



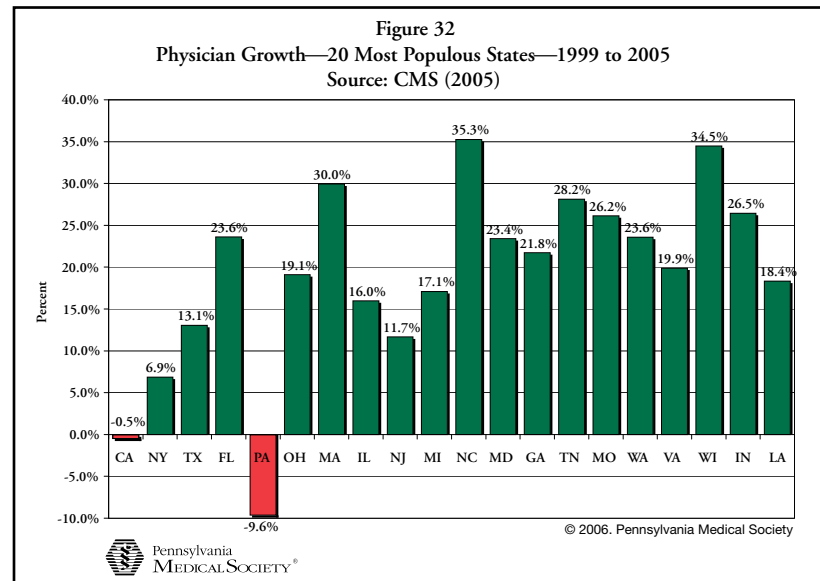
## President's Message

by Robert Early, M.D.

### The State of Medicine in Pennsylvania

As anesthesiologists, we are first and foremost physicians. The future success of our specialty not only requires but demands all of us to **BE** physicians, guiding our patients safely through the entire peri-operative experience as well as becoming involved in the health care decision making process. To this end, I would like to call everyone's attention to a Pennsylvania Medical Society study entitled "The State of Medicine in Pennsylvania – 2005." I encourage every physician in the state to obtain a copy of this report from the Pennsylvania Medical Society, documenting issues relating to medical care in Pennsylvania and providing concrete data to initiate discussion with stakeholders on policy decisions to preserve patients' access to quality health care in the commonwealth. The study is separated into seven topics:

1. Role of Medical Care in the Pennsylvania Economy
2. Access to Health Care and Trends in Health Insurance Coverage
3. Pennsylvania's Health Insurers
4. Pennsylvania's Hospitals
5. Physician Payment and Practice Costs



6. Physician Manpower
7. Medical Liability Insurance Issues

While all these factors interact closely to create the "State of Medicine" in Pennsylvania, I would like to focus briefly on one area which, as physicians, should be of utmost concern to us—Physician Manpower. Estimates place the current shortage of doctors in our state at greater than 5,000. Figure 32 shows the six year physician growth of the twenty most populous states with Pennsylvania clearly on the losing side, and unfortunately, if this trend continues, the physician manpower shortage will surely escalate into a patient access

crisis. Also, increasing physician work load resulting from increasing demand for health care services may work against industry efforts to improve patient safety and reduce medical errors.

An even greater concern for the future of medicine is the inability to attract and retain young doctors. Figure 48 shows the decreasing percent of residents who train and remain in our state to practice and Figure 49 displays the declining percent of Pennsylvania physicians under the age of thirty five.

This obvious lack of young physicians does not bode well  
continued on page 5



## Sentinel

Pennsylvania Society of Anesthesiologists Newsletter

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## Contents

### Presidents Message

The State of Medicine in Pennsylvania. PAGE 1

### ASA Legislative Meeting

The Annual ASA Legislative Meeting was held in Washington, D.C. May 1-3 at the J.W. Marriott. PAGE 3

### Who is in Charge of the Practice of Medicine?

Is it really the health care providers? Are we as physicians in charge of the care of our patients? PAGE 4

### Primary Election—We Lost Some Good Friends

17 incumbent House and Senate members were defeated in bids for reelection, and an additional 28 members retired. PAGE 5

### ASA Delegates in Washington, D.C.

PAGE 6

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#### Alternate

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#### Carrier Advisory Committee

Joseph E. West, M.D.

