



## President's Message

by Joseph F. Answine, M.D.

### The PSA: More than a Political Organization

The Pennsylvania Society of Anesthesiologists (PSA) had a very busy and successful year which included sending the Pennsylvania Legislature a powerful message, as we came out in force at our legislative reception on October 1st, 2007. We continued to work tirelessly to get our message of "patient safety" and "physician presence" to the political powers that be. Our agenda is equally as impressive this year. The society's goal is to provide services that will continue to improve anesthesia and the ability of anesthesiologists to practice in our state. At our membership meeting in San Francisco, I discussed my hopes and plans for the coming year. Many are outlined below.

First, we will obviously continue to vigorously support patient safety before legislative committees and regulatory agencies within the state. Recently, House Bill 1804 was introduced which outlined the scope of practice for respiratory therapists. One addition to the bill was to allow for the administration of conscious sedation. Our legislative counsel identified the addition, we wrote a

Joseph F. Answine, M.D. is the President of the Pennsylvania Society of Anesthesiologists, Representative to the Specialty Leadership Cabinet of the Pennsylvania Medical Society Alternate Delegate to the Pennsylvania Medical Society and Delegate to the American Society of Anesthesiologists.

letter of opposition and the bill is being amended to strike out the language dealing with conscious sedation. Also, remember that House Bills 1256 and 341 still could be brought out of committee and voted on by the House of Representatives. This is unlikely, but we are continuously monitoring the situation.

Furthermore, the society is moving forward with our strategic plan to take Pennsylvania anesthesiologists into the future successfully. The goal is to enhance the recognition, by patients and other physicians, of the special expertise, dedication, and the work of physicians in our specialty. We are in the process of defining

our current strengths (which are many) and weaknesses. With this information, we hope to define our position as the practice of medicine evolves during the coming years. Will we be in the operating room directly providing anesthesia, or will we be overseeing all aspects of peri-operative care (pre-operatively, intra-operatively, post-operatively, in the intensive care units and on the floors)? We are also planning a campaign to ask our patients what their expectations and concerns are when facing an upcoming anesthetic and surgical procedure. We want to learn from our patients, as well as to let them know that the anesthesiologists in Pennsylvania care about their fears and concerns and will continue to strive to be there to provide anesthesia safely to all patients undergoing all surgical procedures.

The PSA wants to enhance the organization's position within, and the relationship to, the Pennsylvania Medical Society. We continue to have strong representation in the Specialty Leadership Cabinet (SLC). Dr. Joseph Galassi, President-Elect, is now our representative to the



## Sentinel

Pennsylvania Society of Anesthesiologists Newsletter

### Editor

Paul J. Schaner, M.D.

### President

Joseph F. Answine, M.D.

### Association Director

Maria B. Elias

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PSA Newsletter  
777 East Park Drive,  
P.O. Box 8820  
Harrisburg, PA 17105-8820  
717/558-7750 ext. 1596  
[www.psanes.org](http://www.psanes.org)

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Steven L. Whitehurst, M.D.

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### Alternate

Joseph F. Answine, M.D.

### Carrier Advisory Representative

Joseph West, M.D.

# Update from Specialty Leadership Cabinet

by Joseph F. Answine, M.D., President, Pennsylvania Society of Anesthesiologists, Representative to the Specialty Leadership Cabinet of the Pennsylvania Medical Society, Alternate Delegate to the Pennsylvania Medical Society and Delegate to the American Society of Anesthesiologists

During the September 18th, 2007 meeting of the Specialty Leadership Cabinet (SLC) of the Pennsylvania Medical Society (PMS), we were given a report on “scope of practice”. On July 20th of this year, the Governor signed into law HB 1253 which expanded the scope of practice for Certified Registered Nurse Practitioners (CRNP). This was after a series of meetings involving the PMS. All parties (the PMS and the CRNPs) seemed happy with the end result of the legislation. Although there was an expansion of the scope of practice of CRNPs, it was felt to be minimal overall with a significant amount of physician supervision still required. However, shortly after passage of the bill, the board of nursing drafted new CRNP scope of practice regulations expanding even further the scope of practice of the nurse practitioners from that in the statute, thereby granting the CRNPs much more than PMS had thought was initially agreed upon. It is important to note that as of 2002, the Board of Nursing has sole licensing authority over CRNPs; it used to share that licensing authority with the Board of Medicine. As stated during the SLC presentation, they (the PMS) were hit by an “end run”.

