

NEW HAMPSHIRE SOCIETY OF ANESTHESIOLOGISTS NEWS

June 2014

New Hampshire State Component Society Update

ASA Legislative Conference 2014

On May 5-7, the New Hampshire State Component leaders attended the 2014 ASA Legislative Meeting in Washington, DC. New Hampshire attendees included ASA Director Steven Hattamer, MD, NHSA President Gary Friedman, MD, NHSA Vice President, Timothy Quill, MD and New Hampshire Medical Society Executive Vice President, Scott Colby. The first day of the meeting included a discussion on the key issues facing us in 2014 and included an advocacy overview at the federal and state levels. State topics included the promotion of patient safety through state support for Medicare supervision requirements.

Key topics presented at the meeting included:

Preservation of Safe Anesthesia Care for Veterans

Improving Rural Health Care Access

Protecting and Enhancing Medicare Payments

When Seconds Count, Physician Anesthesiologists Save Lives

We heard from our national leaders and current and past ASA presidents and legislative staffers. One of my favorite moments was when an Anesthesiology Resident rose to comment on the use of the term, "Providers." She received the loudest applause of the day when she advocated and encouraged us to fight the temptation that others have in putting Physicians under the "provider" umbrella with nurses and other non-physician paraprofessionals.

Day two and three included more advocacy lectures, presentations and panels. On Tuesday we traveled to Capital Hill and met with Senator Kelly Ayotte and Representative Carol Shea-Porter's Legislative Aide. On Wednesday we were back on the Hill meeting with Senator Jeanne Shaheen and Representative Ann Kuster's Legislative Aide. It was great to have the opportunity to meet with our elected Senators this year. The last two years, our Senators and Reps were back home in NH during the ASA Legislative Conference.



We encourage both active and resident members to consider attending future ASA Legislative Conferences. This is a great opportunity to have NH Anesthesiologist voices heard by our elected officials. If you don't have a seat at the table.....you could be served as the main course!

Steve Hattamer, MD running for New Hampshire Executive Council.



Our very own Steve Hattamer, MD, Director, ASA is running for one of the five seats on New Hampshire's Executive Council. The Executive Council is a vital NH Legislative Body that works in concert with the Governor on virtually all state contracts and executive appointments. Steve is facing a primary battle against a strong candidate in the September primary election. For more information on Steve's campaign go to <http://www.SteveHattamer.com>, Steve is looking for your backing and support. If you would like to contribute to his campaign go to <http://www.SteveHattamer.com>. Let's put an anesthesiologist in the NH State House!!!

Identity Theft affects New Hampshire Anesthesiologists

Over 190 New Hampshire physicians, dentists, podiatrists and physician assistants have reported to the New Hampshire Medical Society that they believe that they are victims of recent tax fraud identity theft. Everyday more physicians are coming forward to report. Local, state and federal authorities are involved in the investigation including the secret service. Given the collection of the targeted group identified we suspect that a healthcare database has been breached. **New Hampshire Anesthesiologists** are unfortunately included in the group of physicians affected by this crime. This identity theft was recently uncovered when physicians and others filed their 2014 Federal tax returns electronically. The New Hampshire Medical Society is collecting the names of individuals affected and providing this information to the US Secret Service and State Authorities. If you think that you might be a victim of identity theft, contact Scott Colby, Executive Vice President of the NH Medical Society at Scott.Colby@nhms.org.

Anesthesiologist Assistants Facts

Did you know that:

AA training programs began in the 1970's

There are now over 12 AA programs in the country

AA's have credentials that include a master's degree

AA's are a valuable member of the Anesthesia Care team throughout the country

AA's are members of ASA

On average, AA's contribute more than \$100.00 to ASAPAC each. (Have you contributed yet?)

What's in a name?