# ASA Legislative Meeting

JW Marriott, Washington, DC • May 1-3, 2006

by Paul J. Schaner, M.D., District Director

The Annual ASA Legislative meeting was held in Washington, D.C. May 1-3 at the J.W. Marriott. Anesthesiologists, residents and office managers from across the United States attended the meeting. This is the largest number since the inception of the Legislative Meeting. PSA had the following physician attendees: Joseph Answine, Mary Bolden, Edward Dench, Robert Early Jr., Joseph Galassi, Craig Muetterties, Donald Martin, Richard O'Flynn, Carol Rose, Paul Schaner, Erin Sullivan, Joseph Talarico, Steven Whitehurst and Patrick Vlahos. This year Resident members Joshua Atkins, Evan Lukow and Ben Unger also attended.

The agenda consisted of multiple topics over three days germane to current political concerns. The agenda items and discussions were preparation for the lobbying visits to the members of congress. The visits to the Representatives and Senators are an essential component of the meeting and the ASA's legislative efforts. The topic of restoring full funding for anesthesiology teaching programs reimbursement for resident education was a high priority. The future of the specialty, research and the continued advancement of patient safety are

at risk. The continuing problem of Medicare reimbursement cuts was addressed. The lobbying effort was to rebuild the Medicare update formula to prevent cuts now and in the future. Additionally there is an ongoing effort to gain reimbursement parity for anesthesia services under Medicare.

The importance of taking time from practice and family to address these concerns with our elected Representatives and Senators cannot be easily dismissed. It is costly, time consuming, demanding work. To articulate the issues in a succinct message understandable and supported by facts is essential for a successful meeting with legislative personnel. The personal meetings with elected representatives are a critical element for political success. An elected official gives a constituent's visit high priority. This is and has been a part of the political effort of your society. The forefront of the legislative push is and continues to be patient safety. Without the efforts of the Washington Office, lobbyists, ASAPAC which is YOU, your fellow colleagues on the Governmental Affairs Committee, the anesthesiologists who attend the meeting YOU and YOUR patients will not be represented.



Not everyone can attend the Legislative Conference BUT everyone can contribute to the PACs. Everyone can become acquainted with THEIR Representative and Senator. Do you know who represents you? Have you EVER visited their office, called or written a letter about an issue? Everyone can be involved in the local campaign to insure the candidate you prefer has the best chance to be elected. Even if the candidate of your preference is not elected, whoever is elected represents you. Everyone can write/phone in support of important issues. It is your duty to be politically active. Ignore politics and your voice will not be heard. Your nursing counterparts continue to be politically vocal and active supporters of their PAC. Your representatives will assume they are doing the will of the people if they never hear your voice. It really could be a Will for you and your patients...but will you and your patients like it?



## Welcome New Members

### PSA Affiliate Member

Jamal Habboush, M.B., Ch.B.

### PSA Active Members

Colette Bellwoar, D.O.  
Valentin Ilivitsky, M.D.  
Faroq Moonda, M.D.  
Joseph Onishchuk, M.D.  
Laima Pauliukonis, M.D.  
Trenton Pierce, M.D.  
Anna Rosenfeld, M.D.  
Musa Tangoren, M.D.  
Margaret Tarpey, M.D.

William Vernick, M.D.  
Mikko Zuchner, M.D.

### PSA Resident Members

Joseph Aloï, M.D.  
Sean Fogler, M.D.  
Yi Hua, M.D.  
Dewan Haque, M.B., B.S.  
Pramood Kalikiri, M.B., B.S.  
Thandie Nyirenda, M.D.  
Antonio Poto, D.O.  
Jennifer Smith, M.D.  
Chen Wang, M.D.

