



President's Message

by Erin A. Sullivan, M.D.

Just because you do not
take an interest in politics
doesn't mean politics won't
take an interest in you!
-Pericles (430 B.C.)

In late June, the supporters of independent practice for CRNAs pulled their legislation (H.B. 1256) from the agenda of the House Professional Licensure Committee. This was a major victory for patient safety and our profession. Of the 29 members of the Committee, only 5 stated their intention of voting for the bill, while 21 strongly voiced their opposition to this legislation moving forward. The successful defeat of H.B. 1256 was only possible because of the strength of the grassroots efforts of our PSA members. We were able to maintain patient safety and physician supervision of anesthesia because our members were actively engaged, contacted their State Representatives and contributed to Z-PAC, the Society's Political Action Committee. On behalf of the Pennsylvania Society of Anesthesiologists' 1900 members, I thank all of you who were active participants and who

helped to achieve this important goal. I would also like to extend special thanks to our Legislative Counsel, John Milliron and our Legal Counsel, Bob Hoffman, who both provided PSA with invaluable advice and expertise during the H.B. 1256 hearings. PSA is very fortunate to work with such fine individuals and we look forward to continuing our relationship with both John and Bob for many years to come!

Although we have successfully cleared this recent hurdle, our fight to maintain physician supervision of nurse anesthetists is not over by any means. There is still an outside possibility for the House Professional Licensure Committee to reconsider this legislation in the fall if support for the issue would grow. We must now make a serious effort in the State Senate to ensure that chamber also hears our voices.

PSA is hosting a Legislative Reception in Harrisburg on **Monday, October 1, 2007 from 5:00 to 8:00 p.m. at the Harrisburg Hilton Hotel.** There will be a briefing for the membership that begins at 5:00 p.m. and dinner will be served. It is absolutely imperative that at least three anesthesiologists from every practice group in

the state attend. We must have anesthesiologists attend from all four corners of Pennsylvania, and every city in between, to personally thank their member of the House and Senate for their support. Please take advantage of this very important opportunity to speak in person with your legislators.

In addition to our very busy political agenda this year, PSA has also been involved in other activities to serve our members. The PSA Committee for Continuing Education, chaired by Dr. Steven Whitehurst, successfully established web-based, low cost CME programs including topics covering risk management and patient safety, which are both required for Pennsylvania medical licensure renewal. In October 2006, PSA introduced a resolution to the Pennsylvania Medical Society House of Delegates advocating that the state licensing boards and health systems require people using the title "doctor" clearly explain what their doctorate is in and their specific scope of practice when advertising to, meeting with, or treating patients. This resolution was adopted with overwhelming support from the Pennsylvania

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Sentinel

Pennsylvania Society of
Anesthesiologists Newsletter

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Anesthesiology and the Political Process

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

On two occasions this year, I had the opportunity to testify in front of a committee of the Pennsylvania House of Representatives. On both occasions, Erin Sullivan and I were there for a worthwhile cause; to protect the right of all Pennsylvanians to have a physician in charge of their anesthesia care. We won, and our testimony at these hearings helped the cause of patient safety! That was the outcome we wanted. Was it a great experience? It was an experience. I'll stop at that. Except for the debate team (which I wasn't on) or public speaking class (which I didn't take), there is not a lot of preparation for this during the many years of education required to be a physician. The committee members asked easy questions such as: Why should a physician be involved with the care of every patient undergoing anesthesia? Also, they asked tough ones such as: On which line of which page of which published state regulation is anesthesia supervision described, and in what detail? My first thought was: Shouldn't they know this already? Regardless of whether they should know it or not, I had to learn this and many other things not directly involved with the delivery of anesthesia or even medicine in general, very quickly. This process was very stressful at times. To add a little more pressure to the "pressure cooker" they call testifying, one testimony was televised. Not only will what you say be heard once by those in attendance, but more likely, it will be heard and seen an unknown number of times by an endless number of people, perhaps especially by your opponents. I remember

thinking; know your facts, be firm, be respectful to the other groups represented, be thoughtful, be understanding, sound intelligent (could be difficult) and don't throw up. I did OK with most of these.

Testifying in front of a local, state or national government agency or committee should be part of the specialty certification process. It could be called anesthesiology boards; part 3. Why? Because, as with the oral board examination, if you can handle it, you can handle just about anything that you are faced with in the operating room. Therefore, after successfully testifying, you deserve to be a board certified anesthesiologist.

I am glad that I have the opportunity to be the next president of the PSA and part of the political process. No, I didn't just sustain a head injury. I remember being a new member of the PSA Board and listening to the "pros" discuss the issues during the long Board meetings. I would sit there quietly and wonder why we were wasting so much time discussing "meaningless" issues. Then, House Bill 50, which was a previous bill granting independent practice to certified registered nurse anesthetists, was defeated; and, after years of struggling, we obtained better reimbursement for Worker's Compensation cases. Furthermore, two Board members and past PSA presidents became president of the Pennsylvania Medical Society. I saw that we were leaving our mark on Pennsylvania medicine. It began to click. These people are good and I wanted to be like them. All of a sudden, after a decade,