Do you work in a facility where you are referred to as a **provider**? If so, how does that distinguish you from a Nurse Anesthetist provider or an Anesthesiologist Assistant provider? Have you noticed that our government, our insurers, and many other institutions no longer describe what we do as medical care but rather as health care. Health care given by

healthcare providers. As Former ASA President Jerry Cohen said at the ASA Legislative Conference, **we are physicians first and Anesthesiologists, second. We are physicians.** We are Doctors. We are Anesthesiologists. Our patients receive medical care from Physicians, Anesthesiologists. Whether in solo practice, group practice, in physician-only practice or in a care team model, our patients receive Physician or Physician-led Care. Check out #Physicianledcare on twitter.

Regional Events

57th Annual New England Society of Anesthesiologists Fall Conference

September 18-21, 2014 at Woodstock Inn, Woodstock, VT

<http://www.nesa.net/NESA/NESAdocs/Packet57.pdf>

CT State Society of Anesthesiologists Annual Conference

Saturday, September, 20, 2014 at the Sheraton Hartford South, Rocky Hill, CT

Guest Speakers Richard Dutton, MD, MBA , Executive Director, Anesthesia Quality Institute; Judith Semo, JD, Semo Law Group, Washington D.C; Nirav Shah, MD, University of Michigan, Register at

<http://www.cssahq.org>

New Hampshire Society of Anesthesiologists 2014 Annual Meeting

October 25, 2014 at Dartmouth Hitchcock Medical Center, Lebanon, NH

*Plans are underway for our annual fall meeting on **October 25, 2014** to be held at Dartmouth Hitchcock Medical Center in Lebanon, NH. Our distinguished speakers will include faculty from Dartmouth Hitchcock, as well **ASA President-elect J.P. Abenstein, M.S.E.E., MD**, Associate Professor of Anesthesiology, Mayo Clinic, and **Fred Shapiro, MD** Chair, ASA Committee on Patient Safety and Education, Assistant Professor of Anesthesia, Harvard Medical School, Beth Israel Deaconess Medical Center Department of Anesthesia Critical Care and Pain Medicine, Boston, MA. Registration information and meeting agenda will be available soon.*



John P. Abenstein,
M.S.E.E., M.D. **President-Elect, ASA House of Delegates**, Associate Professor of Anesthesiology, Mayo Clinic, Oronoco, MN



Fred E. Shapiro, D.O.
Assistant Professor of Anesthesia, Harvard Medical School, Beth Israel Deaconess Medical Center Dept of Anesthesia Critical Care and Pain Medicine, Boston, MA

Federal Legislative Update

- [House Passes Mil Con-VA Appropriations Bill with ASA-Supported VHA Nursing Handbook Language](#)
- [SGR Patch Legislation Signed into Law, Includes ICD-10 Delay](#)

Federal Regulatory Update

- [Medicare Releases Billing Data - Anesthesiologists Among Lowest Ranked Specialties for Allowed Amounts](#)
- [ASA Joins Coalition Partners Opposing Proposed Expansion of CMS Authority over Prescribing Practices](#)
- [ASA Launches PQRS Webcast](#)
- [Review Your 2013 PQRS Interim Claims Feedback Data](#)
- [DEA Publishes Proposal to Reschedule Hydrocodone](#)
- [FDA Warns of Neurological Risks with Epidural Corticosteroid Injections for Pain](#)
- [FDA Approves New Hand-Held Auto-Injector to Reverse Opioid overdose](#)
- [FTC Releases Policy Paper on APRNs as U.S. Supreme Court Agrees to Hear Major FTC Case](#)

Payment and Practice Management Update

- [Update on ICD-10 CM/PCS Transition Date](#)
- New ASA Payment and Practice Management Memos
 - [ICD-10-CM/PCS Delay: What Does It Mean To You?](#)
 - [The Company Model: Update on ASA Efforts to Address a Growing Problem](#)
 - [Medical Education Debt Management](#)

Health Policy Research Update

2012 Study Finds Association between Physician Anesthesiologists and Better Outcomes

Thomas R. Miller, Ph.D., M.B.A.

Nicholas M. Halzack, M.P.H.