# Who is in Charge of the Practice of Medicine?

by Joseph F. Answine, M.D., Vice President, Pennsylvania Society of Anesthesiologists  
Representative to the Specialty Leadership Cabinet of the Pennsylvania Medical Society  
Chair of the Professional Relations Committee

As I scanned through the list of topics while attending the Pennsylvania Medical Society Specialty Leadership Cabinet meeting on May 7th of this year, one in particular caught



my eye. We were to discuss whether to recommend that the board of trustees of the Pennsylvania Medical Society support a house bill (PA House Bill 2639) requiring clinical laboratories licensed in Pennsylvania to report an estimated GFR (Glomerular Filtration Rate) when

renal function studies are performed. The topic was debated for thirty minutes or more. We hashed out the pros and cons of such a study including discrepancies based on race, weight and sex. The arguments were compelling from both sides (Nephrology (for) and Pathology (against)). I listened intently trying to come up with a personal opinion as to whether supplying such a value is beneficial. Then it hit me: who is really in charge of the practice of medicine? Is it really the health care providers? Are we as physicians in charge of the care of our patients?

One would like to think that this is true. But, I question whether it is actually the government, the insurance carriers and, to a lesser extent, the hospitals or other facilities in which we work that are truly running the show. Pa. House Bill 2639 brings into question whether we need the

state legislature to decide if there is a benefit to supplying a particular laboratory value. The assumption is that the Legislature knows what the GFR means. Why should they care?

We, the physicians of this state, are partly to blame. Physicians are always concerned about other individuals or groups interfering in our profession. We, however frequently turn to them (whether it is the government, the insurance carriers or the hospitals) to render a decision on a divisive issue. Anesthesia is no exception. Numerous pieces of legislation have floated through both the state house and senate over the last few years backed by either the PSA or PANA describing the scope of practice of C.R.N.A.s. This issue, as we all know so well, not only involves this state but every state in this great nation of ours.

In certain instances, there is some merit to government intervention in the practice of health care. For example, I personally feel that anything involving children, especially protecting them from abuse or guaranteeing them adequate health care, may be an appropriate topic to be addressed by the state legislature. Furthermore, legislation that affects reimbursement from government agencies for health care may be within their domain. The line should be drawn however when laws are passed that dictate how we should practice medicine on a day to day basis.

What is the teaching point here? If we want the legislature (or any other group of non-physicians) to

decide an issue, we must be certain they understand it. If we invite the intrusion, it is our obligation to provide the information for them to make an informed decision. While it may not be their domain, they have the power to decide the issue.

Anesthesia providers in Pennsylvania, however, may be moving in the right direction to provide the necessary information. In April, I was invited as a guest speaker to the PANA spring educational symposium in Hershey. I also had the opportunity to have dinner with representatives of their board. We agreed in principle that settling our differences through legislation is counterproductive to our organizations and jobs as anesthesia providers. We also discussed and those in attendance agreed that the anesthesia care team model has been effective and should continue to be supported as a safe and effective way to practice anesthesia in the future. To that end, we have also agreed to continue talks through our respective Professional Relations Committees on a frequent basis. Our areas of agreement should be made known. There are numerous points for which we have a unified front including reimbursement issues, and the use (or misuse) of anesthetics such as propofol by non-anesthesia providers.

On a more humorous note, can you imagine the discussions over HB 2639? One congressman leans over to another and asks what our kidneys have to do with GFR (God Fearing Republicans).

# Primary Election—We Lost Some Good Friends

by John P. Milliron, Esquire, Legislative Counsel

The Primary elections were hailed by many as a revolt against the legislature and its ways. Seventeen incumbent House and Senate members were defeated in bids for reelection—the most in almost 30 years. An additional 28 members retired—the most in almost 25 years. But before you begin to cheer, you need to know that some of these people were very good friends of anesthesiologists and the PSA. Here are just a few of them.