So, what does this all mean? Statutes and Regulations 101: Statutes (laws) control over regulations. If a regulation says “x”, and a new statute says “opposite of

x”, the statute controls and the regulation is unenforceable. The regulations must be consistent with the statutory scheme. At the same time, statutes often give agencies a significant amount of “wobble room” when it comes to the substance of regulations. Therefore, there are times when proposed legislation that would accomplish a certain result is not enacted and the agency then tries to do the same thing via regulations. The PMS thought it made a deal on CRNP-related legislation that would not give CRNPs all they wanted in terms of independent practice. The Nursing Board then began drafting regulations that would give CRNPs more in the way of independent practice. Sometimes the agency can get away with this as long as again it does not explicitly violate the statutory scheme.

So, what is the next step? The State Board of Nursing has adopted these revised regulations regarding the practice of Certified Register Nurse Practitioners (CRNPs). These regulations now begin the regulatory review process that could take up to two years for eventual approval/disapproval of these regulations. There are many points in the process where those opposing the passage of the regulations can intervene; the Attorney General’s Office, IRRC, or the legislature. They can be challenged in court after that. I am part of a com-



mittee established by the SLC in order to examine all of the options of the PMS.

This may not be an issue that directly affects anesthesiologists; however, it is an issue for many other physicians, especially those involved with primary care. This is also potentially a patient safety issue, as the proposed regulations seem to allow CRNPs to practice virtually independently. Will this set a precedent that will lead to the eventual expansion of scope of practice of other nurse specialists such as certified registered nurse anesthetists?

(A special thanks to Bob Hoffman, our legal counsel, for the education in statutes and regulations.)

# Nominations are Open for ASA Committee Appointments for 2008-2009

by Erin A. Sullivan, M.D. and Donald E. Martin, M.D.,  
American Society of Anesthesiologists

Again this year the ASA President-Elect, Roger Moore, MD, will appoint active ASA members from across the country to fill open positions on the Committees of the American Society of Anesthesiologists for 2008-2009. A complete listing of ASA Committees, with their current members and chairs, is available on the ASA web site at [www.asahq.org](http://www.asahq.org) > About ASA > ASA Committee Listing.

If you would be interested in serving your medical specialty and being nominated for membership on any of these Committees, simply complete the on-line "Self Nomination Form" on the "Members Only" section of the ASA web site, to provide information about yourself and to inform ASA of your interest.

If you would also like the support of PSA for your nomination, or would have any questions

about either the Committees themselves or the nomination process, please contact either one of us at the addresses below. If you would like Society support for your nomination, please include an abbreviated CV, or some background information about yourself that is particularly relevant to the Committee(s) in which you are interested. Also, confirm for us that you have completed the on-line self nomination form and listed PSA on this form as an "ASA member" from whom they may be receiving a recommendation on your behalf. We will be happy to work with all interested PSA members to secure Committee positions which best fulfill your desire for service, the needs of ASA, and our state society as well.

The deadline for submission of all self and colleague nomination forms is January 15, 2008.

Therefore, for Society support, please contact us by **December 30, 2007**.

Erin A. Sullivan, MD  
University of Pittsburgh Medical Center  
200 Lothrop Street, PUH C-224  
Pittsburgh, Pennsylvania 15213  
Office: 412-647-3262  
Fax: 412-647-6290  
[esulliva@pitt.edu](mailto:esulliva@pitt.edu)  
Alternate District Director

Donald E. Martin, MD  
Department of Anesthesiology  
Penn State University College of Medicine  
P.O. Box 850  
Hershey, Pennsylvania 17033  
Office: 717-531-6140  
Fax: 717-531-5449  
[dmartin1@psu.edu](mailto:dmartin1@psu.edu)  
District Director



## Save the Date and Plan to Join Us!

ASA 2008 Annual Meeting

October 18-22, 2008

Orlando, Florida

# Treasurer's Report – 2007

by Donald E. Martin, M.D.

Dr. Martin presented a synopsis of the financial status of the Society at the Membership Meeting on October 13, 2007. As of August 31, the Society's total assets had increased \$117,286.00 since January 1, 2007. Almost all of the Society's revenue came from membership dues. The expenses of the Society, considering the Society's extensive legislative efforts this year, were very modest at approximately \$128,000.00. The primary expenses were for salaries and wages for the Society's administrative personnel, legal services, and government rela-

tions and lobbying services. The Society's expenses for the upcoming year may be somewhat higher, including the cost of expansion and revitalization of the Society's website, as well as efforts to enhance services provided to both patients and member physicians, and to increase the awareness of our medical specialty by citizens of Pennsylvania. These expenses would be, as each year, in addition to our ongoing legislative and regulatory efforts, and perhaps expanded efforts of our legal counsel in dealing with private insurers.



## Annual Report District Director, District 6, Pennsylvania

by Paul J. Schaner, M.D.

