MSA Anesthesia Record

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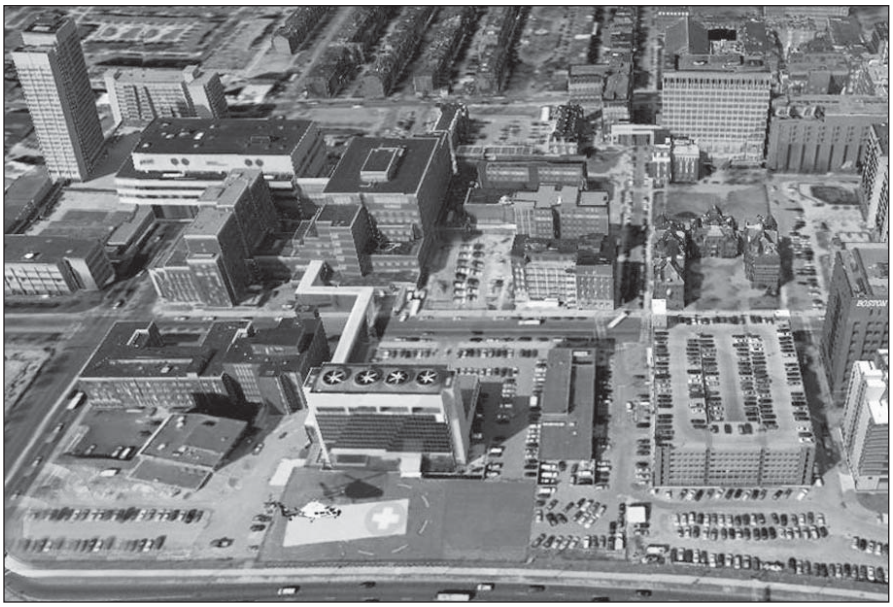
HOSPITAL IN REVIEW



Arial View of Boston Medical Center, One Boston Medical Center Place

BOSTON MEDICAL CENTER-PURSUING CLINICAL AND ACADEMIC EXCELLENCE

by Rafael Ortega, M.D.

Since the last time the Anesthesia Record reported on Boston Medical Center twenty years ago, the institution and its anesthesia department have undergone tremendous transformations. The name 'Boston Medical Center' was created to denominate the fusion of the University Hospital and Boston City Hospital thirteen years ago. This merger, one of the most successful integrations of any two hospitals in the United States, has resulted in a sprawling medical center occupying several city blocks in Boston's historic South End. The institution retains the traditions of the originating hospitals, including commitment to education, dedication to outstanding research, and relentless devotion to quality health care regardless of the patient's ability to pay. Boston Medical Center is the main teaching hospital for Boston University and it is contiguous with the School of Medicine, School of Dental Medicine, School of Public Health, and numerous research buildings. Collectively, this revitalized and growing urban health care complex is known as Boston University Medical Campus. Today, Boston Medical Center is a 626-bed licensed academic medical center and is the largest safety-net hospital in New England. It is a nationally recognized Level 1 trauma center performing approximately 20,000 anesthetics, over 2200 pain procedures, and 1100 off-site cases annually.

Marcelle Willock, MD, MBA, who laid the foundations of the Department, was the chair until 1998, when she assumed the position of Assistant Provost for Community Affairs at Boston University School of Medicine. Dr. Willock was succeeded by Keith Lewis, RPh, MD,

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REPORT OF COUNSEL

MASSACHUSETTS LEGISLATURE RECONVENES

by Edward J. Brennan, Jr., Esq.

The Massachusetts Legislature reconvened in January to begin its final year of the 2009-2010 session. The economic forecast for the state is not particularly good, and Beacon Hill is preparing for future budget deficits which likely will result in more cuts to government services and programs. This also is an election year and the pressure to maintain key government programs without raising revenues (taxes) is understandably on the minds of all elected officials.

One of the big budget busters for the state is health care. The Commonwealth's landmark health care reform law of 2006

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2006-2007	Mark D. Hershey, M.D.
2007-2008	Donald G. Ganim, II,MD
2008-2009	Beverly K. Philip, MD

*deceased

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EDITOR'S REPORT

A NOTE FROM YOUR EDITOR, RICHARD D. URMAN, M.D., MBA

I would like to take this opportunity to introduce myself as the new Chair of the Publications Committee and Editor of the MSA Anesthesia Record. Our previous Editor, Dr. David L. Hepner has done a tremendous job, and I would like to thank him for his dedication and expertise. I believe that the MSA Record is an important instrument that allows our Society to disseminate timely information to our members about what is happening in the world of anesthesia – both in Massachusetts and beyond.

This year's newsletter highlights major recent events and activities, and indeed it has been a very busy year! Topics of interest to our members discussed in this edition include CRNA prescriptive authority, healthcare reform and its effect on reimbursements, anesthesiologist assistants, the Anesthesia Quality Institute, various educational opportunities, New Orleans Presidential Gala to honor Dr. Alex Hannenberg, and resident (CORA) component activities. As usual, we highlight a local anesthesia practice, and we have chosen Boston Medical Center. We also discuss the tremendous progress that the Website Committee, under the leadership of Dr. Spiro Spanakis has made in redesigning current MSA website (www.asahq.org) to better serve our members' needs.

Richard D. Urman, MD, MBA
Chair, Publications Committee
Staff Anesthesiologist, BWH

Soon we will be welcoming our new MSA president, Dr. Fred E. Shapiro, as well as the newly elected Executive Committee and ASA Delegation. I hope that this newsletter will also highlight ample opportunities to participate and inspire you to become more involved with the MSA, ASA, and their respective PACs. We have listed all current officers and committee members, so feel free to contact any of them with questions.

Finally, please mark your calendars so that you can participate in many exciting upcoming events such as various CME courses, MSA Annual Meeting, ASA Legislative Conference and our regular MSA Executive Committee meetings to which all members are invited.

I hope that you enjoy reading this (largest yet) edition of the MSA Anesthesia Record. Special thanks to Dr. James H. Philip for providing many of the photos and to Beth Arnold for her editorial assistance. If you have any comments or interested in contributing an article, please contact me. ~

SAVE THE DATE

MSA Annual Meeting
Thursday Evening, May 27, 2010
MIT Endicott House
80 Haven Street, Dedham

ASA Guest Speaker
Mark A. Warner. M.D., ASA President-Elect

6:00 - 7:00 pm	Cocktails - in the Living Room
7:00 - 8:00 pm	Dinner (surf & turf)
8:00 - 8:50 pm	ASA Update - Dr. Warner
8:50 - 9:30 pm	MSA Business Meeting

Following Dr.Warner's talk there will be a brief MSA Business Meeting and installation of new officers
(all MSA Members are invited and encouraged to attend)

For further information, please contact the MSA office (781-834-9174) Email MSABOX@verizon.net
$25.00 MSA Members ***$15 Resident/Retired Members*** ***$45.00 Non MSA Members***

PRESIDENT'S REPORT

ANOTHER BUSY YEAR FOR THE MSA

It has been quite an honor to serve over 900 anesthesiologists of the Commonwealth for the past 8 months, especially in the midst of healthcare reform. I had expected the summer months to bring only minor MSA-related work, but ended up testifying on CRNA prescriptive authority at the State House, meeting with the Massachusetts Medical Society (MMS) President-elect (Alice Coombs, M.D., an anesthesiologist) to review the recommendations of the Special State Commission on the Health Care Payment System, and attending a meeting of the MSA Programs Committee. In addition, Mike Entrup, M.D. and I were also busy preparing to be interviewed for a noncommercial program produced by the MMS in cooperation with Hopkinton Community Television. This program is a key part of the MMS's patient education efforts. Distributed to public access stations across the state, Physician Focus currently reaches some 230 cities and towns in Massachusetts. This program was broadcasted in November, and has been universally well-received. It was a great opportunity to highlight the important role of anesthesiologists during the perioperative period. To watch the program, go to www.physicianfocus.org and click on "more episodes of physician focus now online".

CRNAs filed a bill (H2082) to grant them prescriptive authority under the supervision of a physician pursuant to regulations promulgated jointly by the Nursing and Medical Boards. They testified that they are the only advanced practice nurses (APN) who don't have prescriptive authority and would like prescriptive authority for pre-and post-anesthesia care of patients. A hearing on the bill was held in July at the state house and Alex Hannenberg, M.D., Mark Hershey, M.D., and I helped Edward Brennan, Esq. prepare testimony. Dr. Hershey and I testified that we would not object to prescriptive authority for the immediate

David L. Hepner, M.D.
MSA President, 2009-2010

perioperative care of a patient, provided that such authority is under physician supervision and Nursing and Medicine Boards joint regulations (similar to other APNs). We testified that the MSA would oppose any authority beyond the immediate perioperative care. Since the Legislative Committee heard that we do not oppose prescription authority within the immediate perioperative period, they asked the Massachusetts Association of Nurse Anesthetists (MANA) and the MSA to meet to discuss this issue. A meeting was held in December, but we could not reach a consensus. The MANA insists that they would like to be able to write prescriptions during a preoperative visit even if it occurs a week or longer prior to the day of surgery. They would also like prescriptive authority in the intensive care unit and labor floor. They feel that because other APNs do have prescriptive authority, the CRNAs are at a disadvantage. We reiterated that we support prescriptive authority as long as it is during the immediate perioperative period under physician supervision. We oppose prescriptive authority days before anesthesia, as well as post-operative prescriptions other than in the PACU. Mr. Brennan, Dr. Hannenberg, and I met with the Public Health Committee House Chairman, Representative Jeff Sanchez, to discuss this issue and expressed our views. Representative Sanchez was very receptive to our concerns and we had a very productive meeting.

A Special State Commission on the Health Care Payment System recommended that a system of global payments with adjustments become the predominant form of provider payment in the Commonwealth, replacing the current fee-for-service method. This system would include Accountable Care Organizations (ACO) which would "consist of hospitals, physicians and/or other clinicians and non-clinician providers working as a team to manage both the provision and coordination of care for the full range of services that patients are expected to need". The Commission recommends this transition over a period of 5 years. A hearing was held on October 8th and Dr. Hannenberg testified on behalf of the MSA. MSA testified that the proposed global payment system does not have a long track record and has never been implemented on a state-wide basis covering all payers and providers. The MSA urged that there be no across-the-board institution of global payments, but rather that pilot programs be developed in which health care providers and payers can negotiate and develop workable global payment systems. We explained the dangers of a radical change in payments including a physician drain or exodus from the Commonwealth and resultant provider shortage and poor access to care. In addition, MSA testified that anesthesiologists who provide episodic or specialized services which are not volume driven might be more fairly paid outside the global payment system. We concluded our testimony by stating that developing successful demonstration programs is a better approach to a stable,

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PERSONALITY PROFILE

FRED E. SHAPIRO, D.O., PRESIDENT - ELECT OF THE MSA

Fred E. Shapiro D.O. is a staff anesthesiologist in the Department of Anesthesia, Critical Care and Pain Medicine at Beth Israel Deaconess Medical Center and Assistant Professor of Anaesthesia at Harvard Medical School. He received his undergraduate degree from Temple University completed his medical degree at The University of Health Sciences College of Osteopathic Medicine Kansas City, MO, and anesthesia residency at Boston University. He completed Fellowships in Pediatric anesthesia at Boston Children's Hospital and Pain Management at The Massachusetts General Hospital.

Academically and clinically, he enjoys a strong national reputation in the field of office-based anesthesia (OBA), and has developed an innovative total intravenous anesthestic technique for aesthetic facial surgery.

The Boston Center for Ambulatory Surgery was his first exposure to cosmetic surgery in the office setting. When he joined the department of anesthesia at Beth Israel Deaconess Medical Center, resident interest and his experience provided motivation and inspiration to write a curriculum for teaching office safety. This included lectures, problem-based learning, an interdisciplinary simulation program, and *The Manual of Office Based Anesthesia Procedures*. The curriculum, presented to the Academy at Harvard Medical School November 2005, led to the inception of a one month OBA senior resident rotation Nov 2008, and was subsequently encorporated into the Society for Ambulatory Anesthesia (SAMBA) OBA Curriculum to be used nationally.

Fred E. Shapiro, D.O.
MSA President-Elect

His interest in educating practitioners about office safety led to his organizing and moderating a panel discussion at the American Society of Anesthesiologists (ASA) Annual Meeting (2006) and development of the first Harvard Medical School OBA CME Course in 2007. Highlights of the OBA course, curriculum, panel, and ASA publications became an educational exhibit presented at national meetings from 2005-2009. In Sept 2010, he will be the course director for the Harvard Medical School CME Course entitled, "Office Based Anesthesia: Keeping it Safe, Simple, and Pain Free". In additional to the clinical and business aspects of the course, an additional day has been added to introduce simulation to satisfy The ABA Part IV Maintenance of Certification in Anesthesia (MOCA).

He was a team leader in the ASA-SAMBA Task Force that produced the second edition of "Office Based Anesthesia: Considerations for Setting Up and Maintaining a Safe Office Anesthesia Environment," a comprehensive 'nuts and bolts' manual published by the ASA Nov 2008. He is currently leading the revision of the Office Based Surgery Guidelines for the Mass Medical Society. Upon completion, these will be submitted to the MA Board of Registration in Medicine.

