



## PRESIDENT'S MESSAGE

# In Politics, Being Right Is Not Enough

by Steven W. Neeley, M.D., President

We have had many important and exciting events take place since our last newsletter.

Recently we had testimony given in the Pennsylvania House Professional Licensure Committee regarding House Bill 1866 by Drs. Carol Rose and Joe Answine. This was a bill introduced by the Nurse Anesthetists to allow the Board of Nursing to determine how and what supervision should be, instead of the Board of Medicine. In other words, the Nurse Anesthetists again tried to pass a bill that would change their scope of practice. We firmly believe that patient safety and care would suffer and opposed this bill.

Due to the large turnover in the state legislature, this bill initially had many sponsors, most of whom were unfamiliar with this issue. A very successful fall legislative reception started the education on scope of practice for our lawmakers and John Milliron & Associates have continued to follow up.

But make no mistake, without each of us contacting our own



representatives and being available to answer their questions and becoming "real faces" to them, no amount of work by Milliron & Associates will get our message across.

Dr. Rose and Dr. Answine did a remarkable job in their testimony. Both are past PSA presidents and Carol was also previously a Pennsylvania Medical Society President, as well as recently elected Chair of the Pennsylvania Board of Medicine (congratulations).

What this did teach me is that just being right is not enough. Just having success in the past on the scope of practice issue has no

bearing on the future. We need to constantly take part in the legislative process. Now, more than ever, we have to make a difference in how laws and regulations are made and passed.

I have in the past spoken of the need to introduce yourself (if you haven't already) to your state representative and senator. They want to meet you, they want to know you. But the very least we all should expect from every member of PSA is to be part of and contribute to Z-PAC – our Political Action Committee.

To be a vital force in lawmaking, we need to be of financial help to those legislators who support our positions regardless of their party affiliations. Please support Z-PAC. I have found that setting up payroll deductions in my group has been a simple and painless way to contribute.

That leads me to my next item: we soon will be launching our new PSA website (March 17 is our tentative date) and for those who are not eligible or don't have payroll deductions there will be a page for Z-PAC contributions.

This new site will have information for members as well as the

# Spring 2010



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ANESTHESIOLOGISTS

### Sentinel

Pennsylvania Society of  
Anesthesiologists Newsletter

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The PSA Newsletter is an official  
publication of the Pennsylvania  
Society of Anesthesiologists Inc.  
Opinions expressed in this newsletter  
do not necessarily reflect the Society's  
point of view. All correspondence  
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# PSA Members Testify Against CRNA Scope of Practice Bill

by John Milliron, PSA Legislative Counsel

Two former presidents of the Pennsylvania Society of Anesthesiologists (PSA) made very persuasive arguments against House Bill 1866 on Jan. 26 during a Pennsylvania House Professional Licensure Committee's public hearing.

The Bill is supported by the Pennsylvania Association of Nurse Anesthetists (PANA), and would give the Board of Nursing authority the right to expand the scope of practice of nurse anesthetists.

PSA representatives, Joseph Answine, M.D., and Carol Rose, M.D., effectively defended the continued need for physician supervision of anesthetics throughout the state, and the maintenance of high standards of the medical practice of anesthesiology. They first described the differences in education between CRNAs and physicians and then described how HB 1866 will reduce patient safety by lowering the standards for supervision by anesthesiologists without providing any corresponding patient benefits in the form of increased access or decreased costs.

They stressed that language in HB 1866 would dilute current requirements for physician supervision of anesthesia provided by CRNAs to "overall direction," a currently undefined term that would be left to be defined by the Board of Nursing. In this way, establishing the actual standards for medical practice, or medical supervision, would be left to the Board of Nursing and would likely be loosely interpreted. This, in effect, would lead to independent practice.

Language in the bill allowing supervision only by means of



"electronic communication" might negatively impact patient care. By eliminating anesthesiologists from the care of patients, more consultants would be needed to take care of patients preoperatively and postoperatively, likely increasing rather than decreasing costs of care.

Further, access to care would not be increased by this bill, as anesthesiologists are already present in more than 98 percent of hospitals in the commonwealth.

Dr. Answine explained that PANA and PSA had reached agreement on scope of practice issues in 2008, but that PANA eventually rejected the agreed-upon language and the discussions ended. They ended their remarks with compliments to CRNAs, the care they provide, and the strength of the anesthesia care team.

James Goodyear, M.D., a general surgeon and president of the Pennsylvania Medical Society, testified as well. We gratefully acknowledge Dr. Goodyear's excellent testimony, which strongly supported PSA's position.

