar, MD  
Randy Applefeld, MD  
Michael Banks, MD  
Surendra Davuluri, MD  
Essam El-Maghrabi, MD  
Ivan Grynyshein, MD  
Barry Jenkins, MD  
Richard Kinney, MD  
Gilles Mahoudeau, MD  
Venkat Mantha, MD  
Stephen Meyerhuber, MD  
Rajkumar Mongia, MD  
Boris Mraovic, MD  
Alexander Multak, MD  
John Nguyen, MD  
Tetsuro Sakai, MD  
Anupama Singh, MD  
Gregory Singleton, MD  
Kathirvel Subramaniam, MD  
Ravichandran Suppiah, MD

## PSA Affiliate Members

Tamas Ambrisko, DVM  
Shunji Kobayashi, MD  
Richard Moberg, MS  
Christopher Stella, MD

## PSA Resident Members

David Adamski, DO  
Aditee Ambardekar, MD  
Sara Bachman, MD  
Viachaslau Barodka, MD  
Phashant Bhandare, MD  
Kiran Bhoopal, MD  
John Borrego, MD  
Alison Brainard, MD  
Joseph Brooks, MD  
Eric Cafini, DO  
Michelle Caporaletti, DO  
Chris Celechousky, MD  
Pil Chung, MD  
Richard Clark, MD

Ivan Colaizzi, MD  
Joseph Conroy, MD  
Chad Cripe, MD  
Sanjay Dabas, MD  
Anand Dugar, MD  
Sunavo Dasgupta, MD  
J. Mauricio Del Rio, MD  
Scott Dubow, MD  
Joshua Eaton, MD  
Glenn Ereso, MD  
Heath Fallin, MD  
John Ferrari, MD  
Marisa Ferrera, MD  
Kara Fermani, MD  
Adam Fleckser, MD  
Scott Friary, DO  
Kishor Gandhi, MD  
David Giampetro, MD  
Aisha Goheer, MD  
Vahid Grami, MD  
Ellen Hauck, DO  
Michael He, MD  
Lisa Held, DO  
Charles Horton, MD  
Alyssia Howard, MD  
George Hsu, MD  
Jason Jensen, MD  
Jason Kang, MD  
Matthew Kaplan, DO  
Michael Katos, MD  
Aida Tesfaye-Kedjela, MD  
Christopher Kizina, MD  
Matthew Krebs, MD  
Jovin Lazatin, MD  
Pia Lippincott, MD  
Renju Liu, MD  
Xin Liu, MD  
Pavel Lobanov, MD  
Anita Malhotra, MD  
Heidi Mason, MD  
Robert McMichael, Jr., DO  
Daniel Nasr, MD  
Michael Nee, MD  
Costin Negroiu, MD

Geoffrey Nosker, MD  
Mohammed Ojodu, MD  
Robert Overbaugh, MD  
Christopher Painter, DO  
Ameet Parikh, DO  
Hairong Peng, MD  
Ivan Perry, DO  
Milhail Petrov, MD  
Andrew Pierwola, MD  
Karlyn Powell, MD  
Ramona Nicolau-Raducu, MD  
Vidya Rao, MD  
Fassaei Rastegar, MD  
Sarah Rebstock, MD  
Jyothsna Reddy, MB, BS  
Eric Roslowski, DO  
James Rossignol, Jr., MD  
Michael Saccocci, MD  
Kathleen Sachse, MD  
James Sadler, MD  
Joyce Shin, MD  
Cara Smith, DO  
Marna Smith, MD  
Sarah Solomon, MD  
Jeffrey Spires, DO  
Kelsi Tagliati, MD  
Pravin Taneja, MB, BS  
James Tay, Jr., MD  
David Taylor, MD  
Baljeet Thadwal, MB, ChB  
Jonathan Tlachac, MD  
Vani Venkataramanappa, MD  
Nancy Vinca, MD  
Sandhya Vinta, MD  
Christopher Ward, MD  
Brian Weaver, MD  
Amy Wehrle, DO  
Richard Weyler, MD  
John Winward, DO  
Andrew Wong, MD  
Xianren Wu, MD  
Mark Yoa, MD  
Shehui Zhang, MD