Dr. Shapiro's experiences at MGH enabled him to learn the safety benefits alpha 2 agonists offer in pain management. He created a total intravenous anesthetic technique utilizing dexmedetomidine in aesthetic facial surgery, he has given over sixty local, regionaln national and international lectures and presented numerous posters.

In 2006, he was a Priniple Investigator of a multicenter, prospective trial assessing safety and efficacy of dexmedetomidine in Monitored Anesthesia Care (MAC), which led to the FDA approval for its use for perioperative procedural sedation in non-intubated patients.

He has written review articles on Safe anesthesia for ambulatory cosmetic surgery in Current Opinion in Anesthesiology, Anesthesia for Outpatient Aesthetic Facial Surgery, and Safety in the Office-Based Anesthesia Setting in Current Reviews in Clinical Anesthesia. He has been invited to present these topics nationally and internationally.

He has been Chairman of the MSA Public Education Committee since 2001

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REMINDER TO MEMBERS

IT'S THAT TIME OF YEAR THAT THE IN-COMING PRESIDENT, DR. SHAPIRO, WILL BE REVIEWING THE MSA COMMITTEES AND APPOINTING COMMITTEE MEMBERS - IF YOU ARE INTERESTED IN GETTING INVOLVED, PLEASE CONTACT THE MSA OFFICE BEFORE APRIL 1, 2010.

(see page 2 for a listing of MSA Committees)

Report of Counsel - continued

PAYMENT REFORM INITIATIVES

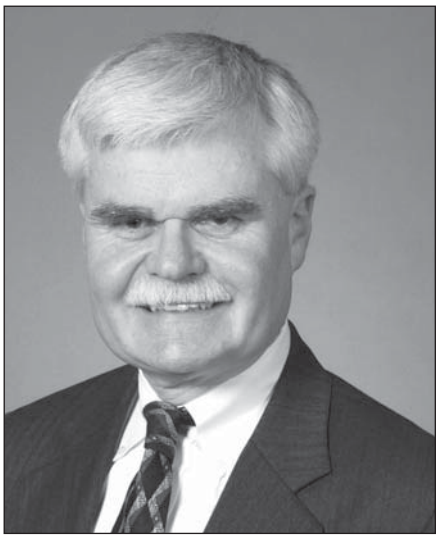
(continued from page 1)

is viewed as a great success with 97.4% of residents now having health care coverage, and the U.S. Census reports that Massachusetts has the lowest rate of uninsureds in the nation. The Massachusetts access law has become a model for health care reform nationally.

The state is understandably well pleased with its health care access achievement, but the cost of health care continues to rise and the state is paying more than expected to subsidize premiums for low income residents. In the private market, businesses, especially small businesses are struggling to afford rapidly increasing health insurance premiums. In the view of state leaders, unless health care costs are addressed, affordability will undermine the universal expansion of health care access in Massachusetts.

Payment Reform

Last year, the Legislature created a Special Commission on Health Care Payment Reform which completed its study of the health care system this past summer. The Commission recommended that the current "fee-for-service" payment system be replaced by a prospective global payment system as the predominant form of provider payment in the Commonwealth. The Commission reported that fee-for-service rewards service volume rather than outcomes and efficiency and is a driver of health care costs. The Commission recommended a transition to a global payment system over a period of five years, which would be built around Accountable Care Organizations (ACOs). ACOs would consist of hospitals, physicians and/or other clinicians and non-clinician providers working as a team to manage both the provision and coordination of care for the full range of services



Edward J. Brennan, Jr.
MSA Legal Counsel

that patients are expected to need.

The Legislature held a hearing in the fall on the Commission's report. Dr. Hannenberg testified on behalf of the MSA urging caution and joined with the Massachusetts Medical Society, other specialty societies and the Hospital Association in recommending pilot programs rather than a wholesale statewide change in the payment system. The Patrick Administration, as well as the Legislative Chairs of the Health Care Financing Committee, is separately drafting legislation to implement the Commission's report. Senate President Therese Murray, in her remarks on the opening day of the 2010 Senate session on January 6th, indicated that health care payment reform would be high on the Legislature's agenda for this year. What the state has learned is that expanding health care access is relatively easy. What is difficult, raises controversy and may be fraught with unintended consequences is government efforts to impose cost containment.

Small Business Insurance

While a transition to any global payment system is viewed as a long term solution to rising health care costs, pressure is building to address in the interim the high cost of health insurance for small businesses.

In the fall, Governor Patrick ordered the Commissioner of Insurance to look at the cost of health insurance for the small business market. Premiums have been rising at a faster pace and are much higher than what large groups pay. The Division of Insurance has been conducting informational hearings and is expected to issue a report with recommendations to the Governor in late January.

Separately, legislation has been filed by the chairs of the Health Care Financing Committee to create a new health insurance policy for small businesses (less than fifty employees) that all insurers would have to offer. Payment to providers would be capped at 110% of Medicare. Providers would have to accept that fee as a condition of licensure, and would be locked into participation if a provider has any other contract with a health insurer that offers such a small business plan. The bill (S.2170 and H.4330) is being pushed by insurance and business forces on Beacon Hill. MSA President, Dr. Hepner, joined with the Massachusetts Medical Society and the Massachusetts Hospital Association at a State House hearing strongly opposing the bill and any government effort to impose a cut in fees in the private insurance market. The bill currently remains in the committee.

The Division of Insurance report on the small business insurance market will likely stir some legislation to reform that market. It can be anticipated that such reform effort could be included in any legislation to address the overall health

(continued on next page)

CENTER FOR MEDICAL SIMULATION

MOCA™ SIMULATION COURSE OFFERED FOR ABA DIPLOMATES

The Center for Medical Simulation (CMS) will be offering a simulation course for ABA Diplomates needing to meet the Maintenance of Certification in Anesthesiology Program (MOCA™) Part IV simulation requirement on May 22 and special MOCA™ course for Office Based Anesthesia on September 24, 2010. Additional dates may be scheduled depending on demand. Tuition is $1,500.

This course will meet all of the ABA requirements as defined by the ASA Committee on Simulation Education, and will include opportunities to practice critical event management and teamwork skills. It will last about 8 hours and every participant requiring MOCA™ certification will have a chance to play a primary role as an anesthesiologist. The course is geared to meeting the objectives of the MOCA™ Part IV requirement, but is also appropriate for any anesthesiologist seeking to practice skills in managing critical events. While there will be opportunities to learn skills in managing some specific events, the focus will be on learning generic skills in managing any type of infrequent but critical event in anesthesia. CMS has been conducting challenging courses for residents since 1994 and for practicing anesthesiologists since 2001.

To learn more about CMS MOCA™ simulation course go to:
http://www.harvardmedsim.org/clinical-training-anesthesia.php

A list of all ASA-endorsed programs can be found on their website. ~

* * * * *

Report of Counsel - continued

NURSE ANESTHETIST PRESCRIPTIVE AUTHORITY

(Continued from previous page)

care payment system.

The MSA will be monitoring closely developments at the State House and will work to make sure the voice of anesthesiology is heard in any payment reform effort. The MSA may call upon you to speak out and contact your legislators, as issues develop. We urge you to participate.

Nurse Anesthetist Prescriptive Authority Legislation

The nurse anesthetists have again filed legislation that would grant them authority to prescribe medications in Massachusetts. They are the only APNs (Advance Practice Nurse) who do not have prescriptive authority. For those APNs who have prescriptive authority (nurse practitioners, nurse mid-wives and psychiatric nurses) Massachusetts law allows the nurse to order tests and therapeutics and prescribe medications under the supervision of a physician pursuant to regulations developed jointly by the Nursing Board and the Board of Registration in Medicine.

MSA president David Hepner, M.D. and past president Mark Hershey, M.D., testified at a hearing in July that MSA would not object to prescriptive authority if it is for the immediate perioperative care of a patient. To the extent that a CRNA may need prescriptive authority, for example, to write an order for an RN to administer a sedative immediately prior to surgery or order a nurse to administer an antiemetic or opioid during the immediate postoperative period in the postanesthesia care unit (PACU), MSA would not object so long as the CRNA is functioning under the supervision of a physician (the anesthesiologist in the anesthesia care team model) pursuant to regulations developed jointly by the Nursing and Medicine Boards. The MSA opposes any prescriptive authority for CRNAs relating to preoperative or pain clinics.

The nurse anesthetists are looking for a broader definition of perioperative care that would include prescriptive authority for preoperative clinics. They seem to be particularly concerned that nurse practitioners and physician assistants, who have prescriptive authority, are being used by some anesthesia groups to conduct preoperative evaluations. MSA's response is that by training and experience, nurse practitioners and physicians assistants are more qualified to conduct an overall physical assessment of a patient for preoperative evaluation than a nurse anesthetist. Moreover, current Massachusetts Nursing Board regulations on CRNA scope of practice allow nurse anesthetist to only perform "an immediate preoperative evaluation". The Legislature's Committee on Public Health asked the MSA and the Massachusetts Association of Nurse Anesthetists (MANA) to meet to see if we can resolve differences. MSA leaders met in December with MANA and expressed MSA's position that "immediate perioperative services" is what MSA can support for prescriptive authority for nurse anesthetists. MSA leadership has also met with the House Chairman of the Public Health Committee regarding our position. ~

TRIBUTE

DR. ROBERT M. SMITH, AN OUTSTANDING RETIRED MEMBER OF THE ANESTHESIA COMMUNITY PASSED AWAY AT 96

From the Harvard Medical School Office of Communications:

The HMS flag is at half-staff today in memory of Robert M. Smith, MD, clinical professor of Anaesthesia, former chief of Anesthesiology at Children's Hospital Boston (CHB) and a pioneer in Clinical Anesthesiology in children, who died on November 25, 2009. He would have been 97 on December 10.

Dr. Smith received his bachelor's degree from Dartmouth College in 1934 and his medical degree from Harvard Medical School in 1938. He completed a rotating internship at the Faulkner Hospital and two years of general surgery at Boston City Hospital before going into general practice in Cohasset for a year.

In 1942 he entered the army and received three months of anesthesia training before being appointed chief of Anesthesia of the 100th General Hospital (in France and Germany), a position he held until 1946. Following this service, he joined the HMS community as assistant in Anaesthesia and served on the staff of Children's Hospital Boston, where he was appointed the hospital's first Anesthesiologist-in-chief. He would remain at CHB for over three decades serving as Anesthesiologist-In-Chief and rising to the position of clinical professor of anaesthesia.

Dr. Smith was a distinguished pioneer of pediatric anesthesia. The pediatric anesthesia fellowship program he started at CHB is one of the oldest in North America and includes intimate bedside teaching. At a time when anesthesia monitoring consisted primarily of simple visual observation of the anesthetized child, Dr. Smith initiated the concept of physiological monitoring using the precordial stethoscope and pediatric and neonatal blood pressure cuffs (Smith cuffs), initially hand-made in his garage.

In 1959, Dr. Smith wrote a major comprehensive textbook specifically dedicated to the anesthetic management and care of children, titled Anesthesia for Infants and Children. In 1990, after the fourth edition by Dr. Smith, the fifth edition was renamed Smith's Anesthesia for Infants and Children, when Dr. Smith passed the baton to colleagues Dr. Etsuro K. Motoyama, his former associate, and Dr. Peter J. Davis, who expanded the book to a scholarly multi-authored text.

Dr. Smith's legacy and basic messages of safety and compassion for children are continued today in his textbook which is soon to appear in its 8th edition, the longest running textbook of pediatric anesthesia in the world.

Included among his many accomplishments, he served as the president of the Children's Hospital medical staff, director of the Massachusetts Society of Anesthesiologists, president of the New England Society of Anesthesiologists, and chairman of the Section on Anesthesiology of the American Academy of Pediatrics.

He was the first pediatric anesthesiologist to receive the Distinguished Service Award from the American Society of Anesthesiologists. His many honors also included a Special Recognition Award from the Section on Surgery of the American Academy of Pediatrics.

After retiring as clinical professor of Anaesthesia, emeritus, from HMS in 1980, Dr. Smith practiced at the Franciscan Hospital for Children from 1980-1992.

Dr. Mark Rockoff, associate Anesthesiologist-In-Chief at CHB and HMS professor of Anaesthesia said, "He is widely considered the Father of Pediatric Anesthesia in the USA and had a truly remarkable impact on the development of the specialty."

Dr. Smith was predeceased by his wife of 69 years, Margaret L. Smith. He is survived by his two daughters, Marcia S. Dalva of Larkspur, CA, and Karen S. Young of Andover; his son, Jonathan E. Smith, of Wellesley; eight grandchildren; and two great-grandchildren.

A Memorial Service was held at the Winchester Unitarian Church 478 Main Street on Saturday, December 12 at 1 p.m. All were invited to attend.

In lieu of flowers, the family would appreciate donations made in memory of Dr. Robert Smith to establish a chair in his honor at Children's Hospital Boston. Please mail checks to: Children's Hospital Trust, 1 Autumn Street #731, Boston, MA 02215-5301. ~

The MSA will be honored to make a contribution to "Children's Hospital Trust"

President's Report- continued

THE MSA OFFICERS AND COUNSEL ED BRENNAN TESTIFY ON BEHALF OF ALL ANESTHESIOLOGISTS IN THE COMMONWEALTH

(continued from page 3)

efficient, quality healthcare system for the Commonwealth.