I wanted to be part of the process. The "process" is what keeps anesthesiology strong and safe in Pennsylvania. Remember, at the beginning of this article, I questioned why the legislators didn't know where the appropriate wording for anesthesia supervision could be found. On any given day, they could be discussing medical scope of practice, the state budget, transportation issues, school funding and legislation to mandate improved odor control from chicken farms. We are needed to educate the politicians. We cannot expect them to know medical issues like we do. Frankly, without a conscious effort on our part, it is difficult for us to know the "legalese" behind what we do as physicians. Furthermore, I initially thought that we were brought to the legislators' offices or their committees as "human sacrifices" based on where they stood on a particular issue. This may be partly true, however, the major reasons we are brought there are to represent our societies, present our opinions and educate them on the issues that we are concerned about. They listen to your testimony, ask detailed questions and learn from your answers. They are biased at times, but I



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Revisions to the PSA Bylaws for 2007

by Stephen J. Kimatian, M.D., Chair, PSA Bylaws Committee

For Approval at the PSA Membership Meeting October 13

Two revisions of the PSA Bylaws, one regarding categories of membership and the other regarding the Society political action committee Z-PAC, will be submitted for approval at the October 13, 2007 Membership meeting. This article will both constitute the notice of these suggested Bylaws revisions and provide background information for PSA Active Members.

Categories of Membership

Earlier this year we were approached by anesthesiologists employed by the Veterans Administration (VA), some of whom requested Active and some who requested Affiliate membership. While our bylaws classify VA anesthesiologists as Active Members of the PSA, as far as the ASA was concerned VA anesthesiologists could also be Affiliate Members. The ASA also requires that membership category be consistent at both the ASA and State level, so that an Active Member at the State level could not be an Affiliate Member of the ASA. These inquiries brought to light an inconsistency between the bylaws of the ASA and PSA in regards to membership. After discussion by the PSA Board, the Bylaws Committee was directed to review the current PSA Bylaws on membership and recommend changes that ensured that our

requirements for membership were consistent with those of the ASA while maintaining maximum inclusivity for potential members at all levels.

After a review of the PSA and ASA bylaws regarding membership, the Bylaws Committee recognized that in addition to the issues surrounding VA physicians, there were also some restrictions regarding "place of business" verses "home of record" that might effect membership eligibility for anesthesiologists living in P.A. who have offices or hospital duties in adjacent states, or who work predominantly in a capacity of Locum Tenens and are not always practicing in P.A. With these considerations in mind, the Bylaws Committee recommends that the section on membership in the PSA Bylaws be revised to read as follows. Changes from the current Bylaws are highlighted with additions underlined and deletions shown with ~~strike through~~. Grammatical, technical,

and numbering changes which do not change the meaning are not highlighted.

- 1.122 Active Members - A physician who has a degree of Doctor of Medicine, Bachelor of Medicine or Doctor of Osteopathy; is engaged in the practice of or is interested especially in the medical specialty of anesthesiology; has successfully completed a training program in anesthesiology, accredited by the ACGME or equivalent organizations, or the American Osteopathic organization; and who either:
- 1.1221 Is licensed to practice medicine in the Commonwealth of Pennsylvania and has the location of his or her ~~principal~~ professional activity within the Commonwealth of Pennsylvania, or
 - 1.1222 Is a member of the armed forces or is employed by the Veterans Administration or other federal government health services agency, and is not a member of any other Component Society, who is licensed to practice medicine in a state, territory, possession, of the United States or the District of Columbia regardless of the location of his or her professional activity.
 - 1.1223 The Society will consider active membership for any applicant who has achieved cumulative qualifications that are endorsed by the Board as being equivalent to the standard requirements above for active membership.
- 1.124 Affiliate Member - An individual who does not satisfy the criteria for active membership; who has an interest in the practice of anesthesiology; and who is either:
- 1.1241 A physician who is not in the clinical practice of anesthesiology;
 - 1.1242 At the request of the physician and with the approval of the Membership Committee, a physician who is on active duty in the Armed Services or is otherwise in the service of the United



August ASA Board of Directors Meeting Highlights

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

The Board of Directors (BOD) met in Chicago on August 18-19th. The Committees of the Board considered all items brought before them. **The Committee on Administrative Affairs** received information relating to the restructuring of the ASA which provides for a better operational structure for the Park Ridge and Washington offices; the Organizational Improvement Initiative is envisioned as a two to three year change process that will identify key improvements and ensure their successful implementation. The overall cost of the restructuring will be in the range of an estimated 1.9 million dollars. Two new positions were created the Executive Vice-President of Park Ridge and the Executive Vice-President, External Affairs and General Counsel in Washington. Both report directly to the ASA President and CEO. Ron Szabat, J.D., L.L.M. serves in the Washington position and Eugene Sinclair, M.D., former ASA President, is the serving an interim role as the President's Executive in Charge of the Organizational Improvement Initiative. John B. Neeld, Jr., another former ASA President, chairs the search committee for the Park Ridge position. The ASA Executive Committee has consulted with the Gordon Group to facilitate the restructuring and improvement of all phases of ASA functioning. The end result is designed to provide improved member support. A Director of Human Resources Ms. Karen Buehring, M.B.A., S.P.H.R. as well as a Director of Communications have been hired. A number of other support personnel will be added. This infra-

structure building is essential for the growing ASA membership.