ASA Health Policy Research would like to highlight a 2012 study published in the *Journal of Clinical Anesthesia* that uses data from 2006 and 1996. The data come from the National Survey of Ambulatory Surgery (NSAS), which is conducted by the Centers for Disease Control and Prevention and is the only national survey of ambulatory surgical care in hospital-based and freestanding ambulatory surgery centers. After examining almost 2.5 million cases of knee and shoulder surgeries conducted in 2006 and 1996, the authors found:

- The odds of “unexpected disposition” after surgery were **80 percent higher** when the anesthesia care was provided by only a nurse anesthetist as opposed to a physician anesthesiologist.

The implications of an “unexpected disposition” are associated with adverse patient outcomes and higher costs. Additionally, these results are supported by a comparable 2005 study conducted by some of the same authors that reached similar conclusions. Health Policy Research has created a useful one page summary about this study available at (<https://www.asahq.org/For-Members/hpr>). If you have additional questions about this study or any others, please email ask.HPR@asahq.org.

The Studies:

- Memtsoudis SG, Ma Y, Swamidoss CP, Edwards AM, Mazumdar M, Liguori GA: Factors influencing unexpected disposition after orthopedic ambulatory surgery. *J Clin Anesth* 2012; 24(2):89-95

- Memtsoudis SG, Besculides MC, Swamidoss CP: Factors influencing patient disposition after ambulatory herniorrhaphy. *J Ambulatory Surgery* 2005; 12:67-73

Research Terms Explained:

- Unexpected Disposition: Occurs when a patient follows an unexpected care path. Example: In the outpatient setting, patients are expected to undergo a relatively low-risk surgery and be discharged to their place of residence on the same day. Any other outcome is considered an unexpected disposition.

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State Affairs Update

ASA Urges FTC to End State-Level Overstep

On April 30, [the American Society of Anesthesiologists® \(ASA®\)](#) submitted formal comments to the Federal Trade Commission (FTC) strongly urging the FTC to modify its current position on the application of the state action doctrine to state licensing authorities and end its related enforcement policies against those agencies. The comments provided “The FTC has no particular expertise in regulating health care and risks inflicting serious harm on patients by adopting enforcement policies that appear intended to promote competition over quality of treatment and patient safety.” [ASA’s comments](#) further explained the importance of states being able to regulate health professionals, promoting competition that leads to high quality patient care and protects patient safety.

The comments were submitted in response to the FTC’s March 2014 Public Workshop “[Examining Health Care Competition](#).” The purpose of the Workshop was to examine trends and activities potentially impacting competition in the growing health care industry.

While commending the FTC for its efforts to learn more about the importance of professional regulation, [ASA’s comments](#) focused on the positive impact of professional regulation in anesthesiology and pain medicine and the need for FTC deference and application of the state action doctrine to professional regulation by state medical boards. The comments provided in part “There are important patient safety reasons to limit the full practice of anesthesiology to physician anesthesiologists and to require physician supervision of nurse anesthetists. These regulations are actually pro-competitive in that they reduce costs to patients and society, and enhance informed patient decision-making.”

The state action doctrine provides immunity for certain policy actions by state and local authorities. Historically, the FTC has honored the state action doctrine regarding health care. Unfortunately during recent years, the FTC has become increasingly more activist, seeking to interject itself in state health statutory and regulatory matters. The ASA is ensuring the FTC is aware of physician anesthesiologists’ profound patient safety related concerns with the agency’s expanding involvement in state-level legislative and regulatory activity. In March, the FTC released a policy paper titled “[Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses](#)” (APRN). The paper opined that broader APRN scope of practice is good for consumers and competition.

Also in March, the U.S. Supreme Court announced it would hear arguments in *North Carolina State Board of Dental Examiners v. FTC*. At issue is whether the antitrust state action doctrine protects the work of state licensure boards. Previously, the ASA joined the American Medical Association, the American Dental Association, and other health care groups in a friend of the court brief in support of the North Carolina State Board of Dental Examiners’ request for review of the appellate court’s decision. [That brief was filed November 27, 2013](#). Arguments for the case will likely be heard in the fall.