On the heels of this testimony, we got 24 hours warning of a public hearing on another bill, Senate bill 2170, which would require physicians and all other health care providers to accept 110% of Medicare rates for health insurance for small businesses. Acceptance of set rates would be a condition of licensure for physicians. In addition, physicians would have to accept all patients and rates if they participate in any other plan offered by that insurer. The goal of the bill is to make health insurance more affordable for small businesses. Unfortunately, there is nothing in the bill that would require health insurers to pass the savings along to the employers. The bill is supported by the insurance industry and small business associations. I testified on behalf of the MSA and was part of a panel with Dr. Mario Motta, President of the MMS, and Dr. Alan Semine, President of the Massachusetts Radiological Society. The Massachusetts Hospital Association (MHA) testified separately in opposition. We testified that a forced reduction of fees to 110% of Medicare would be particularly devastating to anesthesia practices since an aberration in the development of the Medicare Resource Based Relative Value System has resulted in Medicare anesthesia rates being less than 40% of the average private plan payer. This would lead to an exodus of anesthesiologists from the Commonwealth and affect access to anesthesia services. In addition, we testified that this proposed legislation will only generate suspicion and opposition to payment reform, explaining that the ultimate success of a new system is dependant on providers believing in the new system. Even though Senator Richard Moore, the Senate Chair of the Joint Committee on Health Care Financing, understood the concept of the unique

ASA Guest Speaker, Dr. Roger Moore and Incoming MSA President Dr. David Hepner at the MIT Endicott House, Dedham.

Medicare treatment of anesthesia, he didn't seem to abandon the concept of mandated provider payment cuts. Representative Harriett Stanley, the House Chair of this committee, asked the MMS to provide an alternative solution before year's end. Just a few days before the end of the year, the MMS and MHA sent a joint letter to Representative Stanley, to address the cost of insurance for small businesses. The letter, which the MSA supports, states that the MMS and MHA are not in favor of creating additional legislation.

As you can see, the MSA officers and Mr. Brennan, who has been instrumental in our testimony to the government, are always willing to testify on behalf of all anesthesiologists in the Commonwealth. It is important to mention that none of the issues stated above have been settled, and that the MSA continues to monitor and attempt to shape legislation. Failure to express our views could lead to unintended consequences, as there are always issues in the legislature related to reimbursement, scope of practice and healthcare reform. I would like to remind all MSA members that the Executive Committee meetings, where all of these issues are discussed, are open to any MSA member. By attending these meetings, you will become more informed and may decide to get more involved with a committee or issue. The MSA is always looking for anesthesiologists who are willing to get more involved, be part of a committee, or even become an elected officer. At my first executive committee meeting back in September we had a record number of attendees and I met many new faces. I have been approached by many so far and I have been able to nominate them to MSA committees. If you would like to be more involved, please send an e-mail to msabox1@verizon.net to express your interest.

If you don't have the time to get involved now, please consider calling your legislators when a particular issue arises and donate to the MSA and ASA PAC. To contribute to the MSA PAC, please send in your donation to PO Box 1208, Marshfield, MA 02050. The ASA PAC was instrumental in helping pass the bill, "Medicare Improvements for Patients and Providers Act of 2008", which will restore full Medicare payment for two

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Hospital in Review - continued

THE PAIN MANAGEMENT PROGRAM IS AN OUTGROWTH OF ANESTHESIOLOGY

(continued from page 1)

who has been a visionary leader for the last decade. The Department of Anesthesiology at Boston Medical Center is administered by Anesthesia Associates of Massachusetts, the largest anesthesia provider in New England. This academic/private practice group, following the precepts of its founder, Ellison Pierce, MD, prides itself in maintaining the highest standards of safety and patient care. Presently, this group has over 130 physicians providing care, consulting, and administrative services in a variety of facilities and other anesthesia-related enterprises. A core group of physicians dedicated to the residency program and other Departmental functions form part of the anesthesia team at Boston Medical Center:

- Alex Kotov, MD, Director of Cardiac Anesthesia
- Chris Connor, MD, PhD, Assistant Professor and Director of Clinical Research
- Eddy Feliz, MD, Assistant Professor and Director of Resident Education
- Elena Brasoveanu, MD, Assistant Professor and Director of Menino Operating Rooms
- Joseph Mackey, MD, Assistant Professor and Director of Moakley Ambulatory Center
- Keith Lewis, MD, RPH, Professor and Chairman
- Mauricio Gonzalez, MD, Assistant Professor and Vice Chairman for Clinical Affairs
- Nina Zachariah, MD, Assistant Professor and Director of Obstetrical Anesthesia
- Rafael Ortega, MD, Professor and Vice Chairman for Academic Affairs
- Ruben Azocar, MD, Associate Professor and Residency Program Director
- Ruth Padilla, MD Director of Pediatrics

The New Moakley Ambulatory Center at Boston Medical Center

In addition to this team of anesthesiologists mainly dedicated to Boston Medical Center, other Anesthesia Associates of Massachusetts physicians contribute to the education and training of residents as well as provide anesthetic care. All anesthesiologists at Boston Medical Center are diplomats of the American Board of Anesthesiology and are certified in their respective areas of sub-specialization including critical care, pain medicine, and perioperative transesophageal ecocardiography.

Boston Medical Center has three main anesthetizing locations. The Newton Pavilion has 10 operating rooms and is largely dedicated to performing complex cardiac, thoracic, orthopedic, neurosurgery, general surgery and urologic procedures. The Menino Pavilion has 8 operating rooms and provides care for pediatrics, surgical emergencies, and pediatric and adult level 1 trauma services. The Emergency Room at BMC sees over 140,000 visits per year. The labor and delivery suite has 2 operating rooms exclusively dedicated to surgical obstetric care. The Moakley Ambulatory Center, an architecturally beautiful and state-of-the-art installation, has 6 operating rooms specializing in outpatient procedures using total intravenous anesthesia (TIVA). A dedicated anesthesia team administers over 1100 anesthetics yearly in a variety of remote locations throughout the hospital on a daily basis. These teams perform procedures in all surgical specialties, including cardiac, thoracic, obstetrics, pediatrics, and trauma.

The hospital was the first institution in Massachusetts to perform robot-assisted prostatectomies and has successfully completed the highest number of these procedures in the state. Each of the three main anesthetizing locations is staffed with a team of dedicated anesthesia technicians. Each operating room is equipped with modern anesthesia machines and a depth of anesthesia monitor. The cardiac and trauma operating rooms have dedi-

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Hospital in Review - continued

AT BOSTON MEDICAL CENTER, THE ANESTHESIA DEPARTMENT IS INVOLVED IN A VARIETY OF SCIENTIFIC AND EDUCATION ACTIVITIES

(continued from previous page)

cated transesophageal ecocardiography machines. An anesthesia information management system allows computerized anesthesia record-keeping in every room and provides immediate access to statistical information used to manage the operating room and to conduct quality improvement activities. This system complements the other hospital activities carried out digitally, including electronic order entry and other functions related to the medical record. Lastly, there are automated drug-dispensing machines in every main anesthetizing location and the Moakley Ambulatory Center has one in each individual operating room.

The Anesthesia Department at Boston Medical Center has been instrumental in making its operating rooms examples of efficiency. The ingenious use of open block scheduling with meticulous oversight of case duration and turnover times has allowed maximum utilization of all operating rooms in this busy medical center. In FY 09 the institution experienced a 10% increase in surgical volume. The creation of an open room dedicated only to emergencies has nearly eliminated the need for bumping elective procedures. Under the leadership of Dr. Keith Lewis, a rigorous and efficient operating room management approach has resulted in a streamlined perioperative process. Boston Medical Center's achievements in innovative OR management were praised by the Wall Street Journal in August 2005.

In addition to providing care in the Medical Center's operating rooms, the Department of Anesthesiology has a rapidly expanding dedicated pain clinic which operates three days a week. The clinic performs approximately 20-24 procedures a day ranging from epidural steroid injections to complex interventional chronic pain-related procedures.
The Residency Program, one of the earliest in the country dating back to 1937, has nine residents per year. It's modest size assures that each resident receives personalized attention from the Department's leadership. With a 100% passing rate on the American Board of Anesthesiology Examination, the training program is the jewel of the department. There are classroom teaching activities every day of the week, and the anesthesia medical student rotation is one of the most popular on campus. Graduates enjoy the benefits of training in a complex and avant-garde academic medical center while being exposed to anesthesiologists who also work in a private practice setting. This unique combination allows for the preparation of well-rounded residents who become proficient in all aspects of the practice of anesthesiology. Over 15 BU medical students per year pursue a career in anesthesiology.

Most educational activities in the Department are managed digitally using Boston University's Courseinfo. This sophisticated Internet-based course management system allows for distributing streaming lectures and educational videos, conducting quizzes and surveys, and maintaining statistical information regarding the residents' learning activities.

Boston Medical Center has multiple intensive care units including medical, surgical, cardiac and pediatric units. Since 2009, the 14-bed multidisciplinary unit on the East Newton Pavilion has been staffed 24 hours a day by an in-house anesthesiologist intensivist. Thus, there is an in-house anesthesiology attending in all major areas of the hospital including Labor and Delivery, the Menino Pavilion, and the East Newton Pavilion.

The Department is also involved in a variety of scientific and educational activities. It has a long tradition of presenting high quality exhibits at national meetings including the ASA, PGA, and IARS annual meetings. These exhibits have earned the department numerous awards, including the 1st prize for best scientific exhibit three years consecutively at the ASA Annual Meeting.

The Department has outstanding Simulation and Multimedia Centers. Residents and faculty are trained and

(continued on next page)

Boston Medical Center's Anesthesiology Simulation Center

Hospital in Review-continued

BOSTON MEDICAL CENTER-Continued

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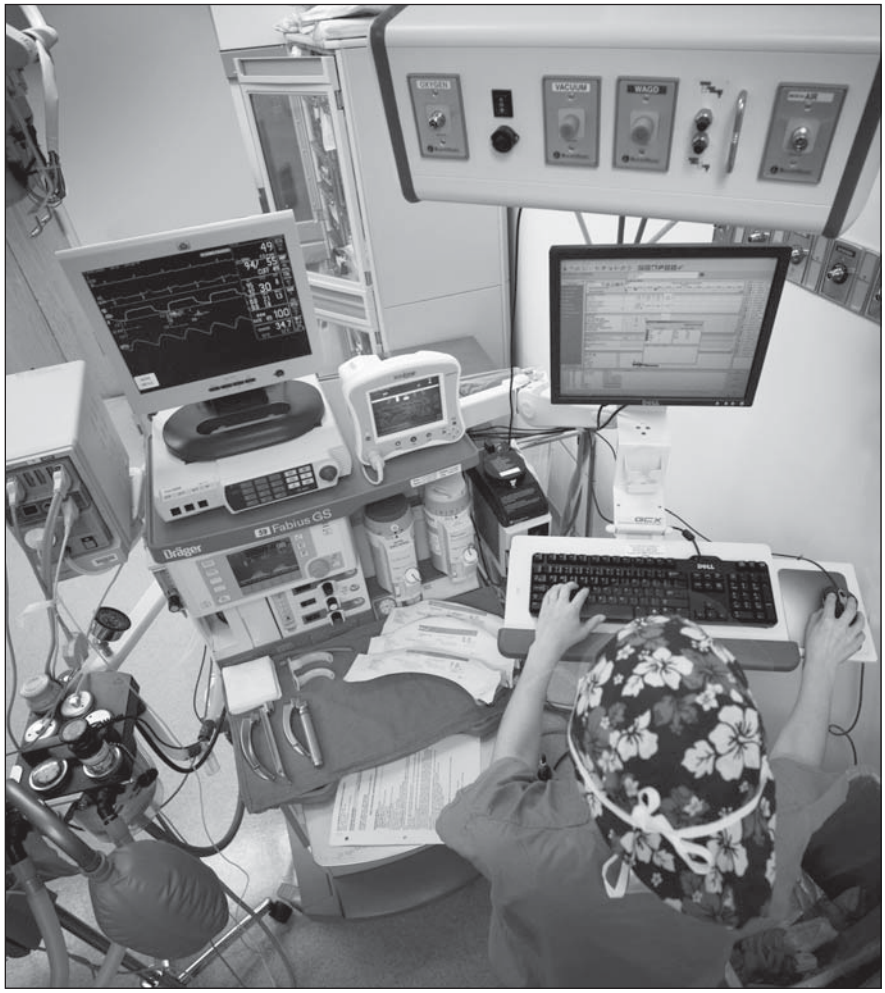
evaluated in a variety of clinical scenarios in the dedicated and up-to-date Simulation Center. The Center has a sophisticated mannequin, hardware, and a modern debriefing room with a large plasma screen for scenario review. All new residents go through extensive and rigorous training in the simulation center both prior to engaging in the administration of anesthetics and throughout their training.

Additionally, the Department operates a Multimedia Center in which faculty and residents prepare compelling audiovisual presentations. The Multimedia Center produces a variety of educational materials which have gained national recognition. In 2004, the Center published "An Anesthesia Journey", a DVD documentary on the illustrious career of the late of Leroy D. VanDam, M.D., in which Dr. VanDam explains the historical evolution of the anesthesia delivery apparatus. More recent productions from the Media Center include several publications for the New England Journal of Medicine's Videos in Clinical Medicine and a multilanguage program dedicated to the use of pulse oximetry produced in collaboration with the World Health Organization and the World Federation of Societies of Anesthesiology. Recently, the Media Center produced a DVD documentary titled "The Ether Monument: A Story of Beauty and Controversy" published and distributed by the Wood Library Museum of Anesthesiology, which has been favorably reviewed in the Journal Anesthesiology.

