

MSA Anesthesia Record

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HOSPITAL IN REVIEW



At Cooley Dickinson Hospital, a talented team of physicians oversees the Anesthesiology Department. Pictured above: Drs. Alex Voshchin, Katherine Lee, David Chernock, Richard Lawlor, Sanjeev Goswami, Andre Bell, Catherine Lannon and Anesthesia Technician Karla Motyka. Not pictured are Drs. Brian Johnson and Andre Saint Louis.

COOLEY DICKINSON HOSPITAL 142-BED ACUTE CARE HOSPITAL, NORTHAMPTON, MA

Cooley Dickinson, a 142-bed acute care hospital, provides patient-centered healthcare services both at its main campus in Northampton, Massachusetts, and at satellite facilities located throughout the region. At Cooley Dickinson, 400 affiliated physicians and over 1,800 employees work collaboratively to provide the highest quality of care. This collaboration is at the core of Cooley Dickinson's goal to consistently exceed the expectations of patients and families. Nationally recognized organizations — the Institute for Healthcare Improvement

and the Betsy Lehman Center for Patient Safety and Medical Error Reduction — have designated Cooley Dickinson as a top-performing hospital.

Cooley Dickinson Hospital officially opened its doors on New Year's Day in 1886. By the turn of the century, more than 100 patients were being admitted per year, and so a two-story brick annex was built in 1901, adding 24 beds and tripling the capacity of the young institution. Three years later, the Henry Shepherd Memorial Surgery Wing opened, and there were four physicians on the surgical staff by 1913.

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REPORT OF COUNSEL

MASSACHUSETTS HEALTH ACCESS LAW WELL UNDER-WAY

Edward J. Brennan, Jr.

Implementation of the Massachusetts Health Access Law passed in 2006 is well underway. The law is designed to provide every resident of Massachusetts access to health insurance and imposes a mandate that every resident of the Commonwealth, who can afford it, have health insurance. The latest data indicates that close to 439,000 uninsured people have enrolled into health coverage. Approximately 238,000 of those new insureds are enrolled in the Commonwealth Care Program which provides a subsidized insurance program for individuals who earn less

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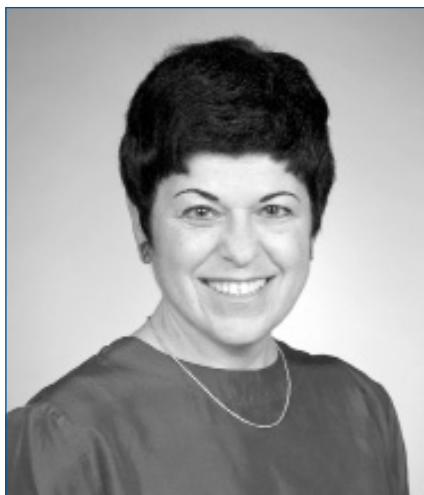
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PRESIDENT'S REPORT**ANESTHESIOLOGY AND MSA -
NEVER BETTER, WITH YOUR HELP**

Each year the Massachusetts Medical Society publishes a state Physician Workforce Study (<http://www.massmed.org/workforce/>). Each year it reports an increasing physician shortage, with anesthesiology one of the featured specialties. Certainly part of the recruitment and retention problem has been generally low reimbursement. However, this year organized medicine and Anesthesiology with it have made an important stride to improve this problem.

In July of this year, the U.S. Congress passed the "Medicare Improvements for Patients and Providers Act of 2008" (H.R. 6331). We all remember the ailing Senator Kennedy appearing on the floor of the Senate to cast the break-through vote that allowed the bill to go forward. This bill changes how we will be paid for Medicare patients. First, H.R. 6331 reverses the 10.6% Medicare payment cut that took effect on July 1, and blocks the 5.4% cut scheduled for January 1, 2009. Instead, the law maintains the 2008 increase of 0.5% for the rest of the year and will provide a 1.1% update increase for 2009. All told, ASA calculates that this will amount to more than \$83 million in increased payments for anesthesiologists. This 18-month provision will also allow Congress the time to address the additional Medicare payment cuts still projected for 2010 and beyond, due to the sustainable growth rate (SGR) formula currently mandated by law. For longer-term funding, the bill establishes a Medicare Improvement Fund and deposits \$19.9 billion for use in 2014-17.

H.R. 6331 also addresses several other components of physician payment. The Physician Quality Reporting Initiative (PQRI) provides a 2% incentive payment on Physician Fee Schedule charges for those physicians who choose to report predetermined quality measures for 80% of their eligible patients. H.R.