First the retirements: The Democratic Chair of the House Professional Licensure, Bill Rieger of Philadelphia, hung it up after 35 years in the House. Bill always defended a physicians' scope of practice—"if you want to act like a doctor then go to medical school!" was a favorite phrase of his that I loved to hear. We will miss him.

Representative Ray Bunt of Montgomery County was the Secretary of the House Republican Caucus. Ray was a super supporter of physicians in general and anesthesiologists in particular. Linda Bebk-Jones ("LBJ"—and she had a mouth just like him!) from Erie was always there when

we needed her as was Brett Feese of Lycoming County and Tom Corrigan from Bucks County near Philadelphia.

In the Senate, Noah Wenger from Lancaster hung it up after 30 years of service in both the House and Senate. I cannot remember a single time in all those years when he ever said No to a request of mine to support physicians on a vote.

A larger number of our friends were unsuccessful in their bids for reelection. Z-PAC supported all of them financially. We have no regrets about that—it is critical in politics to stick with your friends and even more so when they are in trouble. We cannot run away from tough races when a friend is involved.

Two of the toughest losses were by members of the House Professional Licensure Committee. This Committee is where all C.R.N.A. scope of practice legislation is assigned. Tom Stevenson of Allegheny County and Bob Allen of Schuylkill County were defeated in close races. Frank LaGrotta from Lawrence County was another good friend of the PSA who did not win.

We have been fortunate to have had the two top Republican Leaders of the Senate in our corner. They were not always friendly to all of medicine, but they never wavered in their belief that the administration of anesthesia was the practice of medicine! Both Senator Bob Jubelirer of Altoona and Senator Chip Brightbill of Lebanon were defeated. On behalf of all of our patients whose safety was never compromised due to their support, all of us in the PSA say "Thanks" to Bob and Chip.

There are other friends who will not win in November unless we assist them. Z-PAC has less than \$15,000 left for the fall elections. PANA PAC has over \$64,000! Please—today—write your personal check to Z-PAC for \$200 or \$300. We need your continued financial commitment to achieve our legislative goals.



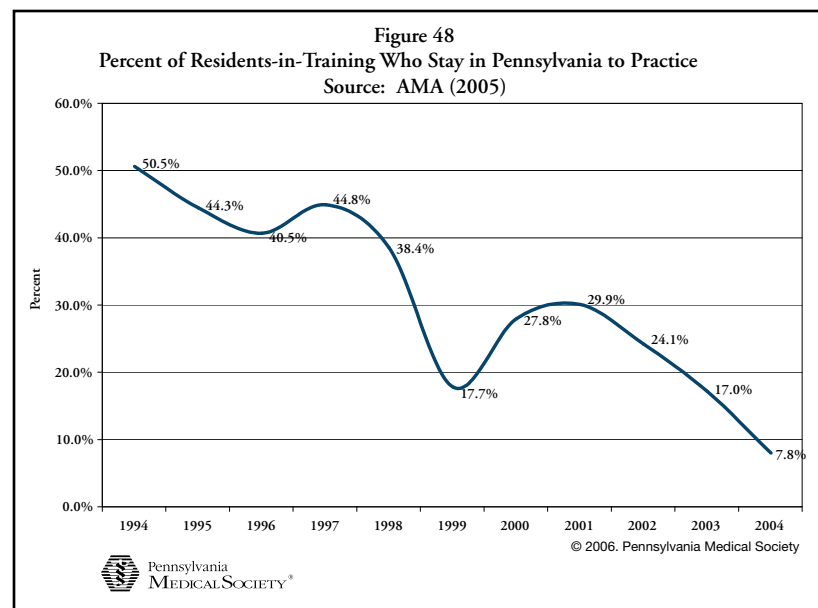
## President's Message

continued from page 1

for future physician availability or long-term patient access to medical care. Certainly, high medical mal-practice premiums and low physician reimbursement make recruitment of young doctors difficult, but if the problem is not addressed and solved, the delivery of quality health care in Pennsylvania will suffer.