The committee commended President Lema for his extraordinary contributions and courageous efforts. The pursuit of an organizational plan has been in the planning for a number of years. The planning need became increasingly evident and the time demanding crucial process was commenced. This plan is a vital step for the future of the ASA.

The committee recommended and the BOD approved the Medical Students component have a non-voting member of the House of Delegates. The Medical Student Component had been a part of the Resident Component.

The Committee on Scientific Affairs recommended and the BOD approved that the President, members of Anesthesia Program Directors and the representatives to the Residency Review Committee advocate for expanded insurance coverage for all treatable psychiatric diagnoses.

The purpose is to support mental health insurance benefits for mental illness and substance-related disorders for residents. The committee recommended and the BOD approved a [Sample Policy for Organ Donation after Cardiac Death](#). This document should be an aid for many

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Welcome New Members

PSA Active Members

Andrew Ascher, M.D.
Phillip Carroll, M.D.
Sofronio DeLa Vega, M.D.
William Gild, M.D.
Brett Groff, D.O.
Mohamed Abdillahi Kourtu, M.D.
Anoja Madison, D.O.
Aruna Nathan, M.D.
Gregory Olenic, M.D.
Jerome Parness, M.D.

Loganathan Parthipan, M.D.
Victor Raj, M.D.
Ruth Anne Sanell, M.D.
Shashank Saxena, M.D.
Phillip Shibley, M.D.
Alyssa Simone, D.O.

PSA Resident Members

Jamin Chi, M.D.
Jessica Henderson, D.O.
Vijay Kangotra, M.D.
Richard Month, M.D.

A Need to Look into the Future

by Joseph L. Seltzer, M.D.

Words on the pedestal
of a statue found in
the desert read:

**“My name is Ozymandias,
King of King:
Look on my works,
ye mighty, and despair!”**

**Nothing beside remain,
Round the decay
Of that colossal wreck,
boundless and bare.
The lone and level sands
stretch far away.**

Percy Bysshe Shelley 1817

Are we as sure of ourselves as Ozymandias? What will future generations find upon the sands of our current practice and beliefs?

Many have said the practice of medicine as it exists today in the United States is not sustainable. This, of course, includes the practice of Anesthesiology. Changes are bound to occur. How fast and how great will the changes be over time? What will the “new” practice of medicine

look like? It is hard to know for sure but things will change.

At the last PSA Board meeting a discussion was held about the need to use basic principles to guide future actions. The Board should act on what we expect to be best for the specialty in the future rather than just being reactionary to challenges thrown before us.

To help develop the principles on which to base our positions and actions, PSA President Erin

Sullivan appointed an ad hoc Planning Committee composed of: Robert Campbell, M.D.; Erin Sullivan, M.D.; Joseph Galassi, Jr., M.D.; Donald Martin, M.D.; Craig Muetterties, M.D.; Joseph Seltzer, M.D.; Stephen Strelec, M.D.; and Joseph Talarico, D.O.

The first step of the planning process was development of a list of the major trends that will move the specialty in the next ten to 15 years. These trends fell into the major categories of: Economic; Demographic; Political (both National and Medical); Scientific and Technological; Changes in Medical Practice and Site of Care Delivery; and Sophistication of the Specialty. While this list is extensive and space does not allow complete inclusion, some of the more interesting and challenges trends identified are:

Economic

- Rising health care costs
- Anesthesiologists among the highest paid specialists
- Anesthesia groups requiring hospital subsidies to maintain salaries
- Move to Pay for Performance

Demographic

- Aging population with increasing chronic illness
- Overall physician shortage (not just Anesthesiologists)
- Age and sex distributions and effect on labor pool (M.D. and C.R.N.A.)

Political–National

- Agenda to insure everyone (potential for single payer system)
- Concern for patient safety and medical error reduction

Political–Medical

- Other specialties vying for anesthetic procedures

- Increasing use of non-anesthesia trained providers for sedation

Scientific/Technological

- Safer drugs with better reversal agents (“Even a caveman can do it”)
- Computer assisted self administration of anesthetic drugs
- Changes in practice and sites of care delivery
- Better reducing need for major procedures
- Increase in less invasive procedures
- More outpatient surgery
- More out of O.R. anesthetic demands
- Hospitals only for the very sick, more I.C.U. patients
- Sophistication of the specialty
- Time limited board certification
- More subspecialty boards in Anesthesiology

Based on these trends the committee will consider what are the present strengths and weakness of Anesthesiology as a specialty in Pennsylvania and the PSA as the representative of the specialty. Based on the strengths and weaknesses, the committee will determine what it believes the guiding principles should be to help PSA focus its efforts both in educational and politically arenas. The process will not be completed for several more months. We expect we will envision a different practice than we have today. This view of the practice of medicine in general and anesthesiology in specific will help guide the society’s actions in the future.

We would welcome member’s thoughts along the lines of where the PSA should be heading and what the guiding principle should be. Please feel free to send any comments to me via e-mail at joseph.seltzer@jefferson.edu.