**August, 2007** The Pennsylvania Society of Anesthesiologists (PSA) has the following membership:

Active	1383
Affiliate	20
Resident	320
Senior	199
Honorary	1

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Total Membership 1923

The Current Executive Board consists of the following:

*President*

Erin Sullivan, M.D.

*President Elect*

Joseph Answine, M.D.

*Vice President*

Joseph Galassi, Jr., M.D.

*Past President*

Robert Early, M.D.

*Secretary Treasurer*

Donald Martin, M.D.

*Asst. Secretary Treasurer*

Steven Kimatian, M.D.

*District Director*

Paul J. Schaner, M.D.

*Alternate Director*

Donald Martin, M.D.

The year has been politically active. Governor Rendell introduced his health plan for Pennsylvania that lent impetus to the expansion of scope of practice and a re-introduction of a former bill by the nurse anesthetists to expand their scope of practice. The team approach was the key to prevention of passage. President Erin Sullivan and Vice President Joseph Answine articulated the case for patient safety before the House Licensure Committee in

Harrisburg and Pittsburgh. John Milliron, Esq. our lobbyist and his staff were relentless in making the case for patient safety. Their office was the keystone of the grassroots effort. Robert Hoffman, the PSA legal counsel provided additional input. PSA Legislative Chairperson Joseph Talerico, D.O., worked ardently to keep the membership updated. Z-PAC was supported by the membership and the remainder of the PSA Delegates, Alternate Delegates and Committees. Steven Whitehurst, M.D., the Educational Committee Chair, placed on our website footage of the actual hearing which highlighted the testimony of both sides to the membership. This kept the membership posted as to the important Licensure

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# PSA Annual Membership Meeting Highlights

## Legislative Successes in 2007 Set the Stage for our Medical Specialty in 2008

by Donald E. Martin, M.D.

Dr. Sullivan discussed the Society's successful efforts to defeat

Dr. Sullivan reported that over the past year the Board of Directors has recognized the need for a more formal organization for ZPAC, to allow it to expand and flourish. Therefore, Dr. Schaner, along with the PSA officers and the Board of Directors, have drawn up and approved Bylaws for ZPAC as an independent political action committee within the state of Pennsylvania. ZPAC will retain strong ties to our society with its officers appointed by the PSA president and the reporting of ZPAC financial status on an annual basis, to the PSA Board. Dr. Sullivan, in her address, announced her appointment of the Charter Officers of ZPAC; Paul Schaner, M.D., as the Founding Chair; Richard O'Flynn, M.D., as the Treasurer; John Milliron as the Vice Chair; and, John BianRosa, M.D., as the Assistant Treasurer. Dr. Sullivan, as Immediate Past President of PSA, will hold an ex-officiate office in ZPAC. The PSA members present at the meeting unanimously approved the report of the Bylaws Committee, presented by Stephen Kimatian, M.D., which were published in the last edition of the Sentinel and formally included ZPAC, as it has been reorganized, into the structure of the Pennsylvania Society of Anesthesiologists.

In May, the Society began probably its initial strategic planning process, under the direction of Joseph Seltzer, M.D. The initial phases of this process were described by Dr. Seltzer in the



The Annual PSA Membership Meeting was held on Saturday, October 13, 2007, in the San Francisco Marriott Hotel, in conjunction with the ASA Annual Meeting. It was attended by more than 75 PSA members and guests.

One highlight of the meeting was Dr. Sullivan's address, as the Society's president for 2006-2007, describing the Society's legislative successes in 2007, as well as the expansion and restructuring of ZPAC to promote our specialty's legislative agenda.

The Society's biggest legislative challenge during 2007 was the introduction of House Bill 1256, as part of Governor Rendell's "Prescription for Pennsylvania". This bill would have expanded the scope of practice of nurse anesthetists within the state, providing economic benefits to nurse anesthetists, but doing nothing to provide benefit to Pennsylvanians in terms of enhanced access or reduced cost of anesthesia care.

this bill. Drs. Sullivan and Answine testified at 2 very successful public hearings, excerpts from one of which are still available on the PSA website at [http://www.psanet.org/HB\\_1256.html](http://www.psanet.org/HB_1256.html). Extensive work by a record number of our individual members and our Government Relations Office, as well as inherent flaws in the Bill itself, led to the withdrawal of this Bill by its sponsors even before a vote was taken in the House Professional Licensure Committee. This bill was one of the few parts of the Governor's plan to expand the scope of practice of allied health providers which was not enacted.

Though the scope of practice issue will always remain with us, and nurse anesthetists will continually attempt to expand their responsibilities legislatively and in the regulatory arena, the resounding defeat of this bill should slow these efforts at least for this session of the state legislature.