## President's Message

continued from page 1

the PANA Board of Trustees on other topics. As we anticipated, the issue concerning scope of practice for Certified Registered Nurse Anesthetists (CRNAs) is one on which our two organizations differ significantly and will be unlikely to find common ground in the short term. Earlier this year, PANA introduced a bill in the State legislature (HB 1066) which reduces the requirements for physician direction and participation in anesthetic administration in Pennsylvania. PSA's position on the practice of anesthesia has always been unwavering: 1) Anesthesia is the Practice of Medicine, 2) Patient Care and Safety are PSA's primary concerns, and 3) Non-physicians, including CRNAs, who care for patients under anesthesia should be supervised by a physician. Certainly, any scope of practice legislation must include these basic tenets, and the current HB 1066 does not. However, anesthesiologists and CRNAs work together closely every day, and I would hope that the trust and respect developed on a personal level at our local hospitals and surgicenters could extend to the state and national levels. The PSA and PANA working together on common issues may eventually lead to solutions for other issues, even scope of practice.

Last year Craig Muetterties made a concerted effort to strengthen the work of the PSA committees. The Continuing Education Committee under

Steve Whitehurst provides CME opportunities to our members via the Society website at [www.psanes.org](http://www.psanes.org). The Professional Relations Committee under Joe Answine was charged with communicating with other organizations on common issues. Erin Sullivan and the Insurance and Legislation Committee kept us updated via this newsletter about various state and national happenings. Barb DeRiso and the Physician Resources Committee is working to gather information regarding the State's anesthesiologist workforce and assist with anesthesia practices throughout the state. The Bylaws Committee under Steve Kimatian is recommending important bylaws changes which we will officially address at next year's membership meeting. I would like to see the continued growth of committee work this year. To that end, if any member of PSA has an interest in joining a committee, please contact me.

This year PSA will attempt to better clarify the Medicare "Rules of Medical Direction". Several years ago, the Georgia Society of Anesthesiologists had success in gaining some clear definitions dealing with medical direction rules from their state Medicare carrier. We are going to follow their lead and try to alleviate some of the gray areas for our members also. Please watch for updates from PSA regarding this topic.

Twelve years ago Dr. William Hetrick asked if I would like to be an Alternate Delegate with the PSA. With the encouragement of my group and family, I started to "get involved". Now that I am president of this society, those of you who know me will be comforted in the fact that the president does not define the PSA, our members do! So once again I ask all anesthesiologists in Pennsylvania to "get involved".

Most physicians feel that politics is dirty! But if we want success in attaining our goals, we must be involved in the political process. First, get to know your state legislators (remember, talk to them and educate them before you put them to sleep). Second, contribute to Z-PAC and ASAPAC—every year! We need to be players in the game.

Even more important than politics, however, is our commitment to clinical excellence. Anesthesiologists, members of PSA, are the "Leaders of Anesthesia" in our operating rooms, hospitals, pain clinics, and ambulatory care facilities. As long as we are **Physicians** and continue our dedication to high quality, safe patient care, anesthesia will remain the Practice of Medicine.

I am honored to serve as PSA president and look forward to the upcoming year. With everyone's involvement, the Pennsylvania Society of Anesthesiologists will be successful.

## Simulation Saturday, March 11, 2006 Introduces New ASA-sponsored Educational Opportunity

continued from page 8

surgical carotid stent training and credentialing; many believe that credentialing for other procedures will increasingly require assessment on a simulator. As leaders in promoting patient safety, anesthesiologists have adapted airline and military-style team training for use in medical crisis resource management. Practicing anesthesiologists have discovered the excitement and value of team training in simulation at four full-scale simulation workshops at the past four ASA meetings. Those workshops were initiated by Dr. Michael Olympio of Wake Forest University and have been led by academic anesthesiologists from across the country including Drs. Elizabeth Sinz, Sonia Vaida, and Jennifer Gilbert of Hershey.

You may have completed the "ASA Member Poll on Simulation CME" that was electronically distributed October 10th. With nearly 1,400 responses, 81% indicated an interest in simulation-based CME. Over two-thirds wanted formal assessment of their performance in areas such as common events, rare events, teamwork, and crisis resource

management. A large number also expressed an interest in skills training such as regional anesthesia and ultrasound-guided CVC training.

The Workgroup created an "ASA Simulation Registry" to provide its members with a database of simulation learning opportunities, now found at the ASA homepage, [www.asahq.org](http://www.asahq.org). Practicing clinicians, residents, and academics are all encouraged to explore this list which currently describes 15 centers and vendors, providing website links for additional information. The database is searchable, and the ASA expects the database to grow as developing centers and manufacturers of simulation tools discover the merits of advertising their products.