Humana Policy Changes—Denial of Payment for MAC During Endoscopies

by Donald E. Martin, M.D., Secretary-Treasurer

In July, Humana sent a “Dear Physician or Administrator” letter announcing that it had changed its medical coverage policies to deny payment for the assistance of an anesthesiologist or CRNA for “average risk” patients ages 18 years and older undergoing “standard” upper and lower gastrointestinal endoscopic procedures. Humana takes the position that services of an anesthesiologist or CRNA are “not medically necessary” for these procedures. It is Humana’s position that these changes are consistent with statements, made by GI professional societies, that in general adult endoscopies can be performed successfully with conscious sedation provided by the endoscopist.

The new policy may still allow coverage for anesthesia services during endoscopy in any one of the following situations:

- Prolonged or therapeutic endoscopic procedures requiring deep sedation
- Anticipated intolerance to standard sedatives
- Increased risk for airway obstruction due to anatomic variant
- Increased risk for complication due to severe morbidity, in patients usually ASA physical status III or greater

According to notices received by PSA members in July, denial of payment will

not affect Humana Medicare Advantage and Private Fee-for-Service plans, and will take effect in October.

Options for Providers

If you care for Humana patients, your provider contract with Humana may address the issue and, if so, it likely governs. If you are negotiating or renegotiating a contract with Humana, you can negotiate on this issue as you consider whether to renew or terminate your existing contract. You may wish to obtain legal advice applicable to your practice situation in doing so.

If you are operating under an existing Humana contract not specifically including endoscopy, and do not want to provide these services as free “charity” care, you may wish to consider whether your practice should adopt some or all of the options below:

1. Provide patients with written notification, and get their written agreement in advance of the procedure (using forms similar to a Medicare “Advanced Beneficiary Notice”) that they desire the service and will pay costs not covered by Humana. You can then directly bill patients for your services. Again, you need to check your Provider Agreement to determine whether it has any pertinent provisions. Some Insurance Provider Agreements prohibit billing the patient

for non-medically necessary care. Again, you may wish to obtain legal advice applicable to your practice situation.

2. Notify patients before the procedure that they will need to get written confirmation of “medical necessity” from Humana before you will be able to provide this service.

Since this is a national issue, the American Society of Anesthesiologists Committee on Economics has already written to Humana to specifically urge them to reconsider this poorly conceived policy change, and to clarify any options open to participating physicians requested to provide services by either endoscopists or patients. This letter to Humana, which will provide you with much more detail, will be published on the ASA website at www.ASAHQ.org. Additional information can also be found on Humana’s website at http://apps.humana.com/tad/tad_new/issuedetail.asp?issue=799. You can also call Humana Customer Services at 1-800-448-6262.

The PSA officers and website will provide additional information as it becomes available.



Clinical, Political, and Social Transitions: A Resident Perspective

by Cheri A. Camacho M.D., CA-1 Resident

My fascination with anesthesia peaked early in medical school, remained steadfast during my PGY-1 training, and has grown to include a deep appreciation and respect for this profession. Back in medical school, I viewed anesthesiologists as having a complete, holistic understanding of the intricate workings of human physiology combined with impeccable technical skill. The field of anesthesia seemed to be a perfect complement of rigorous scientific thinking with clinical application, a field that required dedication, autonomy, and teamwork.

My curiosity drove me to learn more to become involved with the American Society of Anesthesiologists (ASA) by co-founding the ASA Medical Student Delegation (ASA-MSD) in 2004. With the support of former ASA Presidents Dr. Roger Litwiler and Dr. Eugene Sinclair, ASA-MSD members are now active participants in

the ASA Resident Component proceedings at the annual ASA meetings. Medical students now have an opportunity to better understand all aspects of anesthesiology from the OR to Capitol Hill. Participation in the ASA-MSD also provides the foundation and training to help students graduate to become engaged, pro-active residents.

I continued my involvement in organized medicine as an intern, working with the ASA Resident Component on state-based resident initiatives. Now, in the midst of my transition from intern to clinical anesthesia as a resident at the University of Pennsylvania, I realize how much my involvement with the ASA has smoothed my transition and reaffirmed my belief that physician involvement at all levels is imperative to make an impact on the future direction of our healthcare system. The enthusiasm and commitment of a united physician workforce

can power dramatic local and national change that affects us all during our daily practice as anesthesiologists.

The beginning of residency in anesthesiology is overwhelming at times. However, during this time of rapid development and climbing the steep learning curve, we cannot just focus on ourselves. We need to begin establishing an educational relationship with the ASA and the Pennsylvania Society of Anesthesiologists (PSA). Early resident involvement in the political process of our specialty will better prepare us for the future ahead. By learning about the legislative process, and forging personal and professional ties between current anesthesiologists and the anesthesiologists of the future, we can better provide them with our fresh ideas and viewpoints. Our voice will help shape the future of our changing specialty,

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Visit the PSA Website www.PSAanes.org for CME!

The CME Program

“Anesthetic Considerations for Electroconvulsive Therapy: A Team Approach”
by Carol E. Rose, M.D., Assistant Professor of Anesthesiology and Medical Director of The Anesthesia Service at Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center

This program provides AMA Category I credit, and is available free of charge to PSA member on the “Members Only” section of the PSA website.

In addition, there are links to more than 20 other general, anesthesia, pain, and patient safety/risk management CME programs which are currently available on other sites.