The Department is entering its 6th year in running a highly successful continuing medical education program, the Ellison Pierce Symposium, named after the founder of the group. The Symposium is dedicated to discussing topics in risk management, operating room administration, and cutting-edge clinical advances. It is held at the Fairmont Copley Plaza in Boston, presents speakers of national reputation, and has been filled to capacity since its inception with national and international attendees.



Anesthesiologists working with the computerized anesthesia record

Ellison Pierce, M.D., Leroy VanDam, M.D., and many other Boston anesthesiologists were concerned with the restoration and upkeep of the Ether Monument decades ago. Recently, the Anesthesia Department at Boston Medical Center, in collaboration with other teaching institutions and the American Society of Anesthesiologists, catalyzed the refurbishment of the Ether Monument and the creation of a fund administered by the Friends of the Public Garden for the maintenance of the Monument.

Boston Medical Center's Department of Anesthesiology understands that the well-being of the specialty depends not only on providing safe and efficient patient care, but also on participation in hospital-wide activities, professional organizations, and society at large. Thus, its members serve on committees and hold leadership positions in the Massachusetts Society of Anesthesiologists, the American Society of Anesthesiologists, the American Board of Anesthesiology, the Wood Library Museum, World Federation of Societies of Anesthesiology, and other organizations. Furthermore, the Department has contributed to varied charitable and non-profit causes including Boston Medical Center's Food Pantry and the Anesthesia Patient Safety Foundation.

(continued on next page

Personality Profile - continued

FRED E. SHAPIRO, D.O.-PRESIDENT-ELECT

(continued from page 5)

and has organized and moderated open forum discussions to educate the public about the perioperative role of the anesthesiologist both inside and outside of the OR.

In 2009, he founded The Institute for Safety in Office Based Surgery (www.ISOBS.org) an independent, non-profit organization. The Institute mission is to promote patient safety in office based surgery and to encourage collaboration, scholarship, and patient and physician education. The goal is to generate uniform legislation throughout the United States, thereby improving patient safety, and ultimately saving lives.

In Oct 2010, he will be Chair of the SAMBA Mid-Year Meeting in San Diego, CA. Currently, he is both Delegate (Suffolk District) to the Mass Medical Society and to the ASA House of Delegates. In May 2010, he will become President of the MSA.

When outside the hospital he enjoys art, music, and theatre. In the winter he enjoys skiing, during the spring and summer bicycling and jogging on the Charles River, and 'all year round' he plays as much squash as possible. Most agree that he is a 'people person'; he enjoys entertaining at home and sharing quality time with family and friends.

His appointment to ASA Committees of Governmental Affairs, and Ambulatory Surgical Services support his recognition as an expert and leader in the field of office-based anesthesia. This, combined with his clinical expertise, innovation, educational and administrative experiences will enable him to advance his ultimate goal of improving safety in the practice of anesthesia. ~

Pictured above: Drs. Harry Gingsburg, Gerald Zeitlin and Phil Rosene

* * * * *

Boston Medical Center- continued

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Thus, Boston Medical Center's anesthesia team represents an admirable example of involvement beyond the confines of the institution.

The Department also includes several musicians who together with surgeons and physicians from other specialties have formed the Boston Medical Center Band. The group is a diverse ensemble composed of medical students, faculty, and staff whose mission is to foster interpersonal relations in the medical center through the enjoyment of music from every tradition.

About 70% of Boston Medical Center patients come from under-served populations—including low income families, the elderly, people with disabilities, minorities and immigrants.

The institution's Interpreter Services Program is the most extensive in New England, handling nearly 200,000 health care-related interactions. Boston Medical Center was the first hospital in Massachusetts to adopt an advanced video interpretation service offered in 150 languages, including American Sign Language.

Despite the challenges presented by the current economic climate, Boston Medical Center continues to grow and has a bright future. With a wealth of tradition, and caring for Boston's most diverse patient population, the Department of Anesthesiology at Boston Medical Center is committed to the hospital's mission to "provide exceptional care without exception".

For more information visit:
www.bmc.org/anesthesia
or call 617-638-6950 ~

PRESIDENTIAL GALA

MSA CELEBRATES WITH ALEX HANNENBERG, M.D., ASA PRESIDENT

Thanks to the generosity of both individual as well as corporate donors throughout our state, the MSA was able to sponsor both the New Orleans Presidential Gala as well as our own Massachusetts Presidential Gala. Unlike almost all other component societies, NO MSA funds were used to make these events possible. ALL money was donated. Those who donated should be thanked.

Pictured above; Mrs. Carol Hannenberg, Dr. Selina Long, ASA President-elect Dr. Alexander Hannenberg, MSA President Dr. David Hepner, ASA President Dr. Roger Moore and Mrs. Moore.

Dr. Mark Hershey, Master of Ceremonies at the Massachusetts Presidential Gala at Woodland Golf Club in Auburndale.

Pictured above: Dr. Alexander Hannenberg and Dr. Inder Malhotra

Pictured above: Dr. James Philip (Photographer), Dr. Beverly Philip and Dr. Fred Shapiro

Photos courtesy of James H. Philip, MD • jim@lifename.com

PRESIDENTIAL GALA

Below is a list of the corporate and private donors.

Corporate donations

Baystate Medical Center, Springfield Anesthesia Services
Beth Israel Deaconess Medical Center, Dept. of Anesthesiology
Brigham and Women's Hospital, Dept. of Anesthesiology
Cape Cod Hospital, Cape Cod Anesthesia Associates, Inc.
Children's Hospital Anesthesia Foundation, Inc.
Law Offices of Edward J. Brennan, Jr.
Massachusetts General Hospital, Dept. of Anesthesiology
Medical Anesthesiology Consultants Corp.
Milford Regional Medical Center, Milford Anesthesia Associates, Inc.
Newton-Wellesley Hospital, Commonwealth Anesthesia Associates
Physicians Accounts Receivable (PAR Management)
St. Elizabeths Medical Center, CAP Anesthesia PC
St. Vincents Hospital, Ambulatory Anesthesia Associates, PC
Tufts Medical Center, Department of Anesthesiology
Umass Memorial Hospital, Central Massachusetts Anesthesia

Past ASA President, Dr. Ellison "Jeep" Pierce seated with ASA President Dr. Alex Hannenberg

Pictured above: Dr. Beverly Philip, Dr. Fred Shapiro, Dr. Alex Hannenberg and Dr. David Hepner

Private donations

Konstantin Balonov, MD
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Valery Steinbok, MD
Anil Vyas, MD
Jeanine Wiener-Kronish, MD
W. Heinrich Wurm, MD
Onsy Yousef, MD
Gerald Zeitlin, MD

Pictured above: Dr. Hannenberg receiving "the crown" from Dr. Mark Hershey

Pictured above: Dr. Charles A. Vacanti and Dr. Alex Hannenberg

Photos courtesy of James H. Philip, MD • jim@lifename.com

DISTRICT 6 NEWS

PROUD OF REPRESENTING MSA DISTRICT 6

by Cristin A. McMurray, M.D.

District 6 encompasses a large number of hospitals with varying practices, both academic and private, adult and pediatric, general and specialty. It includes: Beth Israel Deaconess Medical Center, Boston Medical Hospital, Brigham and Womens' Hospital, Cambridge Hospital, Carney Hospital, St. Elizabeth's Hospital, Childrens' Hospital, Faulkner Hospital, Franciscan Hospital for Children, Boston Shriners Hospital, Tufts Medical Center, Lemuel Shattuck Hospital, Massachusetts Eye and Ear Infirmary, Massachusetts General Hospital, Mount Auburn Hospital, New England Baptist Hospital, New England Eye Center, and VA Boston.

As the District 6 representative, I look forward to hearing from you over the coming months about any issues you would like to raise or questions you may have. We would like to begin to compile newsworthy items to promote awareness of the district and publicize important events. Please send comments, ideas, questions, or even interesting cases to me at cristinmcmurray@gmail.com.

Cristin A. McMurray, M.D.
MSA District 6 Representative

* * * * *

Short Biography

Cristin A. McMurray, M.D. hails originally from Gainesville, FL. She attended Smith College in Northampton, MA, then returned to Florida, where she attended the University of Florida College of Medicine and completed her internship in Family Medicine. She moved back to Massachusetts to complete her residency in anesthesia at BIDMC, and she then completed her fellowship in Pain Medicine there as well, finishing in 2008. She accepted a staff position at Carney Hospital in October 2008, where she divides her time between anesthesiology and interventional pain medicine. She has particular professional interests in myofascial pain and abdominal and pelvic pain. She decided to become active in the MSA to learn more about the political and financial aspects of practicing anesthesiology in today's rapidly changing healthcare environment.

When not working, she spends time with her husband and four cats at their home in Cambridge. She is active in the Smith College Club of Cambridge and enjoys Sacred Harp singing, reading, cooking Mexican cuisine, and, most recently, learning to play golf on Wii. ~

President's Report-continued

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concurrent cases medically directed by the same anesthesiologist, ending more than a decade of an unfair penalty. Massachusetts traditionally has been poor in donating to the PAC, in fact, only a few states donated less per member than we did. We should not take for granted what the ASA does for us; we need to remain active in this tough political and economic climate. Since our donations to the PAC are among the lowest in the nation, I pushed members of the executive committee and my own department to donate. Our participation increased by 70%, but we still remain at the bottom of the donors by State. A donation to the ASAPAC can be done with a credit card through the ASA website. Please go to http://www.asawebapps.org/docs/asapac.asp. You will need your ASA user-name and password to log on. If you forgot those, you can easily obtain them by calling the ASA headquarters at (847)825-5586 and asking for member services. Now more than ever it is important that the MSA and ASA have a hand in crafting legislation going forward!

I cannot finish this report without congratulating our own Dr. Alex Hannenberg, the current ASA president, for the great job that he has done in ensuring the ASA has a strong voice in healthcare reform at the national level. I am also very grateful to have Dr. Hannenberg guide me as the MSA continues to face similar issues at the state level. ~

Dr. David Hepner with outgoing President Dr. Beverly Philip.

REPORT FROM THE ASA COMMITTEE ON ANETHESIOLOGIST ASSISTANTS PRACTICE AND EDUCATION

by McCallum R. Hoyt, M.D., MBA

Anesthesiologist Assistants, or AAs as they are better known, are steadily expanding into American anesthesia practice. This is the first article in a two-part series that is intended to answer the most common questions about who they are. This piece will focus on defining AAs and how they came to be, their educational requirements and their certification process. The second article will focus on licensure, the politics of their entry into the anesthesia profession and what AAs bring to the anesthesia care team.

The concept of AAs was developed in the mid-60's by Drs. Gravenstein, Steinhaus and Volpitto. Their initial paper on the manpower shortage in anesthesia (Gravenstein, Anesthesiology, 1970; 33: 350-7) and later on physician assistants in anesthesiology (Steinhaus, Anes Analg, 1973; 52: 794-9) laid out the argument for the development of a graduate level, middle-tier health care provider working under the supervision of an anesthesiologist in much the same manner that a physician assistant (PA) works under the supervision of a physician. Aware that many would be concerned about the introduction of yet another mid-level provider at a time when CRNAs were well established in that role but allowed to practice under any physician's supervision, the defining charter on AA practice required that AAs work under the supervision of anesthesiologists only. No other physician could be substituted. The charter also stipulated that at least 60% of the governing Board for AAs would be comprised of anesthesiologists. Since the inception and establishment of AAs, CRNAs have lobbied to remove all physician supervision, with some success in certain states. The AA charter continues to define the profession today and its Board's oversight structure. Thus, the supervision mandate is not likely to change unless anesthesiologists wish to remove it. This condition has relieved the concerns of many anesthesiologists that AAs might follow the path of CRNAs in looking to practice independently.

McCallum "Cally" R. Hoyt, M.D., MBA
ASA Committee on AA Practice and Education

The first two schools to offer a Masters in the Science of Anesthesiology (MSA) were Emory University in Atlanta, GA and Case Western Reserve University in Cleveland, OH. There are now six schools up and running with more being developed. All candidates for admission are graduates from a four-year undergraduate institution and although a degree in a science is not required, the successful completion of courses that a pre-medical student would have to take to apply to medical school is required. The graduating GPA must be 2.75 or better (the average GPA is 3.2-3.4) and the applicant must take the GRE or MCAT. Some, such as Case Western, accept the MCAT only while other schools will accept either exam.

The masters degree is a full-time, two year course of study and all programs are accredited through the Council on Accreditation of Allied Health Educational Programs (CAAHEP). Generally, the program is broken into six semesters that take twenty-four months to complete. The classroom portion occurs during the first three semesters and teaches the expected basics such as physiology, physics and pharmacology as they apply to anesthetic practice. Also during these semesters, the students are exposed to general clinical practice where they are placed one-on-one with a certified AA who is working under a supervising anesthesiologist. This exposes the student from the beginning not only to the ACT (Anesthesia Care Team) model but also the clinical teachings from the anesthesiologist. During the final three semesters, students rotate through all the subspecialties while still paired with a certified AA.