Dr. Goodyear commented that this bill would muddy the relationships between surgeons

## Current sponsors of House Bill 1866

Marc Gergely – D Allegheny  
Steve Barrar – R Delaware  
Bryan Barbin – D Cambria  
Robert Belfanti – D Columbia  
Matt Bradford – D Montgomery  
Joe Brennan – D Lehigh  
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Todd Eachus – D Luzerne  
Karen Beyer – R Lehigh  
Bryan Lentz – D Delaware

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# House Bill 1866 – Complacency Is Our Biggest Enemy

by John P. Milliron, PSA Legislative Counsel



You will see articles throughout this edition of the Sentinel on the latest version of legislation for independent practice of CRNAs being pushed by PANA. It is House Bill 1866.

There is an article on the public hearing held on

Jan. 26 by the House Professional Licensure Committee (the third hearing in four years) in Harrisburg. There is a listing of every House member who sponsored HB 1866 (are any of them your representative?) The President's column by Steve Neeley discusses why this issue is so dangerous to your patients and your specialty.

As your lobbyist, I am now going to cut to the chase and tell you what is in this bill and why you must do something!

This is the fifth version of legislation that would eliminate physician supervision of CRNAs for the administration of anesthesia in a hospital setting. The first version was HB 50 and it was introduced in March of 1999.

Other bills have been introduced every two years since then. Some of the versions used the word "cooperation" instead of supervision. Others have called for "collaboration" between the physician and the CRNA. Now this version, HB 1866, uses the term "overall direction" and removes supervision.

All of them accomplish the same goal: they eliminate physician supervision and replace it with a term that will be defined by

the Board of Nursing. None of the terms that are used in their legislation are defined (intentionally, I am sure).

Therefore, since the legislation amends the nursing statute, the Board of Nursing has the responsibility to define all terms contained in the new law. I assure you that the definition of cooperation or collaboration or overall direction will not look anything like the currently accepted practice of supervision!

Now that you know the issue — you must respond. We are asking you to do two things:

1. Call your state representative's local office and leave them a message that you oppose H.B. 1866 because it will lower the quality of care that patients receive in a hospital. You know why — leave that short, polite message.

2. Then send a follow up e-mail to the representative repeating the same message.

All email addresses are quite simple: first initial and last name, and then if they are a Democrat it is followed by @pahouse.net and if they are a Republican it is followed by @pahousegop.com. To find their local phone number and party affiliation — or even to find out whom your representative is — go to [www.legis.state.pa.u](http://www.legis.state.pa.u).

This entire process will take a total of seven to 10 minutes. In the past, hundreds upon hundreds of anesthesiologists wrote letters and made calls against PANA legislation. For whatever reason, the CRNAs are wearing you down and you are not making those same calls and writing those same letters this year. COMPLACENCY!! Make that call and send that email today.

PSA WITNESSES TESTIFY

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and CRNAs with regards to the hierarchy within the operating room rather than strengthening the collaboration between CRNAs and physicians.

Two PANA representatives, Joseph D'Amico and K. Stephen Anderson, testified on behalf of nurse anesthetists. Their testimony emphasized their positions that it is currently difficult to retain CRNAs in Pennsylvania and that HB 1866 would simply place current nurse anesthesia regulations into statute and change nothing with regard to CRNAs' current scope of practice.

Although PANA refused to call this bill "scope of practice" legislation, Rep. Mark Gergley, the bill's prime sponsor, called it exactly that. Another interesting note is that Rep. Gary Day, who has in his district our past president, Joseph Galassi, M.D., as well as past PANA president, Joseph D'Amico, CRNA, and was a co-sponsor of the bill, withdrew his co-sponsorship.

Members of the House Professional Licensure Committee asked both PANA and PSA representatives about the role of anesthesiologist assistants. Dr. Answine answered for PSA that: "We want physicians, especially anesthesiologists, involved with the delivery of all anesthetics, and we respect the anesthesia care team. If there is truly a shortage of CRNAs, we may want to consider it. Again the 'anesthesia care team' is the model according to which we pattern all future situations."

All in all, we had a strong showing and the comments afterward were quite complimentary.

# CRNP Bill Among Topics at Society Specialty Leadership Cabinet Meeting

by Joseph W. Galassi, Jr., M.D., Representative to the PA Medical Society's Specialty Leadership Cabinet

The Pennsylvania Medical Society's Specialty Leadership Cabinet (SLC) meets regularly to discuss issues that are both unique to individual specialties as well as common to many, if not all specialties.

The most recent meeting of the SLC was held on Feb. 2. Karen Rizzo, M.D., an ENT surgeon, chaired the meeting for the first time.

Dr. Rizzo started the meeting by asking all the specialties what the most pressing issues were for them at this time. Not surprisingly, there were a number of recurring themes, both at the state and national level.

Among the items mentioned at the national level: health care reform, Medicare reimbursement/Sustainable Growth Rate (SGR), pay for performance, and CMS changes with respect to admission vs. observation and the elimination of consultative service reimbursement. At the state level, recurrent themes included manpower issues, malpractice/Mcare, reimbursement and scope of practice.