*Beverly K. Philip, M.D.
MSA President, 2008-2009*

6331 extends this bonus payment for 2 years, through 2010. For 2009, CMS has proposed two PQRI measures that can be reported by anesthesiologists: "Measure 30 – Perioperative Care: Timing of Prophylactic Antibiotics – Administering Physician", and "Measure 76 – Prevention of Catheter-Related Bloodstream Infections – Central Venous Catheter Insertion Protocol", as well as Critical Care measures. Another physician payment factor is the work Geographical Practice Cost Index (GPCI). This is the scaling factor that CMS uses to adjust payments to physicians to account for the costs of resources in different areas of the country. The bill extends the 1.0 floor on the work GPCI through December 31, 2009, meaning that physicians in areas where the GPCI is less than 1.0 will see an increase in payment from Medicare. Massachusetts has a large number of anesthesiology teaching programs, and H.R. 6331 will provide critical relief for these programs. Under current CMS regulation, Medicare reduces payment to 50% per case if the attending anesthesiologist supervises two residents on cases that overlap even for one minute.

Anesthesiology is unique in being subject to this payment methodology – CMS pays surgeons 100% of the fee if they supervise residents in two overlapping operations. ASA believes that CMS policy has cost each academic anesthesiology program an average of \$400,000 annually, with some programs losing in excess of \$1 million per year. H.R. 6331 supercedes the CMS regulations, so that teaching anesthesiologists will receive 100% payment for two concurrent Medicare cases starting in 2010. ASA estimates that this legislation will translate into \$500 million increased payments over 10 years to anesthesiology teaching programs.

H.R. 6331 benefited everyone in medicine. There are numerous other provisions in the law that make the practice of medicine easier for many of our colleagues, and thereby gives all Medicare patients easier access to medically related services. You can find a summary of the H.R. 6331 provisions at <http://www.massmed.org>, linking to Advocacy and Policy > Medicare > all, and find the anesthesiologist-specific provisions in detail in the ASA's August Special Newsletter, 2008: 72(8).

How did we win? By all of organized Medicine working together. How can you help, as an anesthesiologist in Massachusetts? By becoming more active in MSA. There are committees to fit every aspect of anesthetic and organizational practice, and it's a great way to meet interesting people. If you're interested, please call or email our MSA office, at 781-834-9174 and MSABOX@verizon.net. Come with us to the ASA's legislative conference in Washington DC each year. It's an exciting experience to actually go to your Representatives' and Senators' offices, talk with their health staff about issues that concern us and therefore palpably make a difference. And whether or not you want to come to meetings, please support the organizations that

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PERSONALITY PROFILE**SELINA A. LONG, M.D.
SECRETARY OF THE MSA**

Selina A. Long, MD is a staff anesthesiologist in the Department of Anesthesia at the Beth Israel Deaconess Medical Center. She received her undergraduate degree with special honors from the University of Chicago and her medical degree, AOA, from the University of Vermont. She completed a medical internship at Northwestern University and an anesthesia residency at the Beth Israel Hospital with a pediatric anesthesia fellowship from Boston Children's Hospital. She is board-certified and has worked in both private and academic practice. In addition to her clinical responsibilities, she currently teaches ACLS and ATLS at the medical center.

Selina has had a long-standing interest in the interface between medicine and



*Selina A. Long, M.D.
MSA Secretary*

politics. She was involved in the New York State Society of Anesthesiologists while she lived in New York, and since returning to Massachusetts has been an active member of the MSA: on the Governmental Affairs committee, as an attendee of the ASA Legislative Conference, and as an alternate and then a delegate to the ASA House of Delegates.

On the personal side, Selina is married to Robert Marquis, a perfusionist at BIDMC and has two daughters, Charlotte, 13 and Gwendolyn, 11. She enjoys traveling, cooking, swimming, skiing and keeping her daughters so busy with the Girl Scouts, figure skating, horseback riding and piano lessons that they don't have time to even think about getting into trouble. ~

SAVE THE DATE

MSA Annual Meeting
Thursday Evening, May 21, 2009
MIT Endicott House
80 Haven Street, Dedham

ASA Guest Speaker
Roger A. Moore, M.D., ASA President

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. Moore
8:50 - 9:30 pm	MSA Business Meeting

Following Dr. Moore'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 - continued**ORGANIZED MEDICINE WORKING TOGETHER***(continued from page 3)*

support your legislative needs, the MSA PAC and ASA PAC. In Massachusetts, at every legislative session, there are issues related to reimbursement, scope of practice and healthcare that we need to follow closely and act on. In this issue, you will read the report of the MSA legal counsel, Edward Brennan, Esq. about the recent active issues. Anesthesiologists in Massachusetts also need to support state legislators that support the interests of the medical specialty of anesthesiology. For all this, please send in your donation, large or small, to MSA-PAC, PO Box 1208, Marshfield, MA 02050. Certainly also support our ASAPAC, which is the voice of anesthesiology for the regulatory, legal and reimbursement concerns that can only be addressed at the national level. To donate, click on the "ASAPAC" button at the top of the Members Only section of the ASA website, <http://www.asahq.org>.