Nominating Committee Report—PSA Officers and Elected Representatives: 2007-2008

by Donald E. Martin, M.D., Secretary-Treasurer

For Approval at the Annual Membership Meeting

The Nominating Committee of the Pennsylvania Society of Anesthesiologists has submitted the following list of nominees for PSA officers, as well as delegates and alternate delegates to the American Society of Anesthesiologists, Pennsylvania Medical Society, and Medicare Carrier Advisory Committee. These nominees are to be placed before the Society membership for a vote at the Annual Membership Meeting on October 13. Those in bold are new nominees for the listed positions, while those not in bold are candidates for re-nomination to positions that they currently hold.

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Joseph F. Answine, M.D.

President-Elect:

Joseph W. Galassi, Jr., M.D.

Vice-President:

Stephen J. Kimatian, M.D.

Past President:

Erin A. Sullivan, M.D.

Secretary-Treasurer:

Donald E. Martin, M.D.

Assistant Secretary-Treasurer:

Patrick J. Vlahos, D.O.

District Director:

Donald E. Martin, M.D.

Alternate District Director:

Erin A. Sullivan, M.D.

Delegates:

John J. Bianrosa, M.D., J.D.

Edward H. Dench, Jr., M.D.

Joseph W. Galassi, Jr., M.D.

Stephen J. Kimatian, M.D.

Joseph L. Seltzer, M.D.

Erin A. Sullivan, M.D.

Alternate Delegates

Joshua H. Atkins, M.D.

Mary C. Bolden, M.D.

Robert A. Campbell, M.D.

Barbara M. De Riso, M.D.

David M. Gratch, D.O.

Joseph J. McComb, D.O.

Steven W. Neeley, M.D.

Richard P. O'Flynn, M.D.

Paul J. Schaner, M.D.

Stephen R. Strelec, M.D.

Joseph F. Talarico, D.O.

Margaret M. Tarpey, M.D.

Steven Lee Whitehurst, M.D.

Delegate, Pennsylvania Medical

Society House of Delegates &

Interspecialty Section:

Joseph W. Galassi, Jr., M.D.

Alternate:

Joseph F. Answine, M.D.

Carrier Advisory Committee:

Joseph E. West, M.D.

Dr. Steve Bell has decided to leave the Board at the conclusion of his term this year. Dr. Bell has served the Society as its president in 2002-2003, and as a member of the Board of directors since 1994. The officers and board want to take this opportunity to thank Dr. Bell for his dedicated service for more than a decade.

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Dr. Sullivan Speaks in Allentown

by Joseph W. Galassi, Jr., MD, Vice President

On June 21 2007, Erin Sullivan, M.D., PSA President, was the guest of Allentown Anesthesia Associates when the group hosted a dinner meeting in Allentown. This meeting was attended by a number of anesthesiologists from in and around the Lehigh Valley. Dr. Sullivan was invited to speak regarding the current state of affairs in Harrisburg as it related to the practice of anesthesiology. At that time, the fate of House Bill 1256 was still uncertain. Dr. Sullivan gave an

excellent historical summary of the events as they had unfolded in Harrisburg. She spoke of Governor Rendell's plan to expand health care coverage to the focus on expanding the scope of practice of mid level health care practitioners/providers. The scope of practice of CRNA's in HB 1256 was the main focus of her presentation. The importance of ZPAC and the expansion of the grassroots effort were stressed as well. The lively discussion that ensued was quite valuable to all who were able to

attend this meeting. Dr. Sullivan, as well as Vice President Joseph Galassi, MD, who also attended the meeting, are both willing to make themselves available to other groups in the state who would like to have a PSA officer come to visit them locally to discuss this or other relevant topics. If you or your group is interested in hosting such an event, please contact Dr. Sullivan at SullivanEA@anes.upmc.edu or Dr. Galassi at Joseph.Galassi@lvh.com.

Z-PAC Contributors

Thanks to the following Anesthesiologists who contributed to Z-PAC since the last report, April 11, 2007:

Mary Evelyn Abola	Lee Letwin
Richard Albertson	Kirk Lindvig
Valerie Armstead	Anita Malhorta
Boris Aronzon	Wayne Marshall
Shervavaz Bharucha	Stephen McNulty
Robert Boretsky	Daniel Meenan
Joseph Casario	Thomas Mickler
Linda Chen	David Milliner
Stephen Comess	Gordon Morewood
Caroline Davis	Jeffrey Nachman
Edward Dench	Jayanthi Nama
Joseph Derenzo	Margaret O'Brien
Catherine DiGregorio	Teresa O'Flynn
Anna Elia	Aleksandr Pekar
Michael Feldman	Christopher Peterson
William Fritz	Joseph Quinlan
Robert Garvin	Desmond Reilly
Angus Gillis	Carl Rest
Jeffrey Gordon	Gary Roark
Eric Greenblatt	Lori Roark
Pamela Hale	Jonathan Roth
Eva Hayden-Easley	Joseph Ruzbarsky
Michael He	Daniel Sabo
Andres Jakymec	Jack Samol
Sherry Jose	Phyllis Schapire
Jasmat Kansagra	Richard Seifert
Susan Kaplan	Garen Simonyan
Vida Kasuba	David Smith
Paul Keating	Margaret Tarpey
Stephen Kimatian	Samuel Tirer
Richard Kolesky	Nancy Vinca

Please note: If you have contributed and are not listed, we may not have credited your donation within the time interval in which payments were posted.