Yes, I did say, scope of practice. What I heard was that many, many specialties, from family practice to surgical specialties, are ALL dealing with scope of practice. Many are not at the degree of involvement as our specialty has dealt with for a long time.

Nevertheless, mid-level practitioners are all pushing to expand their scope of practice.

Some examples include CRNPs with their recently finalized regulations that include an expansion of their ability to prescribe

Schedule II drugs; audiologists wanting to diagnose and treat hearing loss; and optometrists wanting to do surgery. All are examples of infringements into the practice of medicine. All are examples of groups wanting to get, via legislation/regulation, what they couldn't or didn't get via education.

The meeting then discussed areas of collaboration. Three topics were discussed.

- First, a request to have the SLC support legislation that would protect the rights of oncology patients and ensure that they have equal access to treatments deemed necessary and appropriate by their health care providers. Specifically, the legislation would call on all health insurers to cover chemotherapy regardless of its route of administration.

Currently, most insurers cover IV chemo, but PO chemo falls under a prescription drug plan if at all. This results in cancer patients having much larger out-of-pocket expenses.

- The second topic was House Bill 1866, CRNA Scope of Practice. The Pennsylvania Medical Society has already written and spoken out in opposition of HB 1866. The SLC members were asked to support PSA as well on this matter.

A focused discussion regarding the bill as it is currently written ensued and appropriate questions were answered. The hope is for other state societies to express their opposition as well.



- The third topic was House Bill 1188, Ophthalmic Surgical Patient Protection Act. This legislation is written to protect patient safety and allow eye surgery only in the hands of medical doctors. This legislation is in response to a push from optometrists to perform surgery.

The next focus of discussion was an update of legislative and regulatory priorities. Larry Light, of the Pennsylvania Medical Society's Governmental Affairs Department, presented a renewed grassroots effort that Pennsylvania Medical Society and the Pennsylvania Medical Society's Political Action Committee (PAM-PAC) will be starting shortly.

If you are a Pennsylvania Medical Society member and are interested in getting involved, stay tuned as this rolls out.

Don McCoy, of the Pennsylvania Medical Society's Governmental Affairs Department, gave a summary of the final CRNP regulations. Physicians are no longer limited in the number of CRNPs with which they can have written collaborative agreements and CRNPs can now write for up

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# The Story of Bear – and How it Relates to Health Care Reform

by Joseph F. Answine, M.D.

Bear took his last breath on Dec. 11, 2009; almost 12½ years after his birth. The old Labrador retriever had an insecure start, having two owners by the age of 3 and heading for his third.

His fortune changed, however, when he met his third owner and moved into the home where he would spend the rest of his life. Bear was incredibly obedient; always coming when called, never biting a soul and never venturing far when his owner was around.

There is nothing like the blind faith and obedience of a dog. Actually, there was nothing blind about it, because in return for his excellent behavior, he received everything he was promised; a great home, amazing care and a kind, loving master. There was a rela-

tionship based on trust that each would do their part, and they did above and beyond expectations.

So what does this dog's story have to do with health care? Sadly enough, Bear's story and our current health care situation have absolutely nothing in common.

How much trust did we have in our federal government when they asked us to follow along as they worked to dramatically alter our health care system without giving us any say in the process or final product? How comforting was it when our national medical organizations defied our wishes and supported national health care reform when the majority of physicians felt it would potentially destroy the fabric of our current system?

Should we believe our state legislators when they ask for our support, and in return stop the introduction of legislation that would dismantle the anesthesia care team that has provided safe and effective anesthetics for decades? Do we feel the love and trust when our hospital administrators



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## Here's Your Chance to Affect Political Climate

by Paul J. Schaner, M.D.

Each snowflake is a unique, beautiful masterpiece, a harmless lacy speck of crystallized water. It can be easily blown away or destroyed by a single breath. The flake's half life is temperature dependent, but with the proper environment it becomes a formidable foe.

This power has been repeatedly demonstrated across our country. The fury of winter has released countless numbers of flakes upon a vast area from the South to the Midwest on a seemingly weekly basis, bringing many states to a standstill.

This was no more evident than in Washington, D.C. Power outages were rampant. The government ground to a standstill.

The tiny snowflakes triumphed over all.

The winds are howling over the political plains of America. Many a voter is rapidly cooling to the politician's disregard for spiraling out-of-control spending. The non-job recovery is frosting the unemployed.

The thinking public is crystal clear that the backroom politics and health care reform so produced is not wanted. The fear that the war on terror is on the back burner is about the only change that has become transparent. Granting terrorist constitutional rights with costly public state-side trials has sent a chill across the nation. The election results in Virginia, New Jersey and Mas-

sachusetts are storm warnings of a potential whiteout of the political landscape of epic proportions.