In correspondence and a face-to-face meeting, ASA had previously expressed grave concern to the FTC about the Commission’s letters to state medical boards and legislatures inducing boards and legislatures to take action contrary to patient safety. Previous ASA letters:

- [ASA letter to FTC on role of physician anesthesiologists treating chronic pain](#)

Physician Anesthesiologists Elected Presidents of Illinois and Michigan State Medical Societies

In April, American Society of Anesthesiologists® (ASA®) members William A. McDade, M.D., Ph.D. and James Grant, M.D., became presidents of the Illinois and Michigan State Medical Societies (MSMS) respectively.

Dr. McDade is the Deputy Provost for Research and Minority Issues and an Associate Professor of Anesthesiology and Critical Care and Associate Dean for Multicultural Affairs at the Pritzker School of Medicine. He also is a director with the Accreditation Council for Graduate Medical Education and is chair-elect for the American Medical Association's (AMA's) Council on Medical Education.

Dr. Grant serves as ASA's Treasurer and is Chair of the Department of Anesthesiology at Beaumont Hospital in Royal Oak, Michigan. He is also vice chair of Michigan's delegation to the AMA and a former chair of the MSMS Board of Directors and the Michigan Board of Medicine. Congratulations to Drs. McDade and Grant for representing physician anesthesiologists within the house of medicine and their efforts to ensure patient centered, physician-led care for all patients.

Truth in Advertising Bills Signed into Law in Utah and West Virginia

On March 28, Utah and West Virginia's Governors signed legislation concerning truth in advertising. Utah Governor Garry Herbert (R) signed [SB 137](#) which updates the state's truth in advertising laws to additionally require a healthcare provider to wear a badge identifying their name and license type during a patient encounter. This law goes into effect January 1, 2015. Utah already requires such information in healthcare provider advertisements.

In West Virginia, Governor Earl Ray Tomblin (D) signed [SB 602](#) which similarly requires employees to wear an ID badge during patient encounters. Compliance is required as of July 1, 2016. Congratulations to the leadership of Utah and West Virginia for these patient safety related legislative successes!

Indiana Governor Signs Anesthesiologist Assistant Licensure Bill

On March 24, Indiana Governor Mike Pence (R) signed into law [Senate Bill 233](#), which authorizes licensure for anesthesiologist assistants. This legislative success was the result of a multi-year effort by the Indiana Society of Anesthesiologists and the American Academy of Anesthesiologist Assistants. Indiana will be 17th jurisdiction to authorize anesthesiologist assistant practice. Anesthesiologist assistants are also recognized federally by the Centers for Medicare and Medicaid Services and the Veterans Affairs system.

Anesthesiologist assistants have served patients as members of physician anesthesiologist-led anesthesia care teams for more than forty years. Anesthesiologist assistants are highly skilled non-physician anesthesia care providers who only provide care under the medical direction of a physician anesthesiologist. Qualified by graduate school level academic and clinical education, anesthesiologist assistants participate in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques.

Anesthesiologist Assistant Practice States:

- Alabama
- Colorado
- District of Columbia
- Florida
- Georgia
- Indiana (July 1, 2014)
- Kentucky
- Michigan (Delegation)
- Missouri
- New Mexico (University Hospitals)
- North Carolina

- Ohio
- Oklahoma
- South Carolina
- Texas (Delegation)
- Vermont
- Wisconsin



The 2015 legislative session is around the corner. If your state is interested in pursuing legislation to authorize anesthesiologist assistants, please contact Jason Hansen at j.hansen@asahq.org.

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Wisconsin Governor Signs Physician Apology Legislation

On April 8, Wisconsin Governor Scott Walker (R) signed into law legislation ([2013 Wisconsin Act 242](#)) prohibiting the inclusion of a health care provider’s apology in a related future lawsuit or administrative hearing. The Wisconsin Society of Anesthesiologists supported this measure ([Assembly Bill 120](#)), which was introduced in the Senate and Assembly to coincide with Wisconsin’s [2014 Doctors Day at the Capital](#).

Congratulations to the Wisconsin members that made this possible!

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Upcoming State Primaries: Your Vote Counts! NH Primary is September 9.

