

NEWSLETTER

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Anesthesiologists: Physicians providing the lifeline of modern medicine

Perioperative Medicine



Re-Examining the Anesthesiologist's Role –

**From Pre-op
to Post-op**

Change Is Coming: Are You Ready?

Report on the 2009 ASA Conference on Practice Management

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Among the happiest members of ASA were those who attended the 2009 ASA Conference on Practice Management in January. I want to say that the good mood was all caused by the great program and the engaging speakers, but to be honest, Phoenix offered sunny 73° weather and a couple days' reprieve from a severe winter.

As in past years, the program and speakers covered a variety of hot topics pertinent to helping anesthesiology groups be successful today and in the future. Attendees varied from anesthesiologists to practice administrators and even to residents who participated in the inaugural resident practice management track.

session and Saturday morning had the "Practice Management M&M" session. Vicki Myckowiak, a health law compliance attorney, and Devona Slater, a billing auditor, reviewed issues surrounding group billing compliance plans and issues and group audits. Judith Semo, J.D., discussed hospital service contracts and clauses that anesthesiologists should avoid in their contracts.

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For a resident's perspective on practice management, see page 45.



Members of the ASA Committee on Practice Management at the 2009 conference.

On Friday, before the main conference began, faculty of the Certificate of Business Administration (CBA) program www.asahq.org/conted/cba.htm taught special sessions open to any registrant. These three-hour sessions provided in-depth information about management topics, including evaluating your practice dashboards and analysis of your practice, as well as leadership topics, including dealing with difficult colleagues and team building.

In medicine, we are familiar with "M&M" conferences where we learn from experiences (and sometimes mistakes) of others and how to avoid them. The first two conference sessions used this technique. Friday evening included the "Legal M&M"



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In the Practice Management M&M session, three different perspectives were presented on lessons learned from difficult situations: Timothy J. Dowd, M.D., from a large group perspective, Mr. Pat Everett from a practice administrator and consultant perspective, and Asa C. Lockhart, M.D., from a physician and consultant perspective. Dr. Lockhart also directs the ASA CBA program. Among the themes in these presentations was the need to value non-clinical leadership activities, including working on hospital departmental committees; to have active quality programs; to know how to evaluate your practice with objective data and communicate this to hospital administrators; and to be more proactive in dealing with difficult providers. Nancy L. Glass, M.D., covered this last topic in more detail.

In addition to the timely guidance that the M&M sessions provided, two other Saturday sessions focused on improving function and value of groups in their hospitals. John F. DiCapua, M.D., and Stanley W. Stead, M.D., presented on how to make your group indispensable and more valuable to your facilities, with Ms. Semo talking about legal issues surrounding gain-sharing arrangements.

In a session on patient registries and national quality programs, Frank G. Opelka, M.D., described how the Surgical Quality Alliance works and how this program may change payer reimbursement methods. Frank G. Rosinia, M.D., talked about how a private anesthesia quality program can show areas for improvement as well as be used for economic leverage. Alexander A. Hannenberg, M.D., and ASA's Jason Byrd provided updated information about the Anesthesia Quality Institute and how groups and individual anesthesiologists could use this data, including providing feedback on clinical work and

reports for credentialing and Maintenance of Certification in Anesthesiology (MOCA®) processes.

Michael M. Vigoda, M.D., showed how anesthesia information systems are becoming more prevalent and can be used by anesthesiology groups in day-to-day operations and strategic planning. Krishna B. Kumar, M.D., from the Rand Corporation, presented the results of an anesthesia workforce



Timothy J. Dowd, M.D., leads a table discussion.

survey conducted in 2007 with the data used to predict the workforce demands in the future.

On Sunday morning, conference attendees heard from medical directors of third-party payers: William Rogers, M.D., from the Centers for Medicare & Medicaid Services (CMS), Mark L. Leib, M.D., from Arizona Medicaid, and Richard A. Justman, M.D., from UnitedHealthcare. Dr. Leib outlined how to successfully argue that disproportionately lower Medicaid reimbursements

can cause access issues. Dr. Justman talked about his company's anesthesia reimbursement policies. Dr. Rogers provided the audience with information about CMS activities in 2008 and a glimpse at possible changes that may happen in 2009.