The current eye of the storm is the voter. You can by joining the effort leave the politicians wide eyed in disbelief. It will take more than an icy stare to carry the day. Cold cash and plowing ahead with dedicated concern will clear the road to victory.

Your local weather forecast indicates an approaching storm. The local weather, as always, is most important. Will you help the storm develop its fullest possible intensity? Join Z-PAC and ASA-PAC today.

# Z-PAC Treasurer's Report 2009

by Richard O'Flynn, M.D.



Your Political Action Committee continues to be active in Harrisburg. With all the changes that have occurred in Harrisburg after the last election, our lobbyists (Milliron Associates) have had a busy year bringing our issues to legislators. We ended 2009 with a very successful legislative reception that was attended by a large number of anesthesiologists and members of the legislature.

Financially, Z-PAC was affected by the general economic climate. There was a decrease in the total amount and the number of physicians who contributed to Z-PAC.

Our campaign contributions to candidates were almost equally divided between Democrats and Republicans. The sole deciding factor of support for a candidate was based on the candidate's decision to support patient safety in regard to anesthesia. A full report and breakdown will be available on the "Members Only" section of the PSA website ([psanes.org](http://psanes.org)) starting on March 17.

We anticipate another year of challenges to physician involvement with anesthesia care. We will continue to educate legislators about the need for anesthesiologists in the delivery of safe anesthesia care.

As this is being written, there is a bill in the House of Representatives HR 1866, introduced by Representative Marc Gergely, that would change the care team model and allow a CRNA to collaborate with a physician of his/her choice via electronic communication when the operating team is comprised entirely of non-physicians. The names of the current sponsors of this bill are listed on page 3. As always, Z-PAC can only be successful through your financial contributions. You can contribute

online at the PSA website or mail a check. There are also many groups in the state that have instituted a payroll deduction program.

While everyone is struggling in this economic downturn, can you really not afford to support the PAC? If we don't feel that it is important enough to get our issues heard, there are many that are willing to jump in our place and push their issues.

The Pennsylvania Association of Nurse Anesthetists' Political Action Committee remains very active and strongly supported financially by its members. We need to remain the voice of anesthesia safety in Pennsylvania.

If you are one of the contributors to Z-PAC last year, we thank you for your support. Elsewhere in this newsletter is a list of contributors for 2009. Check the list for your partners/associates names. Encourage those who are not on the list to join our effort. It is only through the contributions of everyone that we can accomplish our goal – the safest anesthesia possible for everyone.

## Yes, I want to contribute to Z-PAC

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Address \_\_\_\_\_

Contribution Amount:  \$120       \$50       \$30       \$25

Single Contribution       Quarterly Contribution       Monthly Contribution

1 X \_\_\_\_\_      4 x \_\_\_\_\_      12 x \_\_\_\_\_

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Jialin Zhou, M.D.  
Lawrence Zohn, M.D.  
Janis Zvargulis, M.D.



# Revisions to Medicare Conditions of Participation Affect Anesthesia Services

by Donald E. Martin, M.D.

In December of 2009, the Centers for Medicare & Medicaid Services (CMS) issued interpretive guidelines (IG) that made sweeping revisions to the hospital conditions of participation regarding anesthesia services. These guidelines revise and clarify the rules governing many aspects of anesthesia services. Changes in the following requirements are notable:

- how anesthesia services must be organized in a hospital;
- the qualifications that are needed to provide, and whether physician supervision is needed for, certain anesthesia services;
- the components of an adequate preoperative evaluation, and by whom it can be performed;
- the requirements for intraoperative medical direction of nurse anesthetists, including the proximity of anesthesiologists;
- and the requirements for an acceptable postoperative evaluation.

These guidelines make a clear regulatory distinction between “anesthesia” and “analgesia.” CMS considers “anesthesia” as the administration of a medication to produce a blunting or loss of:

- pain perception (analgesia);
- voluntary and involuntary movements;
- autonomic function;
- and memory and/or consciousness.

In contrast, “analgesia” involves the use of a medication to provide relief of pain through the blocking of pain receptors in the peripheral and/or central nervous system. The patient does not lose consciousness, but does not perceive pain to the extent that may otherwise prevail.

Services within the hospital that meet the definition of anesthesia (usually general anesthesia, regional anesthesia, monitored anesthesia care and deep sedation) may only be provided by an anesthesiologist, CRNA, or anesthesiologist’s assistant.

In Pennsylvania, these also require physician supervision for CRNAs. In contrast, topical, local, minimal, and moderate sedation fall under the definition of analgesia or sedation, and may be administered by physicians or nurses who are appropriately trained, not necessarily CRNAs or anesthesiologists.