Andy Harris, M.D.— Anesthesiologist Headed for the U.S. House of Representatives

by Donald E. Martin, M.D., Secretary-Treasurer

The campaign of Andy Harris, M.D., for the U.S. House of Representatives, which began in earnest in May, is rapidly gaining momentum. Dr. Harris has been a State Senator in Maryland since 1999, and until 2006 was the Republican whip in the Maryland State Senate. He has now seized an opportunity to run for the US House of Representatives against an incumbent who has lost the support of both the state and national Republican parties. Dr. Harris is rapidly gaining endorsements from within Maryland, including that of former Maryland Governor Bob Ehrlich. He is felt by national political organizations to be an extremely strong contender.

Dr. Harris has been an obstetric anesthesiologist and Associate Professor of Anesthesiology at Johns Hopkins University School of Medicine for the last 20 years. Even now he continues to work one day per week in the operating room and maintains extremely close ties with individual physicians and organized medicine. In his 8 years in the Maryland State Senate, Dr. Harris has established himself as an effective, fair, leader, and has not forgotten the needs of physicians and their patients. He is an 18-year member of the United States Naval Reserves and a veteran of Operation Desert Storm/Desert Shield. Andy currently holds the rank of Commander. He has been married for 25 years and has 5 children.

Politically, Dr. Harris is fiscally conservative, and favors a "private insurance" approach

to funding medical care, similar to one first advanced by the Heritage Foundation. Under this approach, individuals would choose their own health insurance coverage, and employers or the government would either partially or fully cover the cost for this insurance as either an employee benefit or, for the uninsured, on the basis of their need.

Dr. Harris is being supported by the American Society of Anesthesiologists and individual anesthesiologists nationwide. The importance for our specialty of an anesthesiologist being a member of Congress cannot be overstated. However, to run a successful campaign for Congress it is estimated that he will need over \$750,000.00, or \$80,000.00 per month. That's where Pennsylvania anesthesiologists are important! Z-PAC, as a state p.a.c., cannot contribute to Dr. Harris' campaign for national office. However, you as an individual can certainly support him, and our medical specialty, with a financial contribution made either directly via his website at www.andyharris08.com, or by mail sent to "Andy Harris for Congress," PO Box 1527, Annapolis, M.D. 21404-1527. If you do contribute by mail, make sure to make your personal check payable to "Andy Harris for Congress" and to include with your contribution your name, address, occupation, and employer. **You can make a difference!**

For more information, either log on to his website or contact David Schwartz at 410-215-0236.

Some Thoughts on the Demise of House Bill 1256

by John P. Milliron, Esquire, PSA Legislative Counsel

The activity that followed Governor Rendell's proposal to eliminate physician supervision of nurse anesthetists (HB 1256) had many facets. I have advised clients many times over, that the best strategy to win a legislative fight is threefold: Good lobbyists leading the team, excellent grassroots efforts back home by constituents educating their legislators, and finally, a political action committee to assist those friends when they need help in their elections. The PSA did a textbook job on HB 1256!

Although the efforts to maintain the highest standards possible for patient safety will never cease, these were some of my thoughts about what occurred during the first eight months of this year:

- The House Professional Licensure Committee has 29 members, 14 of whom were new to the Committee in 2007! This Committee has jurisdiction over all scope of practice legislation for the healthcare profession, including HB 1256.
- On January 1st, only 12 members of the Committee knew a local anesthesiologist; by mid May, 21 members of the Committee had personal visits from a constituent anesthesiologist.
- The PSA sent four separate mailings to each member of the Society in the first six months of 2007, giving instructions on how to meet your state House member and what should be emphasized in a letter, phone call, e-mail, or personal visit.
- The PSA legislative office responded to over 250 e-mails and 100 phone calls, giving assistance and advice to physicians about the issue and how to contact their legislator.
- By July 10, no fewer than 400 anesthesiologists had made contact with their local state representative, urging them to vote NO on H.B. 1256, or any other legislation that would eliminate the requirement of physician supervision of the administration of anesthesia.
- Although this number is only 33% of the total membership of the Society, it was a five fold increase in legislative contacts that had been made in past years.
- H.B. 1256 was the only increased scope of practice bill not considered by the House Professional Licensure Committee, and that was primarily because it never had more than single digit support from the members of the Committee.
- There are now PSA personal contacts for over half of the members of the House of Representatives, and in many cases, there are numerous key contacts for each House member.
- Over 350 anesthesiologists have contributed to the Society's political action committee, Z-Pac, in 2007. This is the largest number of individual contributors in the Pac's history, and almost triples the number who gave in 2006!
- Despite this dramatic increase, it is still only 30% of the total membership of the PSA. Are you one of the 350, and if not, why not!



The work of the Society and the individual members of the PSA must continue throughout this year and next. You will be receiving more information about our efforts to mobilize an equal number of contacts for the state senate sometime this fall.