To further contrast the application and education requirements of AAs from CRNAs, I can recount from personal knowledge the path of a nurse who went into the nursing profession with the sole purpose of becoming a CRNA. Because this nurse worked at the affiliated hospital to Case Western Reserve University, he was exposed to AAs as well as CRNAs. He explored both educational and training requirements and decided that the AA requirements constituted the stronger program. However, he was rejected when he applied to the MSA program because he had not completed the undergraduate courses required for admission. Instead of switching to the CRNA program, for which he was well qualified, he went back to complete his undergraduate studiesspecifically the pre-medical courses that were lacking, took the MCAT, applied and was accepted. He is a practicing AA in Ohio today.

After graduation, certification is required before an AA can practice. The National Commission for Certification of Anesthesiologist Assistants (NCCAA) provides the certification process for AAs, and the initial certifying exam is taken shortly after graduation as employment is contingent upon being certified. Once completed, the graduate adopts the initials of "AA-C". Certification must be maintained by accruing and reporting continuing medical education credits every two years and successfully completing an Examination for Continued Demonstration of Qualifications every six years. Currently, the NCCAA exam is prepared in cooperation with the National Board of Medical Examiners.

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DATA EXCHANGE IN THE INFORMATION AGE: CREATION OF THE ANESTHESIA QUALITY INSTITUTE

Anesthesia Quality Institute

The Anesthesia Quality Institute (AQI) is a non-profit 501(c)3 corporation formed with seed money from the American Society of Anesthesiologists to serve as a clearing house of information for the specialty. The purpose is to leverage the tools and connectivity of the Information Age to improve the safety and efficiency of anesthesia practice. Unlike the Anesthesia Patient Safety Foundation (APSF), the Foundation for Anesthesia Education and Research (FAER) or the data projects of the subspecialty societies, the AQI is tasked with collection and dissemination of data across the breadth of anesthesia practice in the United States, including groups from the largest universities to the smallest private practices. This will be accomplished by creation and administration of the National Anesthesia Clinical Outcomes Registry (NACOR).

Unlike the National Surgical Quality Improvement Project (NSQIP) of the American College of Surgeons, the NACOR will be broadly inclusive in pursuit of anesthesia data. NSQIP conducts focused reviews and abstraction of randomly selected cases from participating institutions, at considerable cost in time and manpower. This has made it impractical for all but large centers to support. While the data gathered is useful, it does not represent surgical practice at the ground level. NACOR, in contrast, will be based on the continuous, passive capture of digitized information from anesthesia billing systems, quality management programs, hospital information technology platforms, and Anesthesia Information Management Systems (AIMS). Working through vendors of these products, NACOR will build a database that begins with simple practice and case demographic information and then works iteratively 'upwards' towards more sophisticated clinical outcome and risk adjustment information. In this way it is intended to parallel—and to some degree influence—the 'digitization' of medicine.

Dr. Philip Dutton, Executive Director, Anesthesia Quality Institute

At the level of the individual practitioner, the AQI will solve a number of pressing problems. It will provide a common data collection and reporting format that will meet the needs of MOCA recertification, the Surgical Care Improvement Project, hospital quality management efforts (including survey by The Joint Commission), participation in Federal data collections, and subspecialty registry projects organized by the Society for Cardiovascular Anesthesia, the Society for Pediatric Anesthesia, the Society for Obstetric Anesthesia and Perinatology, SAMBA, and others. The data itself will provide important benchmarking for both quality management and business applications, and participation in the AQI will open an educational channel that will be used to foster adoption of best practices across the specialty. For vendors of anesthesia information technology the AQI will help to standardize formats and definitions and will encourage the dissemination of electronic platforms for collecting and reporting data.

At the national level, the AQI will provide demographic and "denominator" data to inform ASA leadership efforts and provide context for the more focused efforts of the APSF, FAER, and the Closed Claims project. Data in hand, it will be possible to influence important discussions in the Center for Medicare and Medicaid Services on the most appropriate performance standards for perioperative care. In an era of steadily increasing enthusiasm (and Federal pressure) for comparative effectiveness research and adoption of electronic healthcare records, the AQI and the NACOR will provide credibility to the ASA in its efforts to guide the debate towards sensible standards with the greatest chance of providing benefit to our patients. Linkage with the Surgical Quality Alliance, a similar project just launched by a consortium of surgical societies, and the data efforts of the Association of Operating Room Nurses will paint a picture of the perioperative experience that includes both detailed process data and long term functional outcomes.

As a research tool the NACOR will offer academic anesthesiologists a new and different resource for understanding clinical practice. In much the way that the National Trauma Data Bank and the Society for Thoracic Surgeons database have fostered an increased understanding of outcomes in the surgical specialties, the NACOR will provide a global look at anesthesia over time. Indeed, it is a strategy of the AQI to seek financial support through grants and contracts from Federal agencies and private foundations anxious to build information technology infrastructure nationwide. This will lead to a series of hypothesis-driven studies leveraging the data capture mechanics of NACOR to produce increased understanding of controversial areas of anesthesia practice. Examples include the comparative effectiveness of pain procedures, the benefit of monitoring standards in outpatient anesthesia and the appropriate threshold for blood transfusion during trauma and emergency surgeries. As a resource for contributing anesthesiologists and their practices, the NACOR will become the largest and most

(continued on page 31)

MSA COMMITTEES

MSA'S WEBSITE UNDERGOING FACE LIFT

by Spiro Spanakis DO

When I began my residency in anesthesiology, I turned to the World Wide Web to learn more about the Massachusetts Society of Anesthesiologists. After performing several searches to find the Society's home page, I discovered that one did not exist. Several years later, I would lead the way to establish a website for the MSA as my chair, Stephen Heard, made the creation of a website one of his goals for his term as MSA President.

But just like many products that rely on technology, the MSA website has become outdated and dysfunctional since it made its debut in 2006. When it was originally established, a web-based content management system (CMS) allowed the MSA staff to update the website without contracting an outside vendor. Over time, the CMS has become outdated, making even simple revisions challenging for the MSA staff.

Since being established, the content of the website has not been revised to reflect the Society's evolving mission, goals and activities. In an effort to educate members and serve the public at the local level, the executive committee contracted with MCD Studios in the Society's hometown of Marshfield to revise the website and implement a new CMS that is both functional and adaptable.

Spiro Spanakis, D.O.
Chair, Website Sub-committee

A subcommittee of the Publications Committee was formed to oversee the redesign. A survey was conducted for members to contribute to the direction of the new site. After the subcommittee met, several goals emerged. The first was that the website would undergo a complete reorganization instead of simply placing a new facade on the same outdated information. New content and a new design would allow the members to see the MSA in action and educate themselves about the society's numerous activities and tangible benefits. Although the subcommittee explored different ways of making the website more functional, such as processing dues renewals online, the subcommittee chose to keep the site primarily informational with useful resources available with just a click.

The executive committee previewed the redesigned home page this winter with a warm reception. The theme of the home page surrounded the amazing progress our specialty has made over time with images of evolving practices and emerging technology. At the time of this writing, the rest of the content of the web site is in its final stages of revision. Keep the MSA office updated of any changes in your email. To view the new site, please go to www.MassAnesthesiology.org. ~

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REPORT FROM THE ASA COMMITTEE ON ANESTHESIOLOGIST ASSISTANTS PRACTICE AND EDUCATION - CONTINUED

(continued from page 17)

The concept of an assistant to anesthesiologists that functions in a supporting, mid-level provider role makes sense. PAs are a well-respected and accepted mid-level provider for other physicians, and anesthesiologists deserve access to this type of provider without concerns of scope of practice challenges and confusion of roles to patients. Some disparage the education AAs receive to achieve their degree, but in many respects, it is a superior process and one in which AA students are constantly working with anesthesiologists as a part of their routine training. Additionally, it is interesting to note the post-graduate path some AAs follow after entering practice. Current statistics show that about 10% of AAs decide to pursue a medical degree and of those, most enter anesthesiology residencies after graduation. The fact that they are well positioned to apply to medical school after an AA education speaks volumes about the quality and rigorousness of their schooling.

In the next newsletter, I will complete this series by discussing licensure, the politics of AA entry into the anesthesia profession and what they bring to the anesthesia care team. ~

EDUCATION

NINETEENTH ANNUAL FALL CONFERENCE HELD AT ELBOW BEACH RESORT IN BERMUDA

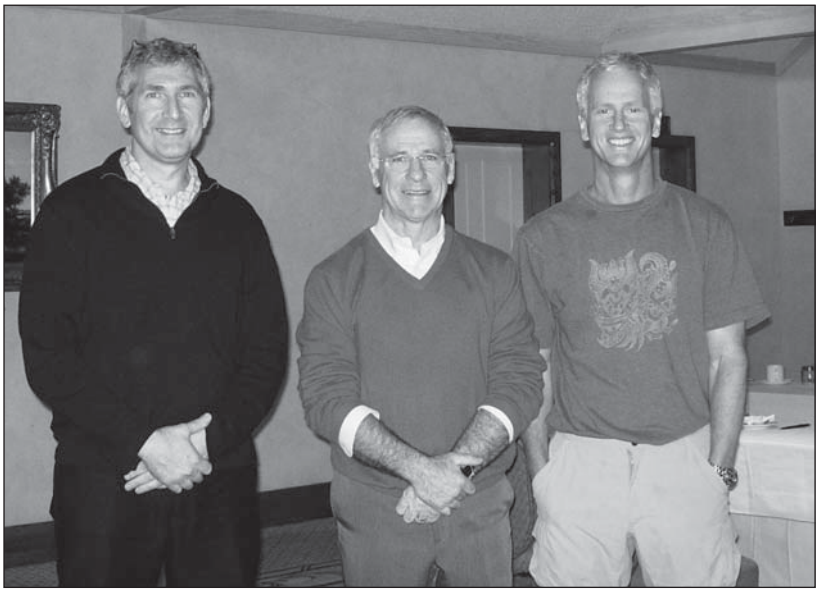
by Mark D. Hershey, M.D.

For the 19th straight year, the MSA has sponsored our Bermuda conference. Despite less than perfect weather, the location, the hotel, the food and, of course, the speakers made the conference a success.

Dr. Tim Pederson, Program Director, once again coordinated the conference. He invited an outstanding group of nationally known speakers. These included:

- Dr. James Rathmell- pain managemet
- Dr. Paul Hickey- pediatric anesthesia
- Dr. Michael Beach- ultrasound guided regional anesthesia.

We will soon start planning next year's conference. Please follow the MSA website, as well as future Newsletters, to find out the exact dates. As per our usual schedule, the dates will fall in late October or early November.



From left to right, Moderator Dr. Mark Hershey from Newton Wellesley Hospital, speakers Dr. Paul Hickey from Children's Hospital and Dr. Michael Beach from Dartmouth Hitchcock Medical Center.

Pictured above from left to right, Dr. James Rathmell from Mass General Hospital and Moderator Dr. Mark Hershey from Newton Wellesley Hospital.

Despite the allure of this island paradise and the excellent speakers, we do continue to only attract small numbers of attendees. Each year we try to follow the suggestions of our MSA membership and provide topics that have been suggested over the prior years. In spite of this, numbers continue to fall. Please make every effort to look at your calendars early and make time for this unique experience.

Remember, with Bermuda being only 2 hours away and given the extremely high quality of speakers, this 3 day conference could be just the get away you are looking for.

Join us in 2010! ~

Education-continued

2009 PRACTICE MANAGEMENT SEMINAR, HELD AT WALTHAM WOODS CONFERENCE CENTER

by Larry D. Robbins, D.O.

The 2009 Practice Management Seminar was held at the Waltham Woods Conference Center on Saturday, November 14, 2009. This half day seminar was organized and moderated by Dr. Larry Robbins of the Baystate Medical Center in Springfield, and was the sixth Practice Management Seminar that M.S.A. has organized since it's inception in 2002. The conference was attended by a small but very focused group of approximately 40 participants from around the state, many of whom have practice management responsibilities. Approximately half of the attendees anesthesiologists.

Dr. Gary Kanter from Mercy Medical Center (left) with Program Director Dr. Larry Robbins from Berkshire Medical Center

Speakers included; Ms. Sharron Merrick, coding and reimbursement manager for the ASA Washington office. Ms. Merrick provided a coding and regulatory update for 2010 which was very timely and well received. Dr. Gary Kanter, an Anesthesiologist from the Baystate Medical Center Division of Healthcare Quality, spoke on the values and virtues of the Physicians Quality Reporting Initiative. Dr. Alice Coombs, an Anesthesiologist and President Elect of the Massachuestts Medical Society, is the only physician member of the Governor's committee for healthcare payment reform. Dr. Coombs provided an excellent overview of the committee's work and recommendations. Mr. Patrick Gilligan, senior vice president of Blue Cross and Blue Shield of Massachusetts, followed with some thoughts on payment reform from the commercial payor's perspective. The final speaker was Attorney Cora Han from the Washington office of the Federal Trade Commission. Ms. Han presented an update of the FTC's Red Flag Rule, and how it might eventually effect Anesthesiology practice.

Overall feedback has been very good. The speakers were judged to be timely and appropriate, and the conference was felt to be very interesting and useful for the targeted audience.