This difference between anesthesia and analgesia is illustrated by specific requirements in the interpretive guidelines for obstetrical anesthesia and analgesia that is provided via the epidural or spinal route for labor and delivery. It is permitted to be administered by CRNAs without physician supervision. However, if Cesarean section is required, these very same techniques are considered anesthesia and, therefore, do require physician supervision.

These guidelines provide specifically that anesthesia services throughout a hospital – including such areas as the OR suites, OB suites, radiology department, clinics and the emergency department – must be organized into one anesthesia service under the direction of a single qualified doctor of

medicine or osteopathy. This single anesthesia service is responsible for developing policies governing the provisions of all categories of anesthesia services.

Whenever a hospital permits physicians to supervise CRNAs administering anesthesia, the medical staff bylaws must specify for each category of supervisor, the type and complexity of procedures, and the category of practitioner they may supervise.

Guidelines regarding preoperative evaluation continue to limit the personnel who can perform preoperative evaluation to those qualified to administer anesthesia. A greater change in current practice, however, could come from the requirement that the pre-anesthesia evaluation must be performed within 48 hours prior to any inpatient or outpatient surgery or procedure requiring anesthesia.

If it remains in force as written, this requirement could invalidate anesthesia preoperative evaluations performed in separate outpatient visits days to weeks before surgery.

During an anesthetic in which a physician supervises a nurse anesthetist, the definition of “immediately available” has been made more restrictive to include only the physical presence of the physician “within the same area as the CRNA, e.g., in the same operative suite, or in the same labor and delivery unit, or in the same procedure room, and not otherwise occupied in a way that prevents him/her from immediately conducting hands-on intervention, if needed.”

Finally, a post anesthesia evaluation must be completed and documented, again by an individual qualified to administer

anesthesia, and must be performed between the time that the patient is sufficiently recovered from the acute administration of the anesthetic so as to participate in the evaluation, such as answer questions appropriately, up until 48 hours following the anesthetic.

These “interpretive guidelines” demand significant changes in current anesthesia practice, and in many ways raise more questions than answers. Therefore, the American Society of Anesthesiologists (ASA), in a letter to CMS, raises the following serious objections to many of the provisions of the guidelines, including:

- the guidelines fail to follow the rule-making process;
- it is difficult to distinguish between an epidural used for labor and the very same epidural used for Cesarean section or other surgical procedure;
- there are adverse impacts on patient care when limiting the preoperative evaluation to a time within 48 hours before the anesthetic;
- there are practical problems, along with delays in patient care, associated with limitations in the postoperative evaluation.

The ASA strongly supports the organization of all anesthesia services within a hospital under one physician, presumably an anesthesiologist. However, the ASA recognizes several practical problems that may arise.

These revisions are designated to take effect immediately. Because of their scope, it is important that any anesthesiologist, and particularly any anesthesiologist responsible for the operation of a hospital anesthesia department, review the entire text of the guidelines available on the Members Only Section of the website of the American Society of Anesthesiologists.

## Attend the 2010 ASA Legislative Conference in Washington, D.C.

by Donald E. Martin, M.D.

The 2010 American Society of Anesthesiologists Legislative Conference is ASA’s most comprehensive legislative and regulatory meeting. The conference will be held Monday through Wednesday, April 26-28, at the JW Marriott Hotel in Washington, D.C.

This conference is the specialty’s largest meeting focusing on state and federal legislative, regulatory and political issues that impact both the specialty of anesthesiology and individual ASA members. The conference is designed to inform and prepare ASA members to engage effectively in the legislative, regulatory and political processes as representatives for our specialty.

This meeting is ideal for any member of the Pennsylvania Society of Anesthesiologists (PSA) with an interest in how the political and regulatory processes affect our specialty. It is open to political newcomers as well as leaders, ASA “key contacts” and members of the “grassroots network.”

Attendees at the conference can expect to hear from a wide range of speakers and discuss issues ranging from health care reform to scope of practice and Medicare payment reform. Practice management issues, especially those involving Medicare, will likely be discussed as well. Attendees will hear policy briefings from physician leaders.

An integral part of this conference will be visits to our Senators and Representatives on Capitol Hill. PSA offices will arrange for meetings for the entire Pennsylvania delegation to the offices of Senators Robert Casey and Arlen Specter. Individual attendees will arrange meetings with their own Members of the House of Representatives and their staff.

### Registration

Registration for this legislative conference must be conducted through the PSA. To register, contact Patrick Vlahos, D.O., by email at [vlahosdo@aol.com](mailto:vlahosdo@aol.com) or telephone at (412) 851-9337.

Though the conference is specifically designed for anesthesiologists, a limited number of practice managers may also attend. Once they are registered, individual attendees will receive more details on the meeting schedule from the ASA Governmental Affairs Office at (202) 289-2222.