A citizen’s right to vote is one of the most fundamental hallmarks of the great republic in which we live. This year, there are many different political races where you will have the opportunity to support your preferred candidate with your all-important vote. This spring and summer is replete with political primaries. Please check if your state’s primary is coming up soon.

essential to choose carefully and encourage your friends and family to vote, too!

Upcoming 2014 state primaries

- **May 6:** Indiana, North Carolina, Ohio
- **May 13:** Nebraska, West Virginia
- **May 20:** Arkansas, Georgia, Idaho, Kentucky, Oregon, Pennsylvania
- **June 3:** Alabama, California, Iowa, Mississippi, Montana, New Jersey, New Mexico, South Dakota
- **June 10:** Maine, Nevada, North Dakota, South Carolina, Virginia
- **June 24:** Colorado, Maryland, New York, Oklahoma, Utah
- **August 5:** Kansas, Michigan, Missouri, Washington
- **August 7:** Tennessee
- **August 9:** Hawaii
- **August 12:** Connecticut, Minnesota, Wisconsin
- **August 19:** Alaska, Wyoming
- **August 26:** Arizona, Florida, Vermont

If you have moved recently, remember you need to be registered to vote at your new address, and that some states have residency requirements of a certain length prior to registration. If you are interested in verifying that your voting registration is current, finding out where your voting precinct is, and what will be on your ballot on Primary Day and General Election Day, please visit the nonpartisan website, www.vote411.org. This website is a wonderful resource for voting requirements and ballot information.

Voting in your state’s primary sets the direction for the general ballot on Election Day, November 4, 2014. As you know, the candidates we elect to office can help or hinder our policies promoting patient safety, so it is

- **September 9:** Delaware, Massachusetts, New Hampshire, Rhode Island

- **November 4:** Louisiana

If you have any questions about voting in your state, please contact Jason Hansen or Erin Philp at j.hansen@asahq.org or e.philp@asahq.org, or via phone at (202) 289-2222.

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Poll Confirms Florida Patients Want a Physician Anesthesiologist Directing Anesthetic Care

More than 92 percent of Florida’s registered voters want a physician anesthesiologist directing their anesthetic care, as revealed in a scientifically conducted [public opinion poll released by the Florida Society of Anesthesiologists \(FSA\)](#). [The FSA sponsored poll](#) queried the public’s views on exactly whom they preferred leading or conducting their anesthetic. By substantial margins, physician-led anesthesia was the clear preference of Floridian voters. The poll’s findings all pointed to the public’s strong agreement that only a physician should be in charge when a patient is anesthetized for procedural or surgical cases.

Survey findings of note:

- 92 percent said they “want an anesthesiology physician directing my anesthetic care.”
- 87 percent agreed that “giving anesthesia to patients is a complicated and difficult job that should only be performed directly by or under the supervision of a trained physician.”
- 79 percent felt a physician anesthesiologist was best qualified to administer anesthesia during surgery, versus 9% who said a nurse was best qualified. The margin of that preference was a substantial nine to one.
- 74 percent answered that “having nurses administer anesthesia without the supervision of a doctor is a very dangerous idea.”
- Nearly three in four disagreed with the statement that “doctors and nurses should work in equal collaboration with each other and neither one should be in charge.”

The polling results, performed by Clearview Research, were based on interviews of 750 registered voters located throughout Florida with a margin of error of +/- 3.57 at the 95 percent confidence level. Members of the public were chosen based upon their voting participation in the 2010 and 2012 elections. The poll was designed to capture those Floridians most likely to be a part of the voting population in the state’s 2014 elections.

This latest poll confirms findings of previous surveys, which repeatedly show patients want physicians in charge of their care. In a recent American Medical Association survey, 77 percent of consumer respondents said they believed only a physician should administer and monitor anesthesia levels before and after surgery. To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit [ASA’s When Seconds Count™ website](#).

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NHSA and ASA Membership

For more information on our new combined NHSA and ASA membership and dues, please contact:

ASA Member Services, (847) 268-9202 or membership@asahq.org

or

Catrina Watson

Legislative Aid

Executive Director

N.H. Society of Anesthesiologists

7 N. State St.

Concord, NH 03301

603-224-1909 f: 603- 226-2432