Every citizen of Pennsylvania must hope that this important report captures the attention of policymakers who give serious consideration to the following health care trends:

continued on page 6



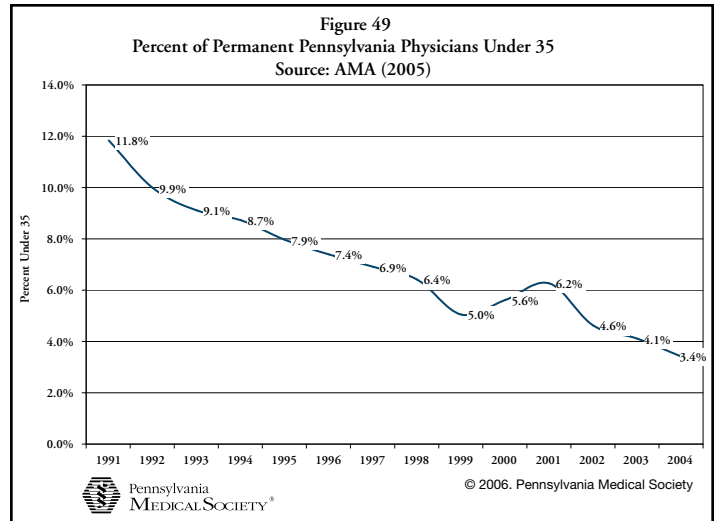
# President's Message

continued from page 5

- The growth of health care expenditures and health insurance premiums
- The increasing transition to publicly funded health care
- Physician liability exposure
- Lagging physician payment
- The difficulty recruiting and retaining physicians

Only then, with thoughtful and honest discussions among all stakeholders, can meaningful policy decisions be made to help Pennsylvania recruit and retain health care providers, maintain access to quality care and address critical funding issues.

Finally, on behalf of the PSA, I want to honor and congratulate Carol Rose on her appointment by Governor Rendell to the Pennsylvania State Board of Medicine. Carol is one of our own members who exemplifies the principles of being a physician first, not only serving as President of PSA (twice!), but also leading



the Pennsylvania Medical Society as President in 2000-2001. We know she will do a great job in a very important position.



## ASA Delegates in Washington D.C.

April 2006



*Erin Sullivan, M.D., PSA president-elect, and Evan Lukow, D.O., PSA resident member, both from the University of Pittsburgh, represent the Society of the PSA Board of Directors meeting.*



*Joshua Atkins, M.D. and Sanjay Dabas, M.D., the president-elect and secretary of the Pennsylvania Society of Anesthesiologists Resident Component, discuss issues during the PSA Board meeting.*



*Members of the Pennsylvania delegation meeting with Senator Rick Santorum at his office on Capitol Hill at the ASA Legislative Reception in Washington, D.C. (Left to right – Joshua Atkins, M.D., Mary Bolden, M.D., Erin Sullivan, M.D., Steven Whitehurst, M.D., Edward Dench, M.D., Senator Rick Santorum, Benjamin Unger, M.D.)*



*Members of the Pennsylvania delegation on Capitol Hill at the ASA Legislative Reception in Washington, D.C. (Left to right – Joshua Atkins, M.D., Edward Dench, M.D., Mary Bolden, M.D., Erin Sullivan, M.D., Benjamin Unger, M.D., Steven Whitehurst, M.D.)*



*PSA Members form the 17th Congressional District, meeting with their Congressman. (Left to right – Sanjay Dabas, M.D., Secretary of the Resident Component, Congressman Tim Holden, Joseph Answine, M.D., PSA vice-president)*

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