A block of hotel rooms has been held for conference registrants at the JW Marriott Hotel, 1331 Pennsylvania Avenue Northwest, Washington, D.C. Rooms can be reserved at a special ASA rate until April 1 by calling the hotel directly at (202) 393-2000. Any registrant wishing to register at another hotel in the Washington area is free to do so. Hotel accommodations are the responsibility of each registrant.

The Spring Meeting of the PSA Board of Directors will be held immediately before the Legislative Conference at the JW Marriott Hotel on Sunday, April 25, beginning at 8:30 a.m. Any PSA member is welcome and urged to attend, even if they are not attending the ASA Legislative reception. No registration is needed to attend the PSA Board meeting. However, please inform Dr. Vlahos that you will be attending, so that meeting materials can be available for you.

**Hope to see you in Washington!**

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# Get to Know the PSA's Board of Directors

by Patrick J. Vlahos, D.O

An official meeting marks a perfect opportunity to introduce yourself to members of the PSA's Board of Directors. There are several such meetings throughout the year and they are announced early enough for you to make arrangements to attend.

Some of the discussion topics that you might be interested in include our focus on keeping the art and the practice of anesthesia as a physician responsibility. There currently is a bill in the Pennsylvania Senate to change the language in the laws of the Commonwealth that will allow nurse anesthetists the ability to practice with little or no direct physician involvement.

You may say to yourself that this has happened before and we have successfully defeated these bills and that there is no worry. Maybe just maybe, this year the nurses have more support for their cause.

Doctors, there is nothing special about the members who serve on the board of directors except that they are willing to get involved. These members are concerned enough to attend the meetings and voice their opinions to each other and to the lobbyist for the society.

April 25 will be the next meeting of the board of directors of the PSA. Plan to attend this meeting in Washington, D.C., or if possible

have a physician from your group attend the meeting.

The board of directors meeting will be followed by the ASA Legislative Conference starting April 26-28. At the national conference there will be many discussions on health care and its global effect. Also at this meeting you will hear issues that affect many other states and learn how they were able to resolve these issues.

Help your patients by being involved in the laws that affect our patients care and how we practice medicine.

## Upcoming Events for PSA Members

### Spring Board of Directors Meeting

**Where:** J.W. Marriott in Washington, D.C.

**When:** April 25 from 8:30 a.m. to 5 p.m.

**Who can come?** All PSA members are welcome to attend

**Cost:** None

### Fall Board of Directors Meeting

**Where:** Bedford Springs Resort

**When:** September 12 from 8:30 a.m. to 5 p.m.

**Who can come?** All PSA members are welcome to attend

**Cost:** None

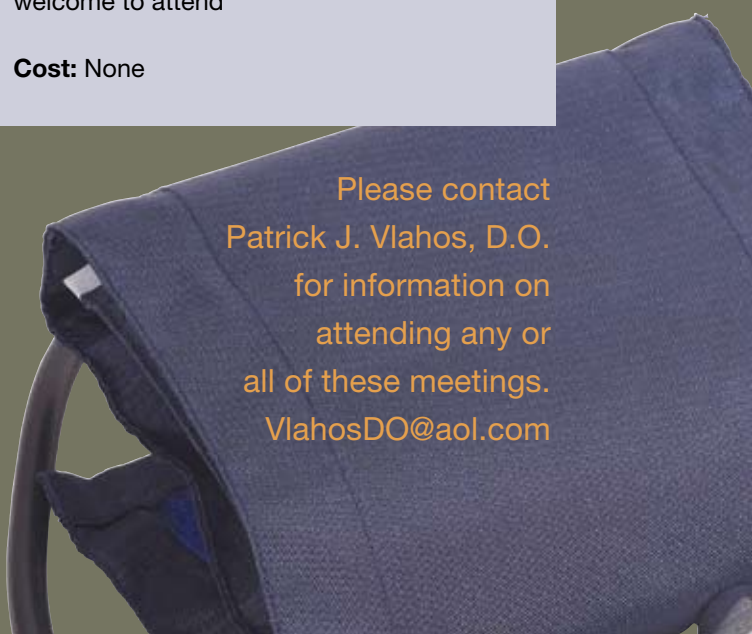
### ASA Legislative Conference

**Where:** J.W. Marriott in Washington, D.C.

**When:** April 26 -28

**Who can come?** All PSA members are welcomed to attend

**Cost:** \$100 for the entire three-day event



Please contact  
Patrick J. Vlahos, D.O.  
for information on  
attending any or  
all of these meetings.  
[VlahosDO@aol.com](mailto:VlahosDO@aol.com)

## PRESIDENT'S MESSAGE

continued from page 1

general public. Information is coming about log-in procedures for members. Please take time to log in as soon as possible and familiarize yourself with the entire site.

Lastly, of importance to us all are the recent developments with health care reform. I think some reform is necessary and will eventually happen, though Scott Brown's victory in Massachusetts will hopefully mean some small amount of bipartisan effort may occur.