The conference was again sponsored in large part by Salisbury Associates from Worcester Massachusetts, and M.S.A. is very grateful for their ongoing support.

Pictured to left, Ms. Sharon Merrick, from the ASA Washington office with Program Director, Dr. Larry Robbins

MSA ANNUAL REPORTS 2008-2009

MSA ANNUAL MEETING
SECRETARY'S REPORT - MAY 21, 2009

Secretary
2009-2011

Selina A. Long, M.D.

The Active membership of the Massachusetts Society of Anesthesiologists has surpassed the 800 mark, the present count is 893 active members. This entitles the MSA to nine (9) ASA Delegates at the ASA Annual Meeting, in October of this year in New Orleans.

The MSA membership drive continues. Several new members have been added, and we continue to use all means available to recruit new members to the MSA. If you are aware of any potential members, please encourage them to join and bring their names to the attention of the membership department.

Membership totals as of May 21, 2009

Active 893
Affiliate 22
Resident 389
Retired 172

In Memoriam

Andre Bell, MD	Florence, MA
John Bruner, MD	Groton, MA
Dusan Dobnik, MD	Auburndale, MA
Paul Levesque, MD	Newton, MA
Donald Mahler, MD	Newton, MA
Kaye Moody, MD	West Tisbury, MA
I. David Todres, MD	Waban, MA

Results of the 2009 Election (186 ballots returned)

President	David L. Hepner, MD
President-Elect	Fred E. Shapiro, DO
Vice President	Ruben J. Azocar, MD

Secretary (2 year term)
Selina A. Long, MD

ASA Director (3 year term)
Michael H. Entrup, MD
ASA Alternate Director (3 year term)
Beverly K. Philip, MD

ASA Delegates (2009-2012) (3 year term)
David L. Hepner, MD
Selina A. Long, MD
Richard D. Urman, MD, MBA

Alternate Delegates (1 year term)

Ruben J. Azocar, MD	James S. Gessner, MD
George E. Battit, MD	Mark D. Hershey, MD
Fred G. Davis, MD	Prasad R. Kilaru, MD
Michael R. England, MD	Sheila Ryan Barnett, MD
Joshua C. Vacanti, MD	

2009 MSA District Elections

District Representative		Alternate District Rep.
District 1	Ananth Kashikar, MD	(vacant at this time)
District 2	Spiro G. Spanakis, MD	George Chudolij, MD
District 3	Stephen L. Hatch, MD	Charles C. Ho, MD
District 4	Daniel Cook, MD	(vacant at this time)
District 5	Sana Ata, MD	Timothy Pederson, MD
District 6	Cristin McMurray, MD	Vladmir V. Kazakin, MD

The Following Officers will continue

Treasurer	Daniel J.P, O'Brien, MD (2010)
ASA Delegates	Donald G. Ganim, II, MD (2010)
	Susan R. Lisman, MD (2010)
	Fred E. Shapiro, DO (2010)
	McCallum R. Hoyt, MD, MBA (2011)
	Daniel J.P. O'Brien, MD (2011)
	Lee S. Perrin, MD (2011)

MSA Annual Reports - continued

OUTGOING PRESIDENT'S REPORT, MAY 21, 2009

President (2008-2009)

Beverly K. Philip, MD

It's been a busy year for our Massachusetts Society of Anesthesiologists, and together we've accomplished a lot.

We've been able to provide enhanced educational benefits for our members, organized by our Program Committee and led by Dr Ruben Azocar. MSA has offered:

• The 18th Annual Fall Conference in Bermuda at the Elbow Beach Hotel.

• Our 4th annual Spring Program on "Sedation and Analgesia" held at Waltham Woods in May.

• The third annual New England Anesthesia Residents' Conference (NEARC) in April, hosted this year by Tufts Medical Center. This was an outstanding opportunity for residents from all our programs to get together for research, education and networking. We should also highlight the year-round activity of MSA's outstanding Resident Affairs Committee, led by Dr Amit Gupta.

• In addition, regionally, the New England Society of Anesthesiologists held its 52nd Annual Fall Conference (jointly sponsored with MSA) on Sept. 24-27, 2009, at the Sagamore Inn, Bolton Landing, N.Y.

This year, MSA has also enhanced direct communication with its membership through our website, **www.MSA-Hq.org.** Your Executive Committee reviewed competitive proposals for a complete redesign and modernization of the website, and we chose MCD Studios, a local company. The redesign is in progress now, led by Dr Spiro Spanakis and aided by the expertise of Drs Richard Urman, Rafael Ortega, Bhavani Kodali and David Hepner. Surveys of membership needs for education and communication are being planned.

Legislatively, we are still excited about the Medicare Improvements Act that was passed by Congress last July, which reversed the 10.6% Medicare payment cut, extended the Physician Quality Reporting Initiative incentive, and eliminated the Medicare teaching rule penalty. We can make such victories happen by increasing our participaition in state and national advocacy efforts for anesthesiology. Join the ASA and MSA PACs! In 2009, 17 MSA members including 4 residents went to the annual ASA Legislative Conference in Washington. Two of our residents, Josh Lumbley and Mark Hoeft are the past and incoming ASA Lansdale Public Policy Fellows. National healthcare reform remains an active issue.

At the state level, MSA is proud to anounce that the Anesthesia fee for Massachusetts workers' compensation system has now nearly doubled (19.86 to $39 per unit, effective April 1) due to the hard work of Alex Hannenberg, MD. Even more notably, this change no longer uses the inequitable Medicare reimbursement as the benchmark for rate setting. Also this year, MSA worked with the Massachusetts Department of Public Health (DPH) to clarify its "locked cart" policy regarding the storage of anesthesia medications in hospital operating rooms or suites.

Legislative activity at the state level has been busy this year too. In 2008, a bill was filed to give CRNAs prescriptive authority for pre-and postoperative medications under the supervision of a physician. The bill did not go through in 2008; it has been refiled in the 2009 session and we are monitoring that carefully. In 2008, the Legislature passed a health care cost containment bill that would require electronic medical records by 2012. This bill was a prelude to the 2009 activity of the Massachusetts Healthcare Payment Reform Commission, which is working with stakeholders including MSA to chart a course for funding our state's universal healthcare coverage system.

MSA members have been prominent at the national ASA level. Our ASA director, Dr Entrup was instrumental in leading the development of the new ASA Branding Campaign. I have been busy as the Chair of the 2009 ASA Annual Meeting in New Orleans, coordinating

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Outgoing MSA president Dr. Beverly Philip introducing ASA president, Dr. Roger Moore at the May 21, 2009 MSA Annual Meeting at the MIT Endicott House, Dedham, MA

MSA Annual Reports - continued

ASA DIRECTOR'S REPORT

ASA Director 2009-2012

Michael H. Entrup, M.D.

This has been an extremely busy year for ASA. Many personnel, structural, and procedural changes have taken place which will make our organization more efficient and effective in improving care and advocating for our patients and the 40,000 plus members of ASA. In the past year our efforts have resulted in many victories, including **reversal of the Medicare payment cuts** and finally, a long-awaited **restoration of full Medicare payment to Anesthesiology training programs**!!! With the change in policymakers after the last national election, there is a renewed effort and we are likely to see major reform in our healthcare system with an emphasis on providing health care to all, increasing value, yet at the same time decreasing costs. ASA will be there representing your patients and all anesthesiologists.

Healthcare reform was a major topic of discussion and our lobbying efforts at the 2009 ASA Legislative Conference in DC just a few weeks ago. MSA was well represented by 16 attending anesthesiologists and residents, as well as our legal counsel and lobbyist Ed Brennan. Healthcare reform, including fair payment for anesthesiology services, and public/patient awareness of non-physician doctoral healthcare providers (Truth & Transparency Act) were two major issues that we brought to Capitol Hill. Our contingency of 16 MSA members included Josh Lumbley, a resident at BWH, and Mark Hoeft, a resident at MGH. **Josh and Mark are ,respectively, the recipients of the first two ASA-sponsored Lansdale Public Policy Fellowships**. We are extremely proud of them and grateful for their participation. It is through efforts like the legislative conference that MSA and ASA members help to increase the likelihood of our concerns being heard and in shaping healthcare policy. A strengthening of ASA's grassroots efforts and a **branding campaign** aimed at increasing public, patient, and policymaker understanding of who we are and the vital role that anesthesiologists play in **making modern medicine possible** will make us more effective with our advocacy efforts. Your leaders in ASA and MSA cannot do this alone. Until we, as anesthesiologists, realize and take advantage of every encounter in the public and healthcare arena as an opportunity to change our image, we will continue to struggle. **Every anesthesiologist benefits from ASA's efforts.** Every anesthesiologist should be a member of ASA. Every anesthesiologist should contribute to ASAPAC. As a component, MSA member contributions to ASAPAC continue to fair poorly compared to other components. Each of us knows members of our respective departments who are not members of MSA, ASA, or ASAPAC. Please join with us in the challenge to get them involved.

ASA Past-President John Neeld is running for one of two open AMA Board of Trustee positions. In your MSA Annual Meeting packet is a listing of all AMA voting delegates and alternate delegates from Massachusetts. Please contact those who you know and ask them to support John with one of their three votes each delegate holds.

The ASA Board of Directors has met twice since my last report. We have approved the purchase of property adjoining the Park Ridge office, undertaken a number of cost cutting and revenue enhancing measures, reviewed and approved appropriate changes to our investment policy and strategy, reviewed and approved several longstanding standards and practice parameters, and approved and begun implementation of such programs as **physician wellness** and the **Anesthesia Quality Institute** (AQI). The AQI will house a director and statisticians collecting and formulating data from anesthesiologists so that they may compare their practice to others and may make changes if needed. Alex Hannenberg has spearheaded this initiative. AQI will provide our members with data they may need for quality compliance and maintenance of board certification. All of the actions by the ASA Board of Directors require ASA House of Delegates approval at the ASA Annual Meeting in October.

With regard to the ASA Annual Meeting, **we returned to New Orleans for the first time since pre-Katrina**. A number of large professional societies have successfully held meetings there recently. There were three contested elections for ASA Office. Alphabetically, Jerry Cohen (FL) and Chuck Otto (AZ) ran for First Vice-President, Gerry Macciolo (NC) and Linda Mason (CA) ran for Assistant Secretary, and Aran(GA) and Jeff Gross (CT) ran for Vice-President for Scientific Affairs. Our very own **Alexander Hannenberg became the 74th President of ASA and the first from Massachusetts since 1984 when Ellison "Jeep" Pierce held that honor**. MSA and ASA jointly sponsored a president's reception for Alex during the annual meeting.

It has been an honor and pleasure to serve as your Director to the ASA Board of Directors. I thank the Executive Committee and MSA members for all of your help, support, and confidence in this position. ~

MSA Annual Reports - continued

REPORT OF THE COMMITTEE ON ECONOMICS

Chair
2008-2012

Alexander A. Hannenberg, M.D.

The Committee was pleased to announce to the MSA membership the recent increase in the anesthesia conversion factor authorized by the Massachusetts Division of Health Care Financing and Policy. This increase to $39.00 per unit (approximately 100% increase) rectifies a longstanding shortfall in this rate that resulted from its linkage to the Medicare anesthesia conversion factor. We were also pleased that the Division recognized the upcoming Medicare restoration of full payment for teaching anesthesiologists in overlapping cases and made this provision effective on April 1, 2009. These changes should reduce the economic deterrent for anesthesiologists to care for workers compensation patients and diminish the necessity for case-by-case rate negotiation. We encourage MSA members to recognize this as a very tangible benefit of MSA advocacy on their behalf.

The MSA, through the offices of legislative counsel Edward Brennan, Jr., has closely monitored the deliberations of the Special Commission on the Health Care Payment System. By the time this report is read, the Commission is expected to submit a report that will recommend radical changes to the methods by which healthcare providers are paid. The Commission, much like the federal government, has targeted fee-for-service payment as an undesirable component of the healthcare system. It is likely that episode-based bundled payments including services of facilities and physicians will become more prominent in the near future. We are fortunate to have had Dr. Alice Coombs, an MSA member and Vice President of the Massachusetts Medical Society serving as a member of the Commission.

I have continued to participate in the NHIC Medicare Contractor Advisory Committee (CAC), as I have since its inception in 1993. This past June's meeting included a panel discussion on anesthesia services for gastrointestinal endoscopy. Dr. John Saltzman, a GI endoscopist from Brigham & Women's, and I presented on this topic at the invitation of NHIC Carrier Medical Director Craig Haug, M.D. Thus far, the CAC discussion has not been followed by any new carrier policy. However, these services are widely recognized for their rapid growth in volume and local or national policy to control this growth should not be unexpected.

The Committee presented an MSA Practice Management seminar on November 14, 2009. Committee member Dr. Larry Robbins will chair the seminar this year. In these times of monumental change in health care, such a program will be especially relevant and valuable. ~

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REPORT OF THE PUBLIC EDUCATION COMMITTEE

Chair
2008-2011

Fred E. Shapiro, D.O.

Many thanks to the doctors that volunteered and took the time from their busy schedules to visit the schools and educate the students about the importance of the anesthesiologist in the operating room.