The Legislative Reception is scheduled for Monday, October 1, at the Harrisburg Hilton. These receptions are held every other

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Anesthesiology and the Political Process

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get the feeling that the legislators are willing to learn and open their minds to new information. We can only hope that this is true because that is what gives

us the desire to continue to work for our society.

In 2007 we need, more than ever, anesthesiologists who are willing to sit on the Board as I

did and question the futility of what we do. Later, you can see the light and become part of the process that keeps anesthesiology strong in Pennsylvania.

Revisions to the PSA Bylaws for 2007

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States government, including those employed by the Veterans Administration or other federal government health services agency, and including both those meeting and not meeting the requirements for active membership above.

- 1.1243 A scientist, not a physician, who is interested in anesthesiology;
- 1.1244 A physician who resides outside of the United States and is not a member of any other Component Society

Other categories of membership, Resident (1.123), Retired (1.125), and Medical Student (1.126) will remain unchanged.

Society Political Action Committee

Paul Schaner, M.D., as the founder of Z-PAC, and the PSA Board of Directors have worked this year to establish a more permanent organizational structure for Z-PAC as an independent non-profit, unincorporated association operating as an adjunct to the Pennsylvania Society of Anesthesiologists. Z-PAC is established under Pennsylvania lobbying regulations to provide financial support for candidates for state and local elective offices who understand and appreciate the goals, objectives and values of persons practicing the medical specialty of anesthesiology.

Z-PAC's initial Bylaws establish several responsibilities of the PSA president and Board of Directors, including the election of Z-PAC officers, which are included in the following proposed changes to be added to the PSA Bylaws:

(Amends current PSA Bylaws section pertaining to duties of the Immediate Past President):

- 4.63 Immediate Past President - The Immediate Past President shall provide continuity between the preceding term and the current term; and contribute his or her knowledge and experience to the officials and members of this Society. He or she shall also serve as an ex officio officer of Z-PAC, as specified in the Bylaws of that organization.

(Amends current PSA Bylaws section 5.1 pertaining to the membership on the PSA Board of Directors)

- 5.13 The Chair of Z-PAC is an ex-officio member of the Board.

(Adds an additional Bylaws Section regarding Z-PAC. The current Section 10 and subsequent sections will be re-numbered)

ARTICLE 10. POLITICAL ACTION COMMITTEE

- 10.1 The Political Action Committee Z-PAC is established as an independent non-profit, unincorporated association operated as an adjunct to this Society, to provide financial support for candidates for state and local elective offices who understand and appreciate the goals, objectives and values of persons practicing the medical specialty of anesthesiology.
- 10.2 The Immediate Past President of this Society shall be an ex officio officer of Z-PAC.
- 10.3 All other officers of Z-PAC shall be nominated by the President and approved of the Board of Directors of this Society, for terms specified in the Bylaws of Z-PAC.
- 10.4 The Chair of Z-PAC will make a report, including contributions and expenses of Z-PAC, to this Society at least annually at the fall Meeting of the Board of Directors, and at other times as requested by the President of this Society.
- 10.5 The President of this Society has the authority to request a review of the financial operations of Z-PAC.
- 10.6 The Board of Directors of this Society may dissolve Z-PAC by 2/3 vote of those present at a regular or special meeting of the Board.

This report will serve as the required notification of the membership regarding these proposed changes with a final vote to be taken at the PSA Annual Meeting/Luncheon in the Club Room at the San Francisco Marriott Hotel on Saturday, Oct. 13, at 12:00 p.m.

I wish to thank all the members of the Bylaws Committee for their hard work on this issue and Bob Hoffman for his legal council. Any comments or questions, especially from PSA members who may not be able to attend the Membership meeting, should be sent to Dr. Stephen Kimatian at skimatian@psu.edu.

August ASA Board of Directors Meeting Highlights

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institutions faced with development or modification of a policy. The former Guidelines for Regional Anesthesia in Obstetrics, Optimal Goals for Anesthesia Care in Obstetrics and the Statement on Pain Relief During Labor were reviewed and approved by the BOD. The Committee recommended with BOD approval to continue future planned meetings in New Orleans.

The Committee on Professional Affairs recommended and the BOD approved Practice Advisory for the Prevention and Management of Operating Room Fires some revisions are anticipated prior to its presentation for approval by the House of Delegates in October. The committee commended the Committee on Economics and its Chair, Norman A. Cohen, for their exemplary work on behalf of ASA. This effort involved considerable persistent work, now you must do your part if this is to be successful. **Please note your comment to the CMS was critical on the proposed increase for the anesthesia work value. I hope you followed the instructions from ASA and the PSA in recent e-mails. The outcome will affect your bottom line.**

The Committee on Finance recommended and the BOD approved the Treasurer's budget for 2008. The Annual active membership dues remain at \$450. The BOD approved the committee's recommendation to allocate \$500,000 to FAER in 2008 to initiate cerebral function monitoring (CFM) research. The research is to seek to prove or disprove, to a reasonable degree of scientific probability, whether CFM reduces the incidence of awareness under general anesthesia. An additional request by FAER for another \$250,000 budget increase was not approved. It was noted by the committee that there has been a 75% increase to FAER during the past several years. ASA continues to hold research in high regard. The Foundations Anesthesia Patient Safety Foundation (ASPF), the Foundation for Anesthesia Education and Research, and the Woods Library—Museum of Anesthesiology remain in solid financial condition. The ASA recognizes the important roles the foundations play for the society. Member support of the foundations is encouraged.