I think we can all agree that health care should be available to all without regard to pre-existing conditions. After that, we will have to wait and see. I think we all want some tort reform, but I won't hold my breath.

The good news for many is that the original bill seems unlikely to pass. The country doesn't seem to want it in its present form. I have not heard any details of what is likely to go on from this point.

In conclusion, please get involved. We need entire groups to be involved, especially at the local levels with politicians and the public. We need the Z-PAC contributions on a continuing basis.

Remember, the only thing those trying to change our practice need is for us to let down our guard, even as briefly as one legislative cycle. Now is the time. Thank you for your past help and future involvement.

## STORY OF BEAR

continued from page 7

say that changes have to be made but it shouldn't really affect our departments?

Do we really believe that insurance companies are there for the patients and providers? Who do we continually look over our shoulders when our medical colleagues say we have their backs. Do we sleep comfortably when we envision the future for us and our children?

The glue that holds together most of our work relationships is "mistrust." How many times do we say "I don't trust him as far as I can throw him?" It is like everyone tugging equally in different directions in order to maintain the status quo.

When smiling one evening and thinking about the fun memories of that old dog, I stopped laughing when I thought about how different things were out there in the "human" world. I guess one could say that person-to-person interactions are much too complicated to expect the same type of relationship that exists between a dog and his owner.

We should, however, feel the need to have relationships in our lives like the one between the Bear and my wife, Louise.

## CRNP BILL AMONG TOPICS

continued from page 5

to a 30-day supply of Schedule II drugs. There is a sample written collaborative agreement available on the Internet.

Scott Chadwick, also of the Pennsylvania Medical Society's Governmental Affairs Department, gave an update on possible legislation that will limit referrals to physician-owned services and facilities.

At this point, the legislation has not been written, but it is not expected to be favorable to physicians with ownership interests in facilities where they work.

The next topic of discussion was referred to the Pennsylvania Medical Society's legal department as it revolved around the issue of truth in advertising.

The specific request was using the term board certification and not specifying in what specialty the physician was advertising. The example used was a board certified physician advertising as an allergy specialist but not board certified by the American Board of Allergy and Immunology (ABAI).

Finally, a brief discussion of Mcare ensued. The Pennsylvania Medical Society Board was planning to address this topic in its meeting scheduled for the next day. Unfortunately, there is no news to report at this time.

In conclusion, if there are any issues that any PSA member feels are worthy of discussion in this forum, please contact me through Susie Wilson, the PSA executive director, at [psa@pamedsoc.org](mailto:psa@pamedsoc.org).

## Welcome New Members

### Active Members

Aditee P. Ambardekar, MD  
Michelle L. Caporaletti, DO  
Minzhi Chen, MD  
Eric L. Davidson, MD  
Mario C. DeAngelis, MD  
Touichi Kawabe, MD

Joseph H. Luther, MD  
Darren T. Loughran, DO  
Lynn E. Morgenlander, MD  
Shawn C. Murphy, DO  
Tracey M. Vogel, MD  
Justin S. Winas, DO

### ATTN: Dues Paying PSA Members

The percentage of your PSA membership dues for 2009 that have been devoted to lobbying expenses and is, therefore, not deductible on your 2009 Federal Income Tax Return is 13.48%. The percentage has been updated, and should be used instead of any prior percentage included as part of your 2009 Membership dues statement that you received last year.



# Letter to the Editor

Letter to the Editor:

After having read several times Dr. Answine's recent article, "I thought there was no 'I' in team," I must admit that I feel very fortunate to work in an institution alongside some very talented, loyal and respectful CRNAs. We work together, from the most complex case, to helping each other turn over rooms and stocking supplies. True team work! As a matter of fact, all surgical services and anesthesia staff work together with one goal in mind: patient care and safety. This also includes the surgeons.

John Nance, J.D., an ABC analyst on airline safety, recently stressed in Audio Digest that although the pilot has ultimate responsibility for the flight, all members of the crew must, and should, share actions and suggestions when it comes to flight and passenger safety – even if it is not politically correct.

Lives in the past have been lost because the captain was never challenged. The surgical arena in many ways is similar to the airline industry. I feel honored to share my education, experiences and knowledge with CRNAs and even staff with whom I work. Equally, I listen to their views and suggestions.

I want the CRNAs to be the best they can be. The job satisfaction they feel makes them better practitioners and not just robots. CRNAs have played a critical role in my practice. Without their expertise, we would not have the efficiencies and surgeons' satisfaction we now enjoy.

Doctor to me means educator. Respect begets respect. Most patients probably do not know the difference between an anesthesiologist and a CRNA. Most probably do not care, as long as they receive appropriate care and have a successful surgical experience.

The ideal model is the anesthesia care team, each member with a common goal: patient care. I believe my point of reference is fairly accurate. I have seen both sides of the issue, up close and personal.