As part of the American Society of Anesthesiologists Branding Campaign, headlined at the forthcoming ASA Annual Meeting in New Orleans, Oct. 2009, the Massachusetts Society will join this national effort to inform our anesthesia community about the benefits of joining the MSA and how supporting the ASA Political Activities Committee (ASA-PAC) provides a voice which will have a crucial impact on current national legislative issues: health care reform, determination of necessity for anesthesia services, Healthcare, truth and Transparency ACT, Rural pass- through legislation, and advanced pain research. The success of the 2008 Teaching Rule legislation is a testimony to how information, persistence, and visibility of our profession can make a difference.

In a combined effort with Dr. Hepner and the Committee on Publications, the Public Edu-

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MSA Annual Reports -continued

MSA COMMITTEE ON RESIDENT AFFAIRS

2009-2010 Chair

Kenneth Johnson, M.D.

Dear colleagues,

This year, the Committee on Residents Affairs (CORA) was more active than ever. Our Executive Committee was extraordinarily productive and sponsored a number of educational and social events throughout the year, including the New England Anesthesia Residents Conference and the Annual Post-Boards Party. We also contributed to the formation of the new MSA website.

We sponsored the attendance of nine residents and one medical student to participate as delegates to the ASA Annual Meeting in New Orleans, and plan to send at least two residents to the ASA Legislative Conference in Washington, D.C. this coming April to meet with members of Congress on our behalf. Furthermore, we have made it our goal to increase resident awareness of and contributions to the ASA-PAC; our goal is to attain 100% involvement of Massachusetts residents during the upcoming year.

Last year we made notable achievements in establishing Anesthesiology Interest Groups at all four Massachusetts Medical Schools. This year, we continue to solidify these groups and cultivate a stronger interest in the specialty amongst medical students during their preclinical years. Sponsored activities include organized shadowing of anesthesiologists in clinical settings and exposure to the procedural aspects of the specialty via simulation centers.

The Executive Committee of the 2009-2010 academic year is currently comprised of the following members:

- Chairperson -
  Kenneth Johnson, MD
  University of Massachusetts
  Kenneth.johnson@umassmed.edu

- Vice-chairperson -
  Arti Ori, MD
  Brigham and Women's Hospital
  aori@partners.org

- CORA Advisor -
  Jesse M. Ehrenfeld, MD, MPH
  Massachusetts General Hospital
  jehrenfeld@partners.org

- Secretary -
  Geoff Wilson, MD
  Tufts Medical Center
  usndoc@gmail.com

- Treasurer -
  Robert Stephenson, MD
  St. Elizabeth's Medical Center
  robstephenson@hotmail.com

- Health-policy coordinator -
  Max Zayaruzny, MD
  University of Massachusetts
  Maksim.Zayaruzy@umassmed.edu

- Social Chairs -
  Ashleigh Garza, MD
  Beth Israel Deaconess Hospital
  agarza3@bidmc.harvard.edu

  Olof Viktorsdottir, MD
  Massachusetts General Hospital
  OViktorsdottir@partners.org

It has been a pleasure serving as Chairperson of CORA during the past six months, and I am excited about the prospective accomplishments for the group in 2010. Thank you for the continued support of the MSA. ~

CORA Advisor, Dr. Jesse Ehrenfeld, and several MSA residents attend the ASA Resident Component House of Delegates

MSA Annual Reports -continued

A SUMMARY OF ASA PRESIDENT DR. ROGER MOORE'S UPDATE AT THE MSA ANNUAL MEETING, 2009

by Anthony Schwager

I would like to take this opportunity to share with you some of the points that Dr. Roger Moore made during his presentation on May 24, 2009 at the Annual Meeting of the Massachusetts Society of Anesthesiologists. I believe we all need to be active participants with regard to the issues that affect our profession today, as well as our future. Dr. Moore started his talk on a positive note, highlighting the fact that the field of anesthesiology currently enjoys respect as well as good compensation. This is an environment which has been brought about by the concerted efforts of the Massachusetts Society of Anesthesiologists (MSA), American Society of Anesthesiologists (ASA) and the American Society of Anesthesiologists Political Action Committee (ASA-PAC).

1. Membership Concerns - Currently ASA has 40,000+ members, an increase over the last three years. However, many new anesthesiologists are of the X or Y generations and subscribe to a philosophy, which frowns upon conformity. However, the organizing and communicating shared goals is a prerequisite to realizing these goals. Organizing ensures that each of our concerns is heard, and that the needs and vision of the Society continue to be achieved. There has been a significant increase in the number of students going into anesthesiology, which will potentially offset the fact that many anesthesiologists are entering the 55 - 65 year old category. It's imperative that the new generation of anesthesiologists recognizes that their support and membership is critical, especially when the current economic turndown has negatively impacted financial support. However, it is precisely in these times that support through membership provides a crucial safeguard, as it amplifies our voice at the state and national level.

2. Current Challenges - ASA is working on developing an Anesthesiology Quality Institute, which will allow the ASA and American Board of Anesthesiology (ABA) to work together on ventures such as Maintenance of Certification in Anesthesia (MOCA™). Academic Advancements include ASA's work with the Food and Drug Administration on Fospropofol (Lusedra). The ASA has an initiative designed to limit the use of this drug to anesthesiologists only. Currently there are studies being conducted in foreign countries regarding its safety. Unfortunately, many providers outside of Anesthesiology fail to recognize the complexity of sedation, and the real possibilities of disastrous complications such as a compromised airway or hypotensive crisis. The ASA strives to protect the livelihood of all anesthesia providers as well as the lives of the patients who entrust us with their care.

3. ASA wellness initiatives – Sadly, drug abuse problems continue to plague 10% of anesthesia providers, and 20% of these individuals will die as a result of their addiction. More than 50% of this population is less than 35 years old, with 1-2% affected during their residency. These are tragic statistics. The ASA has proactive programs in place to help physicians manage stress, programs to promote a healthy lifestyle, as well as a financial safety net which provides a crisis hotline and low interest loans in the event of a disaster (e.g. Hurricane Katrina).

4. Future Challenges - currently we have a deficit of providers. Most of these deficits can be found outside of the OR in Gastrointestinal, Vascular, Interventional Radiology and Special procedures rooms. Since 2000, an increasing number of medical students are entering our profession. We must continue to attract top students to our field. The number of Certified Registered Nurse Anesthetists (CRNA's) has doubled to 2200 providers over the last 8 years. Attending anesthesiologists must continue to be conscientious in their supervision of CRNA's. Unfortunately there exists a grossly inaccurate perception, which portrays the supervising attending anesthesiolo-

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Pictured above; Drs. Fred Shapiro, Anthony Schwager and Robert Stephenson

MSA Annual Reports -continued

MSA PROGRAM COMMITTEE

Chair
2008-2010

Ruben J. Azocar, M.D.

The MSA Program Committee continued to provide and support as joint sponsor educational activities in the State and the New England area. In June of 2008 our Society co-sponsored the "Introduction to Regional Anesthesia for Ophthalmic Surgery" meeting at the Massachusetts Eye and Ear infirmary. This excellent meeting continues to provide both the theoretical knowledge and the "hands on" experience for anesthesia providers that perform regional blocks for ophthalmology cases. The 51st New England Society of Anesthesia's meeting "Art, Science, and Safety in Modern Anesthesia" took place in Newport, RI in September. As usual this solid program was very well received by the participants. The MSA continued to provide joint sponsorship to last year's annual meeting that took place in Lake George, NY in the fall of 2009. The MSA 18th Annual Fall Conference, "Current Thinking on some old Quandaries" took place at Elbow Beach Bermuda in November of 2008 with an outstanding program created by Drs. Tim Pederson and Mark Hershey and with a distinguished group of speakers that were commended by those attending the meeting.

The 3rd Annual New England Anesthesiology Resident Conference was held in 2009 and the MSA will continue to proudly support and joint sponsor this meeting. Under the leadership of Dr Gustavo Lozada, Tufts Medical Center hosted the meeting this past April. Besides providing the future of our specialty , our residents, the opportunity to present their scholarly projects, the program included the participation of Dr. Alexander Hannenberg as keynote speaker and various second to none lectures. The 2010 meeting will be hosted by Boston Medical Center/ Boston University School of Medicine and support of the MSA will continue.

The year closed with the MSA Update in Sedation and Analgesia now in its fourth year. Continuing the commitment to provide a venue where clinical, medico legal and credentialing issues are discussed among both anesthesiologists and non-anesthesiologists, the meeting attracted a significant number of participants this year. The simulation workshops were again a success. In the horizon two meetings organized by our Committee will take place in the fall. The MSA Practice Management Seminar will be chaired by Dr. Larry Robbins and our Annual Fall Meeting will take place in Bermuda as is now a tradition.

The committee was also busy with administrative issues. The new mission statement was created to comply with ACCME guidelines and it is now posted in our website. a survey to collect information in our constituency preferences in terms of topics, educational tools and venues and other CME related issues will be sent in few weeks. An ongoing discussion on the matter of solicitation of financial support for educational activities to assure the highest ethical standards and compliance with regulatory agencies is taking place in our committee. Finally, we are also gearing towards reaccreditation by the MMS later this year.

It has been an honor to work with all the members of this committee and I hope we will continue to be able to provide and support activities towards the continuing medical education of MSA and non-MSA members. ~

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REPORT OF THE PUBLIC EDUCATION COMMITTEE-continued

(continued from page 25)

cation committee will be working on the MSA website revision. One application for the website is to be used as an informational and educational tool for Mass Society members to gain access and learn about the exciting new ASA Grassroots and Key Contacts programs.

Dr. Shapiro has been a member of the Executive Board and Chairman, Public Education Committee since 2001 and in May 2010, will become the President of the Mass Society of Anesthesiologists. ~

Pictured above from left to right; Drs. Hepner, Ehrenfeld, Shapiro and Perrin

MSA Annual Reports -continued

COMMITTEE ON PUBLICATIONS

Chair
2007-2010

David L. Hepner, M.D.

The primary form of communication of our committee is the Massachusetts Society of Anesthesiologists Anesthesia Record, which was published in the spring of 2009. The goal of this Newsletter is to update the anesthesia community on local and national topics. We are fortunate to have a legal counsel, Edward Brennan, who keeps us posted on issues related to the Massachusetts Legislature. The MSA Anesthesia Record provides a forum where different committees present their activities and where the president and ASA director update the anesthesia community on pertinent local and national matters. Profiles of a medical center and active MSA physicians allow the committee to recognize individuals and organizations that are shaping the future of the MSA and of our specialty.

The main topic addressed this year was the passage of H.R. 6331 by Congress. This bill, "Medicare Improvements for Patients and Providers Act of 2008", will restore full Medicare payment for two concurrent cases medically directed by the same anesthesiologist, ending more than a decade of an unfair penalty.

David Hepner, M.D. welcomes Richard Urman, M.D., MBA as the new Chair of the Publications Committee and Newsletter Editor

This year we also worked very closely with Dr. Kodali, whose expertise was very helpful in allowing us to compare different sites to host our website. We recently signed a contract with Marlisa Clapp from MCD Studios and they are in the process of designing our website. Marlisa has been soliciting feedback and ideas from executive committee members. An idea for the website is to have a nice flash animation showing many historical photos of anesthesia and current-day anesthesiologists. We have enlisted Dr. Rafael Ortega, an expert on the history of anesthesia, to help us with this endeavor.

Dr. Richard Urman has accepted our offer to be the next Chair of the Committee on Publications and editor of the MSA Anesthesia Record. Rich has been an active participant in organized medicine, both on local and national levels and will also represent the MSA as a delegate to the ASA.

It has been my pleasure to chair this committee for the past 10 years and I look forward to representing you as your next MSA president. ~

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OUTGOING PRESIDENT'S REPORT - continued

(continued from page 23)

its educational and scientific curriculum, programs, and policies. Most notably Dr Alex Hannenberg began his term as President of the ASA in October 2009. MSA hosted the 2009 ASA President's Reception on Sunday evening, October 18 at the "D-Day" World War II Museum in New Orleans. Dr. Mark Hershey was MSA's point person for planning the Presidential Reception, working with Carol Hannenberg and MSA and ASA staff. Additional reception for all MSA Members was held on November 2 to give all MSA members an opportunity to celebrate Dr. Hannenberg's Presidency.

Thanks are due to the entire MSA Executive Committee, whose members work year round to develop and implement improvements for our Society. It has been my real pleasure to work with all of you this past year. Thank you to our MSA Officers for your special, valued advice and assistance throughout the year. Additional thanks are due to the MSA Staff, Beth Arnold and Barbara Kenealy, as well as our esteemed legal counsel, Ed Brennan. Finally, I give my warmest thanks to my husband, Dr. Jim Philip for his enthusiastic support of my work with MSA.

We've made real advances to get the best possible outcomes for our specialty and for us in Massachusetts. It's been my real, personal pleasure to serve you all. I am delighted to turn the society's leadership over to the very capable Dr. David Hepner. ~

MSA Annual Reports -continued

A SUMMARY OF ASA PRESIDENT DR. ROGER MOORE'S UPDATE-continued

(continued from page 27)

gist sitting in the lounge drinking coffee while the CRNA is diligently providing anesthesia to the patient. Our responsibility as professionals includes policing ourselves, providing excellent care to our patients and being accountable while we supervise our CRNA colleagues. Anesthesia Assistants currently number 120 and their numbers have doubled over the last 4 years. For more information about Anesthesia Assistants, please see http://www.anesthesiaassistant.com/.