We invite you to become more active in MSA. Our recent success with Medicare is evidence that getting involved works! ~



May 22, 2008, MSA Annual Meeting held at the MIT Endicott House, Dedham; (left to right) Drs. Donald Ganim, (Past President), Beverly Philip (President), Fred Shapiro (Vice President) and David Hepner (President Elect).

REMINDER TO MEMBERS

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

(see page 2 for a listing of MSA Committees)

EDITOR'S REPORT**A NOTE FROM YOUR EDITOR**

Editor
2007-2009



*David L. Hepner, M.D.
Chair, Publications Committee*

After joining the Massachusetts Society of Anesthesiologists in 1998, I became interested in becoming more active in our society. Thanks to a conversation that I had during the summer of 1999 with then-president Dan Dedrick, and a kind offer from him, I became the editor of this newsletter in 2000. A lot has happened to the MSA since then and I couldn't be more proud of our society. Topics such as the public perception of our specialty, reimbursement, medical students' interest in our field, ASA and AANA dialogue, and the shortage of anesthesiologists in Massachusetts have been discussed at length. Another issue of interest to all of us who care about anesthesiologists' training is the 50-percent payment penalty to anesthesiology teaching programs. In the President's report, Dr. Beverly Philip explains all of the benefits to our specialty following 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.

We have accomplished so much in the last decade thanks to the hard work of past and present officers, directors, delegates and committee members. Our interactions with the MMS and ASA are important to address the many issues that face our society at the state and

national level. There is an opportunity for MSA members to make a difference by attending the upcoming ASA Washington Legislative Conference this May 4-6, 2009 in Washington, D.C., and discussing issues that are pertinent to our society with members of congress. If you cannot be away for more than one day, then I encourage you to go to this year's annual meeting where the Guest Speaker will be Dr. Roger A. Moore, the current ASA President. It is a great opportunity to learn more about the upcoming issues that face our specialty.

It is time for me to move to a different role as the upcoming president of the MSA, a challenge that I look forward to. Before doing so, I want to thank all of the Past Presidents (Drs. Dedrick, Harvey, Entrup, Kilaru, Maddi, Heard, Stanley, Hershey and Ganim), Dr. Philip and Dr. Hannenberg (ASA President-elect), for allowing me to express my opinions and for their constant support. I have truly enjoyed learning from all of their reports and from conversations that we have had at MSA and ASA meetings. I also want to thank Beth Arnold for all of her hard work getting the newsletter ready for

print, and for persistently reminding the writers, myself included, to have their articles on time. Thank you for allowing me to serve you in this capacity and I look forward to working for you as your next MSA president.

I am glad to announce that Dr. Richard Urman has accepted our offer to be the next MSA Anesthesia Record editor. Rich has been an active participant in organized medicine, both on local and national levels. He is currently an Alternate Delegate to the ASA representing Massachusetts, and is an adjunct member of the MSA Committees on Economics and Governmental Affairs. Nationally, he is a member of the ASA Committees on Anesthesia Care Team, Physician Resources, Ambulatory and Geriatric Anesthesia, and Drug Disposition. He has also served as a Massachusetts Medical Society district delegate and a member of MMS Committees on Finance and Membership. As part of his AMA Legislative Awareness Internship, he spent time in Washington DC lobbying Congress for AMA and ASA causes. Congratulations Rich on your new post!

~



ASA Guest Speaker at MSA Annual Meeting, Dr. Alexander A. Hannenberg, M.D., President-elect of the ASA.



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* * * * *

ASA NEWS

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.

Hospital in Review - continued

THE PAIN MANAGEMENT PROGRAM IS AN OUTGROWTH OF ANESTHESIOLOGY

(continued from page 1)

So began Cooley Dickinson's Anesthesia Department, which is thriving today in the hospital's new Kittredge Surgery Center.

Anesthesia was administered during the early years by general practitioners, the first of whom was Dr. W.H. Adams. In 1916, he was joined by Dr. W. Taylor, and during that year there were 546 surgical and 84 obstetrical cases.

Dr. Alfred Kaiser, who had served a rotating residency at the hospital in the post-World War II years, returned after further obstetrical work at the Providence Lying-In Hospital in Rhode Island. He did his anesthesia training at the Central Maine General Hospital in Lewiston, Maine, and joined the Anesthesia Service in 1949 as Cooley Dickinson Hospital's first formally trained anesthesiologist.