Fall Sentinel At the invitation of Dr. Sullivan, Dr. Seltzer described more of the conclusions of this process to date, including several opportunities for the Society in the future, such as providing practice management and negotiating assistance to member groups, expansion of CME opportunities on the Society website, becoming more active in areas of public health and the health of our patients, outside the operating room, and especially the anesthesiologists role in directing multiple healthcare providers who will be assisting with anesthesia services in the future.

Finally, Dr. Sullivan thanked the PSA Board members who were either retiring or assuming new positions on the Board. She thanked Dr. Steven Bell for his 14 years of service on the Board, including service as a PSA president. Dr. Bell will be retiring from the Board this year. Second, she gave special thanks to Paul Schaner, M.D., for his service as Past President, District Director, and Board member for approximately 14 years. Dr. Schaner is also the founding member of ZPAC. For all of these accomplishments, Dr. Sullivan presented Dr. Schaner with a token of the Society's appreciation and he was recognized by the members present. Dr. Schaner, as he steps down after the traditional 6 years as District Director, will assume the position of Alternate Delegate and remain active on the Board of Directors.



## Z-PAC Contributors

Thanks to the following Anesthesiologists who contributed to Z-PAC since the last report, August 15, 2007:

Aras Ali, M.D.  
Boris Aronzon, M.D.  
Shawn Beaman, M.D.  
John Benedict, M.D.  
Jason Brannen, D.O.  
Karen Bretz, M.D.  
Michael Broennle, M.D.  
Glenn Carnicelli, D.O.  
Michael Casciotti, D.O.  
Jacques Chelly, M.D.  
Louis Colozzi, M.D.  
Stephen Comess, M.D.  
Robert Day, M.D.  
Bhaskar Deb, M.D.  
Richard Denovan, M.D.  
Robert Early, M.D.  
Patrick Forte, M.D.  
Anthony Fugaro, D.O.  
Joseph Galassi, M.D.  
David Geyer, M.D.  
Robert Goodman, M.D.  
David Goodman, M.D.  
James Greenberg, M.D.  
Ann Greiner, M.D.  
Jesse Hoover, M.D.  
John Edward Hopkins, M.D.  
Huchun Hu, M.D.  
William Johnson, M.D.  
Lisa Keglovitz, M.D.  
Larry Kim, M.D.  
Charles Kingsley, M.D.  
Benjamin Kline, M.D.  
Richard Kolesky, M.D.  
Michael Krawczyk, M.B.A.  
Murali Lakshmin, M.D.  
John Lang, D.O.  
Kirk Lindvig, M.D.  
Evan Lukow, MD  
Igor Maidansky, M.D.  
Adrian Maniu, M.D.  
Jeffrey Marshall, M.D.  
James Mathis, M.D.  
Keith Minnich, M.D.  
Paul Mintz, M.D.  
Craig Muetterties, M.D.  
Gail Munion, M.D.  
Margaret O'Brien, M.D.  
Brian Obst, D.O.  
Teresa O'Flynn, M.D.  
Steven Orebaugh, M.D.  
Juhan Paiste, M.D.  
Phyllis Parcella, M.D.  
Neelima Parikh, M.D.  
Roma Patel, M.D.  
Dennis Pellecchia, M.D.  
Dean Polce, M.D.  
William Porter, M.D.  
Michael Robinson, D.O.  
Ricardo Rodriguez, M.D.  
Ryan Romeo, M.D.  
John Salus, D.O.  
Paul Schaner, M.D.  
Andrea Schellenberg, M.D.  
Kevin Schmalenberger, M.D.  
Sneed Shadduck, M.D.  
James Shaheen, M.D.  
Jeffrey Simons, M.D.  
Garen Simonyan, M.D.  
Ronald Smith, M.D.  
Stephen Strelec, M.D.  
Carol Szarko, M.D.  
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Amy Thompson, M.D.  
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Joseph West, M.D.  
Wen-Shiong Yang, M.D.

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(Philadelphia)

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T. Dexter Girdharry, M.D.

(Hershey)

Sanjay Dabas, M.D. (Resident Member)

(Hershey)

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*ASA House of Delegates*

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Mary Bolden, M.D.

Robert Campbell, M.D.

Barbara DeRiso, M.D.

David Gratch, D.O.

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Steven Neeley, M.D.

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John K. Stene, M.D., Ph.D.

(Hershey)

Rajindar K. Wadhwa, M.D.

(Pittsburgh)

Bhaskar Deb, M.D.