With the inauguration of President Obama fresh on our minds, Roger A. Moore, M.D., provided the ASA President's update



ASA Pundits, from left, Jason Byrd, Sharon Merrick, Stanley W. Stead, M.D., moderator Robert E. Johnstone, M.D., Norman A. Cohen, M.D., and Ronald Szabat, J.D., LL.M.

on Saturday. Sunday morning was devoted to reports from the ASA Washington Office (Ron Szabat, Jason Byrd and Sharon Merrick) on the political changes as well as regulatory issues to watch for. The conference finished with an “ASA Pundits” session moderated by Robert E. Johnstone, M.D. It included Dr. Stead, Norman A. Cohen, M.D., Mr. Szabat, Mr. Byrd and Ms. Merrick. The overriding message was “change is coming,” and we need to participate and guide it. As Mr. Szabat noted, President Obama in his inaugural address mentioned health care costs on several occasions.

Besides the general sessions open to all attendees, the conference had for the first time a one-day session on practice management for residents. FAER presented its new Practice Management Scholar program to help fund travel expenses for residents. Since the meeting was open to all residents, almost 50 residents attended – with 20 being scholars. This resident track is part of the ASA Resident Practice Management education effort. More information can be found on the Members Only section of the ASA Web site.

A highlight of this conference is the opportunity to meet and talk with ASA officers and practice management leaders, as well as the speakers. Although this can be done informally during breaks, the table discussion session on Saturday evening is designed for this type of exchange and is very popular among attendees.

The next Conference on Practice Management will be held in Atlanta on January 29-31, 2010.

Special Note: *In the May 2009 issue of the ASA NEWSLETTER, there will be more detailed articles by some of the presenters at the conference: Ms. Judith Semo on “Legal M&M: Contracting M&M,” Stanley Stead, M.D., on “Added-Value Services: Putting a Dollar Value on What You Do,” and Mr. Pat Everett on “Practice Management M&M: Lessons Learned as An Administrator Turned Consultant.” In addition, David Cross, M.D., will provide more details about the ASA-sponsored Practice Management Education Resources for residents.*

Committee on Ambulatory Surgical Care: Anesthesiology on the Go!

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patients’ desire for amnesia, rapid awakening and minimal side effects, many anesthetics are classified as “sedation,” yet they more often meet the ASA criteria for general anesthesia as patients are made unresponsive to painful stimulation and often require airway support. Nurses and surgeons often refer to the billing term “MAC” as description of *anesthesia depth* rather than an *anesthesia service*. They also equate the lack of an endotracheal tube with the absence of general anesthesia, even in patients who are unresponsive to painful stimulation and require significant airway intervention. Reports of patient adverse incidents and deaths during “sedation” anesthetics have underscored the need for ASA to clearly define the levels of sedation and the corresponding safety requirements, especially in the situation where non-anesthesiologists supervise the administration of an anesthetic and may not be qualified in general anesthesia. Our committee has become involved with numerous related issues, including: Guidelines for Administration of Sedation by Non-anesthesiologists, the American College of Obstetricians and Gynecologists committee on safety during office based procedures, and the AORN nursing practice standards for sedation. As procedures become less invasive,

the need to ensure patient safety in the “wild, wild West” of sedation will certainly become more demanding. Coupled with payment issues such as third-party payer payment for anesthesia services in endoscopic procedures, our committee activity on “sedation” issues will likely remain very high.

Other activities include the ambulatory anesthesia educational program for the ASA Annual Meeting. In this regard, any member of our committee would appreciate your input on topics for the Annual Meeting program – **tell us what you are interested in and what WE can do to help you!**

Additionally, our committee supports state safety efforts by reviewing proposed state regulations, testifying at hearings, and supporting accreditation and incident reporting rule initiatives. Some examples include Michigan, Ohio and South Carolina state society efforts to institute office-based surgery regulations. Please let us know if you need assistance.

Finally, I hope you will join me in thanking the incredibly talented and hard-working members of the ASA Committee on Ambulatory Surgical Care. As you can see from the list of activities, the work of these individuals benefits our patients and nearly every anesthesiologist.