President's Message

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Medical Society House of Delegates. There have been several insurance related issues that were addressed by the PSA Insurance and Legislative Committee, chaired by Dr. Joseph Talarico. One such issue involved Independence Blue Cross' decision to discontinue reimbursement for regional anesthesia procedures performed specifically for postoperative pain management. This July, Humana changed its medical coverage policies to deny payment as "not medically necessary" for the assistance of an anesthesiologist or C.R.N.A. for "average risk" patients ages 18 years and older undergoing "standard" upper and lower gastrointestinal endoscopic procedures. Information on the Humana policy change is included in this Newsletter and updates to these and all insurance related issues affecting our specialty will be provided on the PSA Website. Your PSA leadership works closely with the

American Society of Anesthesiologists to serve the best interests of our membership. Members are encouraged to contact PSA for assistance with issues that affect the practice of anesthesiology and the safety of our patients.

For those who plan to attend the ASA Meeting in San Francisco, we hope that you will attend the PSA Annual Membership Meeting. The meeting is scheduled from 12:00-1:30 p.m. in the Club Room (Atrium Level) of the San Francisco Marriott Hotel on Saturday, October 13, 2007. A buffet luncheon will be served.

This has been a busy and productive year for our Society and its members. I encourage each of you to continue to be proactively involved in PSA and I look forward to seeing you at both the PSA Legislative Reception in Harrisburg and the PSA Membership Meeting in October.

Clinical, Political, and Social Transitions: A Resident's Perspective

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and will enable us to advocate for our own needs in the years ahead.

I encourage all of the anesthesia residents, especially the new CA-1 residents, to become familiar with organized medicine. Encourage your

medical students to join the ASA Medical Student Component. Become involved with the PSA Resident Component and definitely make time to attend the PSA Legislative Reception on the evening of October

1st, 2007 in Harrisburg. With sufficient interest and participation you will support your specialty and ensure that we keep moving forward in the right direction. Visit the PSA website for more information: www.psanes.org.

Nominating Committee Report

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Dr. Schaner, at the conclusion of his two terms as ASA Director, and Dr. Strelec, after serving on the Board for 13 years, both decided, in discussion with the Committee, to accept Alternate Delegate rather than Delegate

nominations in order to open delegate positions for others.

Additional nominations can be submitted by any active PSA member before the vote at the Membership Meeting on October 13th. Thanks to

the Nominating Committee—Robert F. Early, Jr., MD, Chair; Drs. Answine, BianRosa, Kennedy, and Schaner, for their work in selecting these nominees.

Some Thoughts on the Demise of House Bill 1256

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year, and have been an excellent opportunity for our anesthesiologists to meet their House and Senate members, and thank them in person for their support. **It is critical that we have the best turnout ever.** The briefing begins at 5:00 p.m sharp and the reception follows from 6:00 p.m to 8:00 p.m. Please make arrangements with your group to have at least three members attend.

In the past we have had a good turnout of anesthesiologists, but they were primarily from Pittsburgh, Philadelphia and the immediate Harrisburg area. Our legislative friends are from all across the Commonwealth and we need anesthesiologists from all across the Commonwealth to attend—and that includes Scranton to Erie and everywhere in between.

If you have any questions, please call our lobbyists (John Milliron, Jim Mann, Andy Goodman or Ken Brandt) at 1-800-822-6789, or e-mail them at psagrassroots@Millironassociates.com. They will do anything to assist you.

Thank you for all of your personal efforts and financial commitments to the cause. I look forward to being with you on October 1.

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— from Warren Buffett's Letter to Shareholders, February 28, 2006

...We want Medical Protective to continue to be the company that thinks like a doctor and behaves with the same integrity and individual care as a doctor....

— from Warren Buffett, April 26, 2006

...We're proud to have Medical Protective as part of the Berkshire family....

— from Warren Buffett, May 30, 2006



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Plan to Join us in San Francisco!

The Annual Membership Luncheon and Business Meeting of the Pennsylvania Society of Anesthesiologists will be held

Saturday, October 13, 2007

12:00 to 1:30 p.m.

Club Room (Atrium Level)

San Francisco Marriott Hotel

(Adjacent to the Muscone Convention Center)

in conjunction with the ASA Annual Meeting in San Francisco

The luncheon is open to all PSA members and guests, and the Business Meeting to all active, resident, affiliate, retired, honorary and medical student PSA members.

AGENDA:

- I. Minutes of the 2006 meeting
- II. Secretary/Treasurer's report
- III. Report of the PSA President—Dr. Sullivan
- IV. Reports of Standing Committees
 - A. By-Laws Committee—Proposed By-Laws revisions (see article on By-Laws Revisions in this newsletter for the notice or proposed Bylaws amendments)
 - B. Nominating Committee—2007-2008 nominations for PSA office (see article on Nominations in this newsletter for the list of nominees for 2007-2008)
- V. Election of officers
- VI. Installation of officers
- VII. Address of the incoming PSA President—Dr. Answine
- VIII. Business from the Floor