(Reading)

# Annual Report

continued from page 5

Committee testimony. The PSA Newsletter, the Sentinel, printed a special Legislative Update for the membership. These were the key players in the game. The support of the Washington office and the letter of support from President Mark Lema were helpful. Joseph Answine, who is a member of the Pennsylvania Medical Society's (PMS) Specialty Society Cabinet, worked to assure PMS support. Erin Sullivan enlisted the support of our surgical colleagues. Bottom line all hands were on deck. While the initial skirmish is won, the continued desire to increase scope of practice remains. Vigilance, as always, is required; the Harrisburg watch continues. The team must be ready to respond at anytime. This is essential.

Steven Whitehurst, M.D. Chair of the Educational Committee has worked to develop our website

education at [www.psanes.org](http://www.psanes.org) with the first module in place for CME. Carol Rose, M.D., authored the module on anesthesia for ECT. This program provides AMA Category 1 credit and is free of charge to PSA members on the "Members Only" section of the website. There are other useful links to more than 20 other pain, general, anesthesia, and patient safety/risk management CME programs. This is a positive for our membership. I look forward to the expansion of this effort. Joseph Talerico has addressed insurance along with legislative issues. He is currently working to address the Humana Policy to no longer reimburse for anesthesia for endoscopies except for indication. Don Martin, M.D., has continued to function as the Secretary-Treasurer in fine fashion with the support of the PMS

secretarial staff. Maria Elias of the Pennsylvania Medical Society has been most helpful with blast e-mails and the Newsletter. Joshua Atkins, M.D. who had been an active resident member is currently a staff member. He has continued to work with the resident members. The resident members have been active and a valuable asset to PSA. I applaud their support of the political process and of Z-PAC. I thank all who have made this year a success for PSA.

I commend the PSA for its fine work. Whenever elected to an office, one duty is to ensure your predecessor(s) are in the wings... This will be my last report as District Director. I am impressed with the dedication and ability of the PSA Society leadership. I am confident they will successfully guide the PSA through the challenges.

## Visit the PSA Website [www.PSAnes.org](http://www.PSAnes.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.



# The Tri-State Anesthesiology Administrative Group (TAAG) A Regional Practice Management Resource

by Hugh V. Morgan, CMPE, President, TAAG, Director, AtlantiCare Anesthesiology

Hardly a day passes when our specialty is not confronted with a variety of critical practice management challenges that threaten the very survivability of anesthesiology practices in our region and throughout the country. These challenges include Pay for Performance (PQRI), Medicare Rate Adjustments, Insurance Negotiations, Recruiting & Retention, and Hospital/Health System Subsidy Negotiations. In many ways, Anesthesiology has become as complex and challenging with respect to practice management as it has for the provision of safe, quality clinical care. Without question, the comprehensive complexity of anesthesiology practice management requires experienced and dedicated administration to ensure practice success and sustainability in our volatile health care market.

In the Greater Philadelphia region, a group of anesthesiology practice management professionals and business partners have created a collegial organization to collectively and openly address the administrative challenges facing the region's anesthesiology practices. The Tri-State Anesthesiology Administrative Group (TAAG) was developed by a small group of Philadelphia anesthesiology practice administrators in the late 1990's and after a brief period in which the group disbanded, the organization reformed in 2003 with current membership representing nearly 30 anesthesiology practices and business partners throughout Pennsylvania, New Jersey, Delaware and Maryland.



The continued success of TAAG is not only dependant upon the sustained interest and dedication of its current membership, but also in the interest of prospective members who offer diverse insight and expertise in contributing towards the advancement of anesthesiology practice management throughout the region.

TAAG is simply a forum for the open dialogue about national and regional practice management issues affecting the specialty of anesthesiology so that each member uniquely gains from the collective exchange of ideas and expertise of the group. In addition, TAAG typically invites renowned guest speakers to attend the quarterly meetings to present and discuss a current practice management topic. Although TAAG is one of only a few regional anesthesiology practice administrative groups in the country, its value has been proven both through the successes and sustainability of the individual member practices as well as TAAG's ability to collectively address the regional and national practice management issues that continue to challenge the specialty. It should be noted that the TAAG Bylaws acknowledge, and members are aware of and in compliance with, the Stark anti-trust rules and regulations.