Respectfully,

**Jim Laughner, CRNA, D.O.**

Director of Anesthesia and Surgical Services  
Punxsutawney Area Hospital

## RESPONSE TO LETTER TO THE EDITOR

By Joseph F. Answine, M.D.

I read Dr. Jim Laughner's letter and had the opportunity to speak with him by phone. I don't disagree with the majority of the points that he makes, especially that to do our job correctly, it takes "true teamwork."

Furthermore, I can't agree more that "patient care and safety" is our No. 1 goal. I also agree that many patients do not know if their anesthesia provider is a CRNA or anesthesiologist (an area that we need to improve upon); however, I truly believe that they care.

Dr. Laughner said that he had others read the letter, including his hospital administrator, and they agreed on a couple of points: 1.) I seem insecure; 2.) they couldn't tell if I like CRNAs or not; 3.) furthermore, he and his hospital administrator read House Bill 1866 and didn't see a problem with it, because there still seemed to be adequate oversight of the CRNA. I will discuss each point separately.

# Sentinel

Pennsylvania  
Society of Anesthesiologists  
Newsletter

## RESPONSE CONT.

**I SEEM INSECURE:** I agree. I am insecure because I thought that this issue was put to rest in 2007 with our victories against HB 700 and 1256, only to be fighting again for our patients and against HB 1866. I have resigned myself that this will never end. That is why we are here. However Jim, I prefer the term vigilance over insecurity. I will save "insecurity" for my role as a parent.

**THEY COULDN'T TELL IF I LIKE CRNAs OR NOT:** In my clinical life, from residency to my practice, I have been blessed to work with some of the finest and most talented CRNAs. They work hard and demand the same of the anesthesiologist, and they truly respect "the team."

However, in my role as a member of the board of the Pennsylvania Society of Anesthesiologists, I have witnessed a few who have no respect for me and my profession. They prefer to give up all that we have done to dramatically improve patient safety for their political agenda.

So, you are correct. I am a little "schizophrenic" here. I do believe, however, that the large majority of CRNAs are the former who value the anesthesia care team and the patient, and do not support what their leadership is trying to accomplish.

**HB 1866 HAS ADEQUATE OVERSIGHT OF THE CRNA:** Looks can be deceiving. There are many problems with HB 1866 but two are the most onerous. One is that "overall direction" is an undefined term, and the definition will only be created after the bill becomes law.

The second is that the Board of Nursing will be the governing body that will define "overall direction." It will be given the power to define how anesthesia is administered in Pennsylvania which will affect not only nurse anesthetists, but physician anesthesiologists and our patients as well.

The Board of Nursing will have the power to not only change its own nursing regulations but also the regulations of the Department of Health pertaining to anesthesia care. There is little doubt that the final definition will give physicians significantly less oversight over anesthesia care.

Again, I value Jim's opinion and greatly enjoyed our conversation. I hope to visit Punxsutawney Area Hospital in the future.



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## ASA Launches Vital Health Campaign

by John Dombrowski, M.D., ASA Chair Committee on Communications

One of the most important responsibilities of American Society of Anesthesiologists (ASA) is to advocate on behalf of the specialty and help enhance the public perception and understanding of the role anesthesiologists play, every day, in caring for patients and saving lives. This sentiment is the cornerstone of the Lifeline campaign; and Vital Health is the next evolution in the Lifeline campaign.

ASA is preparing to launch the next evolution of the ASA's Lifeline Campaign on March 30. The campaign is designed to reinforce the fact that anesthesiologists are the keepers of the patients' vital health in their times of need.

We are publicizing results from a consumer survey that highlights the fact that the public may know how to

behave to be healthy, but they are not in touch with their vital health scores (such as BMI, cholesterol, and blood pressure), and what those scores mean for their core health status.

The components of the program are two-fold:

First, we will leverage the survey as a platform for the ASA to generate media visibility for the messages.

Second, will promote an interactive, customized online utility called "Know Your Vital Health" that was designed by ASA members to help the public take that first step in living healthier lives. The program employs a sophisticated media and digital strategy to help ASA influence public awareness, while simultaneously positioning our specialty as a critical component of public health.

Vital Health is a term that ASA will define and own in the public dialogue. It is the campaign's calling card, our brand. We define Vital Health as how effectively a person maintains a healthy lifestyle and how that impacts wellness and medical outcomes.

Anesthesiologists for Vital Health presents our specialty with a unique opportunity to speak to the public in a way that we never have before and expand our specialty's "sphere of influence."

Owning and leading a national conversation on Vital Health is a natural fit for anesthesiologists. After all, we are the physicians who manage patients' overall health and vital signs when it counts most.

We welcome your comments and questions. Please e-mail [j.gremmels@asahq.org](mailto:j.gremmels@asahq.org).