Traditionally, simulation education in anesthesia has been limited to the medical student and residency programs, and most centers have not yet opened their doors to the community in providing CME. The registry is deliberately open to all anesthesia simulation centers, regardless of their current ability or experience in offering CME, since they may eventu-

ally respond to the needs and feedback of the community.

In summary, simulation-based CME in anesthesiology is desired by its membership and is enthusiastically supported by the ASA and its Workgroup. Further development among simulation centers will create a high quality learning opportunity for ASA members. You are invited to attend a free introductory program, Simulation Saturday, on March 11, 2006. There will be offerings in Pittsburgh, Hershey, and possibly Philadelphia at current simulation centers. Mark your calendar now, and check the ASA website for more details.

*Dr. Sinz is an Associate Professor of Anesthesiology and Critical Care Medicine at Pennsylvania State College of Medicine and Director of the Simulation Laboratory at the Penn State Hershey Medical Center. She is a member of the ASA Workgroup on Simulation-based CME and will be a host for Simulation Saturday at Penn State Hershey Medical Center on March 11th. E-mail Dr. Sinz at [esinz@psu.edu](mailto:esinz@psu.edu).*

<sup>1</sup> Olympio MA and Cole DJ. "Innovation and the Future in Continuing Medical Education (CME)" ASA Newsletter 2005;69:32-33.



Pennsylvania Society of Anesthesiologists, Inc.

777 East Park Drive

P.O. Box 8820

Harrisburg, PA 17105-8820

PRSR STD  
U.S. POSTAGE  
PAID  
HARRISBURG PA  
PERMIT NO. 922

## Classified

### Chief of Anesthesiology at Penn Presbyterian Medical Center

The Department of Anesthesiology and Critical Care at the University of Pennsylvania's School of Medicine seeks candidates for an Assistant, Associate and/or Full Professor position in the non-tenure academic-clinician track. Rank will be commensurate with experience. The successful applicant will have experience in the field of Anesthesiology. Responsibilities include Chief of Service at Penn Presbyterian Medical Center (PPMC) and clinical care in the operating rooms of PPMC and the Hospital of the University of Pennsylvania. Teaching of residents and fellows required. Applicants must have an M.D. or equivalent degree and have demonstrated excellent qualifications in Clinical Care and Education. ABA certification and Pennsylvania licensure required.

The Chief of Service at PPMC will be responsible for a team who provides anesthesia for approximately 12,000 surgical procedures annually with an emphasis on cardiac and orthopedic

anesthesia. This includes overseeing approximately 5 full-time faculty, rotating faculty from the Hospital of the University of Pennsylvania, rotating residents and 22 CRNAs. Experience in a management role including care-team models is recommended. The Chief of Service at PPMC will also work with the Department Chair and Administrator in developing community-based anesthesia services.

The University of Pennsylvania is an equal opportunity, affirmative action employer. Women and minority candidates are strongly encouraged to apply.

Please submit curriculum vitae, a letter of interest, and references to: Lee A. Fleisher, M.D., Professor and Chair of Anesthesiology and Critical Care, University of Pennsylvania School of Medicine, 3400 Spruce Street, Dulles 680, Philadelphia, PA 19104. [fleisher@uphs.upenn.edu](mailto:fleisher@uphs.upenn.edu)

Leaders in maximizing reimbursement by shedding light on the billing issues of today ... with the technology of tomorrow.



792 Penn Dr.

Tamaqua, PA 18252

888-610-8322

[www.GlobalHealthMgt.com](http://www.GlobalHealthMgt.com)

**Global Health  
Management Services**  
MEDICAL PRACTICE CONSULTING • MEDICAL BILLING & COLLECTIONS

Decades of medical billing have provided us with the expertise needed to be the leader in the complex environment of medical billing. We will allow you to focus on the clinical aspects of your practice, and will relieve your staff of the burden of tedious, technical billing. We offer free initial set up of your database in our computer system and instant access to our system from your office location. Our fees are based on a percentage of collected revenue only. Choose any or all services to meet your specific needs.

Our use of state and federal regulations will obtain quick and accurate claim payments for your practice.

#### Our services include:

- Coding services provided by a staff of "certified professional" coders
- Electronic and paper claim submission to insurance carriers
- Prompt follow up on unpaid claims
- Managed care contract analysis
- Insurance Fee Analysis
- Patient billing/statements
- Customized reports
- Verification of patient insurance eligibility
- Aged AR recovery program