**TAAG conducts quarterly membership meetings in the Greater Philadelphia region and welcomes the interest and participation of new members. The next TAAG meeting is scheduled to be held at Pennsylvania Hospital in Philadelphia, PA on February 13th, 2008 from 1:00-3:00pm. If any of your group's practice administrators would like to attend this meeting, are interested in becoming a member of TAAG, or have any questions, please feel free to contact me directly at 609-748-7088 or by email, [hugh.morgan@atlanticare.org](mailto:hugh.morgan@atlanticare.org).**

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# 2007-2008 Officers Elected

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## Executive Committee

Chairman, Joseph Answine, M.D. (Harrisburg)  
Joseph Galassi, Jr., M.D. (Allentown)  
Stephen Kimatian, M.D. (Hershey)  
Donald Martin, M.D. (Hershey)  
Erin Sullivan, M.D. (Pittsburgh)  
Patrick Vlahos, M.D. (Pittsburgh)

## Insurance and Legislation Committee

Chairman, Joseph Talarico, D.O. (Pittsburgh)  
Vice-Chair, Paul Schaner, M.D. (Pittsburgh)  
Shawn Beaman, M.D. (Pittsburgh)  
John BianRosa, M.D. (Philadelphia)  
Robert Campbell, M.D. (Lebanon)  
Edward Dench, M.D. (State College)  
Robert Early, Jr., M.D. (Reading)  
Stephen Kiamtian, M.D. (Hershey)  
Patrick McGannon, M.D. (York)  
Richard O'Flynn, M.D. (Rose Valley)  
Mark Shulkosky, M.D. (Erie)  
Erin Sullivan, M.D. (Pittsburgh)  
Margaret Tarpey, M.D. (Pittsburgh)  
Joseph McComb, D.O. (Philadelphia)  
Heather Girdharry, D.O. (Hershey)

## Judicial Committee

Chairman, Sean Kennedy, M.D. (Philadelphia)  
Robert Early, Jr., M.D. (Reading)  
Craig Muetterties, M.D. (Glen Mills)  
Carol Rose, M.D. (Pittsburgh)  
Erin Sullivan, M.D. (Pittsburgh)

## Membership Committee

Chairman, Patrick McGannon, M.D. (York)  
Donald Martin, M.D. (Standing Member) (Hershey)  
Teresa Hayes O'Flynn, M.D. (Rose Valley)  
Craig Muetterties, M.D. (Standing Member) (Glen Mills)  
James Cain, M.D. (Pittsburgh)

## Physician Resources Committee

Chairman, Barbara DeRiso, M.D. (Pittsburgh)  
Scott Helsley, M.D., Ph.D. (Fairview)  
Richard O'Flynn, M.D. (Rose Valley)  
Margaret Tarpey, M.D. (Pittsburgh)  
Sanjay Dabas, M.D. (Resident Member) (Hershey)

## Professional Relations Committee

Chairman, Robert Early Jr., M.D.  
Joseph Answine, M.D.  
Patricia Dalby, M.D.  
Joseph Galassi, Jr., M.D.  
James Smolko, M.D.  
Andrew Herlich, M.D.  
David Heyman, M.D.  
Michael Brody, M.D.

## Committee on Pain Management

Chairman, Robert Campbell, M.D.  
Rajindar Kumar Wadhwa, M.D.  
Vitaly Gordin, M.D.  
Joseph Galassi, Jr., M.D.  
John Johnson, M.D.  
Michael Weaver, M.D.  
Michael Ashburn, M.D.  
Jill Eckert, D.O.

## President's Message

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(Reading)  
(Harrisburg)  
(Pittsburgh)  
(Allentown)  
(York)  
(Pittsburgh)  
(Ridley Park)  
(Beaver)

(Lebanon)  
(Pittsburgh)  
(Hershey)  
(Allentown)  
(Altoona)  
(Lancaster)  
(Philadelphia)  
(Hershey)

SLC. I have no doubt that he will represent us well. Furthermore, I am currently on a committee of the SLC addressing the planned regulatory changes for Certified Registered Nurse Practitioners. The PSA is lending our expertise on issues dealing with scope of practice of nurse specialists. After all, we want physician involvement in all aspects of the patient's care. Continued communication with our state medical society is vital because we do not live in a "medical vacuum". All specialties eventually are involved.

We plan to maintain a dialog with the Pennsylvania Association of Nurse Anesthetists on issues of common interest. Undoubtedly, issues pertaining to scope of practice will always be there, however, there are many areas where we have common ground such as sedation by non-anesthesia providers or appropriate reimbursement for anesthesia services. An open dialog with their executive committee and membership is essential to achieve all of our goals.

The PSA plans to enhance the Society's advocacy efforts with insurers and private payers,

as they continually test new ways to reduce reimbursement for anesthesia services. Many of our members contact the PSA board describing the many situations where they are refused payment. We will continue to use our resources to evaluate the claims, and look for solutions to aid our membership in receiving appropriate reimbursement.

Lastly, we want to be there for you, our membership. We are striving to have easy, quick and effective routes of communication with the membership whether via the website, e-mail, the newsletter or mailings. An important part of our strategic plan is an overhaul of the website in order to provide easier access and more information for our members as well as our patients. We are also in varying stages of development of three regional membership meetings for informational and educational purposes.