The RAND study has suggested a deficit in the near future with respect to the number of Anesthesiology providers. The RAND corporation is a non-profit institution that addresses the employment challenges facing the public and private sector. However, this projection may be inaccurate, as it does not take into account the current exponential rate of increase of CRNAs and Anesthesia Assistants.

5. Research - We are a profession, and not a trade union. Professions come with professional responsibilities; a critical aspect of this is research. We need to cultivate our profession by encouraging research, and using transitional research to propel the field forward. Over the past few years there has been a decrease in the submission of abstracts to the Journal of Anesthesiology. Unfortunately, the field of Anesthesiology research is one of the most inadequately funded fields, specifically when with regard to the research dollars awarded by the National Institutes of Health. Changes in Medicare allowances will grant most academic programs an increase in funding between $200,000 – $400,000 per year. These additional funds could be a wonderful resource for programs to use to encourage young scientists to pursue research in the field of Anesthesiology. This research can help us continue our work on understanding drugs, investigating the ways in which we provide analgesia, and improving patient safety in the peri, intra and post-operative periods.

6. Challenges in Washington, D.C. – We have advocates representing our profession in Washington, D.C., specifically, the ASA. We need representation when discussing truth and transparency legislation. CRNA's are equally represented. Unfortunately, some CRNA advertisements are quite misleading; they suggest that they provide the same level of care as an Anesthesiologist, and encourage the public to request a CRNA on their next peri-operative visit. Some CRNA's are also pursuing a doctorate in education and presenting themselves to patients as Doctors. This type of advertising is both confusing and misleading, and needs to be addressed very directly. In addition, legislators are preparing themselves for final resolution of the flawed sustainable growth rate formula. On January 1, 2010 we can expect reimbursement for anesthesia related services to drop by 20%. We have all invested a great deal of time, education, as well as other sacrifices in order to achieve our level of professional expertise. Reimbursement is a very real compensation for those sacrifices and allows us to continue to attract the brightest and most talented to our field.

7. Medicare payment – Currently anesthesiologists are being paid 33 cents on the dollar while other physicians receive 80 cents. This disparity needs to be re-evaluated and a more equitable assessment must be made for anesthesia. Fortunately, the conversion factor increased from $16.20 a unit to $19.98 a unit. This represents a 32% increase in value. The collaborative efforts of the MSA, ASA and ASA-PAC were successful in advocating for both compensation and job security.

8. Practice Concerns – Each citizen pays $7-8,000 per year for health care costs. Health care costs are expected to increase to $12,000 by 2014. We must work together as a team to control these rising costs, and if a Universal Health Plan is instituted, representation for anesthesia during these discussions is imperative. We have to address misrepresentation of CRNAs. We need to educate other physicians to the potential complications of conscious sedation. Many American citizens go abroad for their health care needs. In 2010, it is expected that close to 6 million people will choose to obtain their health care outside of the United

(continued on next page)

Dr. Moore's ASA President's Message to the MSA Membership

MSA Annual Reports -continued

A SUMMARY OF ASA PRESIDENT DR. ROGER MOORE'S UPDATE-continued

(continued from previous page)

States, which results in a loss of 68 billion dollars in revenue. Insurance companies encourage patients to go to India and Singapore for elective coronary artery bypass graft surgery, where the average cost for CABG is 10-20K vs. 100K in the United States. Teleconferencing, has also been reported abroad as a method of directing care in surgical intensive care units (SICU) in other countries. This practice raises serious concerns about the safety and quality of care of SICU patients.

9. Medical Reform – The Aging of America. Currently, 35 million people make up the 65 and older population. 1 out of 5 apply and receive Medicare. Currently the system is overburdened, and there are serious concerns as to whether we can compete internationally. There are also concerns that Medicare may be bankrupt by 2014 unless we act now. Correcting Medicare is high on President Obama's agenda. There has been some talk of lowering the Medicare requirements to include those over 55 to help with the population of underinsured. Medicare already underpays the US, and by expanding coverage to begin at age 55, we will have an increased burden of inadequate reimbursement. How will this affect our future? Other hospitals are suggesting "bundled payments" for patients. The insurance companies will pay one fee for a patient and let physicians negotiate over how to divide it up. This could lead to a destructive dynamic among physicians. Last but not least, a single payer system was discussed as well. This system would be based on the current Medicare plan, and could ultimately cause serious damage to Anesthesia as we know it.

10. Professionalism – We are doctors first. The four cornerstones of our field include: compassion, integrity, science and involvement. It is vital that we do our part at ANY level. This can include joining committees at the hospital, state or national level. Don't wait until you need something. Be proactive early in your career. The dividends will pay off dearly. Some suggestions that were made at the meeting included: going to fundraisers, hosting a fundraiser, educating colleagues, going to meetings, donating to ASA-PAC. For more information on how you can become more involved, please visit www.MSA-HQ.org. Please consider joining the MSA. Benefits include: Anesthesia Record (MSA newsletter publications), Educational Meeting discounts (meetings put on by the Society), Representation and updates on state and federal legislative and regulatory issues, and Legal consult. Resident application fees are only $25 per year. Attending Anesthesiology fees vary from $200 - $400 depending on your category of affiliation. It's a small fee to stay informed and get involved. The MSA and ASA are working for you, can you help them help you?

This summary was written by Tony Schwagerl, M.D. Ph.D., a CA-3 at St. Elizabeth's Medical Center in Boston, MA and Barbara Rhodes, Physician Assistant at Mount Auburn Hospital in Cambridge, MA. I would also like to personally thank Dr. Moore for reviewing the manuscript and correcting errors before publication. ~

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Anesthesia Quality Institute

DATA EXCHANGE IN THE INFORMATION AGE-continued

(continud from page 18

important 'data mine' in our specialty, with the potential to contribute in part or whole to dozens of research projects in the next decade.

Although still in infancy, the AQI is growing rapidly. The technology for collecting and warehousing data is in place, alpha test sites are being recruited, data bridges are under construction from half a dozen IT vendors, and the first case specific data began accumulating in January, 2010. The first reports of NACOR data will appear in July, and the first AQI Research Fellowship will be offered in January, 2011. Change comes quickly in the Information Age, and knowledge is power. This is the vision of the AQI: Information. Knowledge. Change. The power to improve the care of our patients.

More information about the AQI and NACOR, including a contact address, is available through the ASA website: http://www.asahq.org then click on the "Anesthesia Quality Institute" button on the left navigation banner. ~

Richard P. Dutton, MD MBA
Executive Director
Anesthesia Quality Institute

ASA NEWS

ASA LAUNCHES VITAL HEALTH CAMPAIGN

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

One of the most important responsibilities of 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 March 30, 2010. The campaign, *Vital Health,* 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*" which 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 email j.gremmels@asahq.org.

* * * * *

ASA PLACEMENT SERVICE MOVES ONLINE

http://placement.asahq.org

Organizations may now submit positions directly online. Newly submitted practice opportunities will be made available on the ASA website within 24 hours of submission. All practice opportunity postings will be available for a period of 60 days. This online service has replaced the quarterly placement bulletin, which had been mailed to interested ASA members. Please note that ASA reserves the right to reject any job submission it deems inappropriate.

This new feature of the ASA website will allow your position to be made available to more than 36,000 anesthesiologists. Also, you now have the option of including a phone number, fax number and/or email address to your listing. To update your available position simply click on your posting, make any necessary changes and click on the submit button. Your changes will be updated within 24 hours. The placement service remains free of charge.

Any questions regarding the ASA Placement Service should be directed to the ASA Executive Office at (847) 825-5586 or by email at p.fitzpatrick@asahq.org.

MEMBERSHIP CHANGES 1/09 to 2/10

New Active

Sherif Algendy MD, Pain Center, W.Bridgewater
Arnel Almeda MD, AAM
Antonio Aponti-Feliciano MD, UMMHC
Dusica Bajic MD, CHMC
Sibinka Bajic MD, BWH
Jonathan Charnin MD, MGH
Andrew Cocchiarella MD, UMMHC
Christopher Connor MD, AAM
Alane Costanzo MD, Holy Family MC
Lauren Cornella MD, BWH
Jasline Dhingra MD, Holy Family MC
Dragos Diaconescu MD, Tufts MC
Brian Donnenfeld MD, BWH
Christopher Dow MD, Baystate MC
Michaela Farber MD, BWH
Theresa Fasano MD, Berkshire MC
Wannakuwatte Fernando MD, Baystate
Carolyn Galiza MD, Lawrence General
Brian Gelfand MD, BWH
Frederick Gerges MD, St. Elizabeth's MC
Alex Gerhart MD, NWH
Arezou Goli MD, Norwood Hospital
Christian Gonzalez MD, UMMHC
Matthew Haverkamp MD, AAM
Sharon Herman-Berreby MD, Good Samaritan MC
Amir Islami-Manuchehry MD, BWH
Matthew Kaplan MD, Jordan Hospital
Riki Kveraga MD, BIDMC
Ben Kaon MD, Charlton Memorial Hosp.
Adrienne Kung MD, BIDMC
Jill Lanahan MD, Lahey Clinic
Robert E. Lee MD, UMMHC
Jeffrey Lu MD, BWH
Sohail Mahboobi MD, Lahey Clinic
Karen Madan MD, BWH
Emily Maher MD, BWH
Cristin McMurray MD, Carney Hosp.
Bernando Medina MD, Baystate MC
Rebecca Minehart MD, MGH
Naila Moghul MD, BWH
Meraj Mohiuddin MD, MGH
David Monge MD, Good Samaritan
Grace Moy MD, Holy Family MC
Jochen Muehlschlegel MD, BWH
Martini Nowak-Machen MD, BWH
Neil Oliwa MD, Good Samaritan MC
Arvind Palanisamy MD, BWH
Suzanna Panitsas MD, Cambridge Hosp
Jesal Parikh MD, Mercy Hospital
Daniel Park MD, Good Samaritan MC
Robert Pilon MD, BWH
Charles Plant MD, Baystate MC
Seetal Preet Cheema MD, VA Boston
Ian Rivera-Colon MD, Good Sam. MC
Gerardo Rodriguez MD, Boston MC
Barbara Scherer MD, BWH
Papiya Sengupta MD, Mel/Wakefield
Madhava Setty MD, Lawrence General
Sohrab Sidhwa MD, Good Sam. MC
Brett Simon MD, BIDMC
Jason Stewart MD, BWH
Mathias Stopfkuchen-Evans MD, BWH
Scott Streckenbaen MD, MGH
Hermantha Sunkara MD, Baystate
MCPouneh Taghizadeh MD, AAM
Pacifico Tuason MD, MGH
Mohan Vodapally MD, Baystate MC
Eileen Wang MD, CHMC
Shihehung Woo MD, AAM
Alexander Zeidel MD, AAM

New Affiliate

Laura Andima MD, VA Boston
Kay Leissner MD, VA Boston
Sharon Muret-Wagstaff MD, BIDMC

Active, Moved Out of State

Masahiko Bougaki MD, Japan
Arup De MD, NY
Kanchana Ganeshappa MD, TX
Mohamed Hamouda MD, VA
Doug Makai MD, PA
Christian Munk MD, NY
Jesal Parikh MD, DE
Synthia Ross MD, NY
Mark Schlanger MD, TX

Retired

Ayyaz Hussain MD, Brookline, MA
James Wechsler MD, Hingham, MA
Charles Zee MD, Shrewsbury, MA

Deceased

John Bruner MD, Groton, MA
Francis Callahan MD, Worcester, MA
Franco Dinale MD, CT
Dusan Dobnik MD, Auburndale, MA
Paul Levesque MD, Newton, MA
Donald Mahler MD, Newton, MA
Kaye Moody MD, West Tisbury, MA
Robert M. Smith MD, Winchester, MA
Sarita Walzer MD, Newton, MA

BOX SCORE
Membership Totals (02/2010)

Active	909
Resident	423
Affiliate	15
Retired	168

UPCOMING CONFERENCE

COMING EVENTS

MSA Ultrasound-Guided Regional Anesthesia Course and Workshops
March 13, 2010
Waltham Woods Conference Center
Waltham, MA

FOURTH ANNUAL NEW ENGLAND ANESTHESIA RESIDENTS CONFERENCE (NEARC)
April 3, 2010
Boston Medical Center
Boston, MA

ASA Legislative Conference
April 26-28, 2010
J.W. Marriott
Washington, DC

MSA 5th Annual "Sedation and Analgesia"
May 15, 2010
Waltham Woods Conference Center
Waltham, MA

MSA Annual Meeting
May 27, 2010
MIT Endicott House
Dedham, MA

ASA Annual Meeting
October 16-20, 2010
San Diego, CA
New England Caucus Meetings
Saturday, October 16, 3:30-6pm
Tuesday, October 19, 3:30-6pm

2ND MSA Ultrasound-Guided Regional Anesthesia Course and Workshops
Date to be announced
Waltham Woods Conference Center
Waltham, MA

ADVERTISEMENT

MASSACHUSETTS SOCIETY OF ANESTHESIOLOGISTS
541 PLAIN STREET (ROUTE 139)
MARSHFIELD, MA 02050-2713
781-834-9174 fax 781-837-4142 e-mail MSABOX@verizon.net

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