That is quite a full plate for the coming year (or years). Let's see what we can accomplish as the strong, cohesive specialty society that we (and many of our colleagues) know we are.

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- Customized reports
- Verification of patient insurance eligibility
- Aged AR recovery program

# It Isn't Over Yet – The PANA Attacks Continue

by Joseph F. Answine, M.D., President, Pennsylvania Society of Anesthesiologists, Representative to the Specialty Leadership Cabinet of the Pennsylvania Medical Society, Alternate Delegate to the Pennsylvania Medical Society and Delegate to the American Society of Anesthesiologists

During the summer, we were happy and relieved that House Bill 1256 appeared to have died in committee, and our patients in Pennsylvania would continue to have physicians involved with their anesthesia care. We were wise enough however to know that the nurse anesthetist scope of practice issue and the PANA would be heard from again. Our reprieve, however, was much shorter than even we expected. Recently, a six page document has been circulated by the Pennsylvania Association of Nurse Anesthetists (PANA) to members of the House Professional Licensure Committee. The title of his document is: "A response from the Pennsylvania Association of Nurse Anesthetists to Assertions Made by the Pennsylvania Society of Anesthesiologists Regarding House Bill 1256".

Here are just a few quotes from this document:

"The PSA claims that anesthesiology is the practice of medicine, not nursing."

"As reimbursements for anesthesia has dwindled, many anesthesiologist groups are now maximizing their "supervision" ratios so that one anesthesiologist is now overseeing up to four CRNAs at a time. This is being done to preserve salaries....."

"Also, anesthesiologists often bill additionally for pre, intra, and postoperative medical services as part of their care while CRNAs often provide that same care for free....."

"The PSA has viciously attacked the quality of care provided by CRNAs by citing an erroneous retrospective study completed in 2000 known as the infamous "Silber Study". This horribly flawed

study has been totally refuted. It was so scientifically inaccurate that it was turned down for publication by multiple peer reviewed journals....."

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## Welcome New Members

### PSA Affiliate Member

Jamal Habboush, MB, ChB  
PSA Active Members  
Active Members  
Nicholas DeAntonio, MD  
Michael Ashburn, MD  
Price Bradshaw, III, MD  
James G. Cain, MD  
Patrick Fall, DO  
Leonardo Gendzel, MD  
Glenn Keyser, MD  
John McCloskey, MD  
Brenda MacKnight, MD  
Gregory Olenic, MD  
Evelyn Oteng-Bediako, MD  
Mark S. Poler, MD  
Christina Reiter, MD  
Paul Resnik, MD  
David M. Richlin, MD  
Sanjay M. Shah, MD  
Garen Simonyan, MD  
Kieran Slevin, MD  
Chee Woo, MD  
Mikhail Zelkind, MD  
Keith M. Zora, DO

### Residents

Rammy I. Alam, DO  
Subramanya Bandi, MD  
Michelle Beam, DO  
Geneva Berwith, MD

Nikhil D. Bhatnagar, MD  
Brian Blasiolo, MD  
Cheri Camacho, MD  
Kristian Delgado, MD  
Mariam M. El-Baghdadi, MD  
Stephen A. Esper, MD  
Gagandeep Goyal, MD  
Lindsay J. Goelscher, MD  
Meera Gonzalez, MD  
Denise M. Hall-Burton, MD  
John J. Hache, MD  
John Y. Jun, MD  
Nishanthi Kandiah, MD  
Javier Kaplan, MD  
Ambareen A. Khan, MD  
Jerome Lee, MD  
Mark I. Lischner, DO  
Mark W. Mancusu, MD  
Amber Martin-Ross, MD  
Koshy M. Mathai, MD  
Paul S. Matharoo, MD  
Wallis T. Muhly, MD  
PSA Resident Members  
Joseph Aloji, MD  
Sean Fogler, MD  
Yi Hua, MD  
Dewan Haque, MB, BS  
Pramood Kalikiri, MB, BS  
Thandie Nyirenda, MD  
Antonio Poto, DO  
Jennifer Smith, MD  
Chen Wang, MD

“Only the last two years of residency are focused on anesthesia.....”

Basically, CRNAs are advanced practice nurses who have chosen to complete a three-year, post-graduate sub-specialty training program in anesthesia, which leads to a Master’s degree in nursing or anesthesia. By 2015, we will see that requirement rise to a Clinical Doctorate.....”

Much of what is stated in the letter is inaccurate and actually quite inflammatory. Since it is important that our members know what is being said about them, we are posting the entire document sent to the House Professional Licensure Committee in the members section of the PSA website, and I encourage you to take a moment and read it. I will make a few comments based on my thoughts after reading the PANA document. You will likely come up with a few of your own.

First, why do we claim that anesthesiology is the practice of medicine and not nursing? We make this claim because the art and science of anesthesiology is not just administering anesthetic medications. That is the easy part. The challenge is in the ability to quickly and thoroughly determine a patient’s overall state of health, and prescribe an anesthetic plan that will accomplish the ultimate goal of providing for a safe and pain free surgical procedure. The tricky part is taking into consideration all of the underlying health issues that could potentially interfere with the safe delivery of the anesthetic. Those health issues could involve vital organs such as the heart, lungs, peripheral vasculature, kidneys and liver. Diseases involving any vital organ could prove to be life threatening under anesthesia. If Anesthesiology is not the practice of medicine, then nothing is.

Anesthesiologists providing anesthesia directly or supervising up to four CRNAs has been the standard of care for years. This is not a new concept recently developed to maximize our incomes as stated in the PANA document. Furthermore, I find their insinuation that we are driven by “our salaries” as incredibly offensive and an insult to all anesthesiologists.

The authors of the document spend a lot of time discussing the presumed shortage of anesthesiologists in Pennsylvania. They, therefore, argue that it is appropriate for CRNAs to be unsupervised. In recent years, our residency programs have had great success in not only filling their residency positions, but filling them with many of the best and brightest young physicians available. Furthermore, if an anesthesiologist is unavailable to supervise, then the CRNA can be supervised by the operating physician. If the operating physician is also not available, then I guess the CRNA can deliver the anesthetic alone. However, without the presence of a physician to perform the procedure, having a CRNA provide an anesthetic would seem terribly unnecessary. Sorry for the sarcasm, but there is virtually always an anesthesiologist and/or operating physician available to appropriately supervise a CRNA. It is also very short-sighted to correct a shortage of physicians by allowing individuals that are not appropriately trained as a physician to act as one. Remember, “patient safety” is our ultimate goal.

The PANA lists the average salary of anesthesiologists and compares it to that of CRNAs. I will not include the actual numbers that are listed because I am not sure that it is appropriate to do so, or that the numbers are even accurately depicted. The number of

hours worked in an average week by CRNAs is much lower than that of anesthesiologists. Nevertheless, they use these figures to make the case that a CRNA is much more cost-effective than an anesthesiologist. I actually think, however that they make a very good case for a CRNA being the least cost-effective. A CRNA directly provides anesthesia, however an anesthesiologist can not only provide anesthesia; but prescribe the anesthetic and care for the patients throughout their entire peri-operative course from the surgical holding area, into the operating room and post-operatively in the recovery room or intensive care unit, treating illness that arises at any point along the way. Furthermore, the average salary of CRNAs makes them the highest paid nurses in the state, and they likely earn an income greater than many primary care physicians. That’s cost-effective?

The PANA again attacks the validity of the “Silber Study”. They state that it was turned down by multiple peer reviewed journals, but they fail to mention that it was published in the July, 2000 edition of Anesthesiology, one of the four most respected Anesthesiology journals in the world. The document states that the study must be flawed because a death rate of 2.5 individuals per 1000 cases when an anesthesiologist was not involved was ridiculously high. I agree! That is ridiculously high, therefore an anesthesiologist should be involved with every patient undergoing anesthesia. The letter then quotes David Longnecker, MD, former Chairman of the Department of Anesthesiology at the University of Pennsylvania and described as “one of [the article’s] senior authors”, as saying the study “in no way compares the

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## The PANA Attacks Continue

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quality of care provided by different types of anesthesia providers". Dr. Longnecker in a recent e-mail to the PSA stated that it "...is the most slanderous attack on our work" and that "Our paper clearly states that we explored whether the presence of an anesthesiologist made a difference in 30 day post surgery mortality – somehow they seem to ignore that primary point." The "Silber Study" still stands as a significant piece of research demonstrating the importance of an anesthesiologist in the care of surgical patients.

After all of these years; the PANA has demonstrated that they are not mathematicians, or have not done their homework enough to know that our residencies are at least four years in duration. Furthermore, they continue to emphasize that only a portion of our residencies are "focused on anesthesia". They are absolutely correct. They rest of the time we are focusing on cardiology, pulmonary, neurology, nephrology as well as many other areas of medicine. Why is this important? It is important because we are physicians first and then anesthesiologists.

The PANA states that by 2015, all CRNAs will be required to have a clinical doctorate. I find this to be very confusing. Why not get a degree of Doctor of Medicine, and then we can stop having this discussion.