The Department of Anesthesia was officially organized in July 1960, and Dr. Ralph Timberlake was named the first chief of the department. He also trained at Central Maine General Hospital and spent time there after completing his residency. Anesthesia was then administered at Cooley Dickinson only by anesthesiologists.

Over the years, the hospital, and, subsequently, the Anesthesia Department, grew tremendously. In April 2007, Cooley Dickinson Hospital opened the Kittredge Surgery Center with six new state-of-the-art operating rooms and room for growth as well. The capital campaign fund that raised over \$12 million from the staff and community was co-chaired by Dr. David Chernock, a member of the Anesthesia Department.

Volume in Cooley Dickinson Hospital's surgery center has steadily increased over time; last year the hospital performed over 5,000 surgeries of all types, including General, Orthopedics, Urology, Ear, Nose and Throat, Facial, Plastic and Reconstructive, Gynecology,

Neurosurgery, Pediatrics, Podiatry, Thoracic, Ophthalmology and Oral Surgery. Cooley Dickinson also has an active Obstetrics and Midwifery service with almost 900 deliveries per year.

Presently the Anesthesia Department has eight full-time staff members and one part-time physician. It is the only all-physician anesthesia practice in the area. The hospital runs a very successful pre-operative screening clinic and provides in-house anesthesia for obstetrical patients whenever a woman is in active labor; it also offers patient-controlled epidural anesthesia to patients.

Members of the Anesthesia Department serve in leadership roles on various hospital-wide committees. Members are committed to education and, as such, teach paramedic students how to successfully manage an airway during out-of-hospital emergency situations. The members of our department include:

- Dr. Andre Bell. Dr. Bell attended Boston University as an undergraduate and then went to medical school at the Medical College of Pennsylvania, where he graduated in 1987. He did his internship in Internal Medicine at Maimonides Medical Center in Brooklyn, N.Y., and completed his anesthesia training at New York Medical College in 1991. He has been a member of the department since 2007, and his hobbies include digital photography, music, movies and exercise.

- Dr. David Chernock. Dr. Chernock is a 1972 graduate of Rutgers University, and he graduated from Columbia University College of Physicians and Surgeons in 1976. He completed his Anesthesia residency at Dartmouth-Hitchcock Medical Center in 1979 and has been a member of the Cooley Dickinson department since 1982. He has served in many capacities, including former chief of the department. Dr. Chernock is particularly interested in obstetrical

anesthesia, and his outside interests include hiking, running, tennis, opera and reading.

- Dr. Sanjeev Goswami. Dr. Goswami attended Boston University as both an undergraduate and as a medical student, graduating in 2000. He completed his internship in Internal Medicine at Pitt County Memorial Hospital in Greenville, N.C., and his anesthesia residency at Emory University Hospital, where he completed his training in 2004. Dr. Goswami has been a member of the department since 2005.

- Dr. Brian Johnson. Dr. Johnson is a graduate of Trinity College and a 1993 graduate of Boston University School of Medicine. He completed his anesthesia training at Dartmouth-Hitchcock Medical Center in 1997 and has been a member of the department since then.

- Dr. Catherine Lannon. Dr. Lannon is a graduate of Boston College and subsequently graduated from Georgetown Medical School in 1993. She completed her anesthesia training at Tufts in 1997 and did a pain fellowship at Tufts as well, completing it in 1998. Dr. Lannon is Cooley Dickinson Hospital's current Chief of the Department and has been a member since 2004. Her professional interests include regional and veterinary anesthesia. Her outside interests include scuba diving, animal rights and interior design.

- Dr. Richard Lawlor. Dr. Lawlor is from Boston and is a 1978 graduate of Boston Latin School. He received his undergraduate degree from the University of Vermont in 1982 in physical therapy and practiced at the Brigham and Women's Hospital. He attended Dartmouth Medical School and graduated in 1992. He completed his internship in Internal Medicine at Dartmouth-Hitchcock Medical Center and his anesthesia training

(continued on next page)

Hospital in Review - continued

COOLEY DICKINSON HOSPITAL OFFERS LOCAL ACCESS TO STATE-OF-THE-ART DIAGNOSTIC TECHNOLOGY AND PROGRESSIVE HEALTHCARE PROGRAMS

(continued from previous page)

at the University of North Carolina. He is a former chief of the department and has been a member since 1996. His professional interests include obstetrical and pediatric anesthesia, volunteering as an anesthesiologist with Operation Smile, and quality assurance. His outside interests include running, coaching, basketball and ultimate Frisbee.

- **Dr. Katherine Lee.** Dr. Lee is a 1970 graduate of the College of Medicine Ewha Women's University. She completed her internship at Stamford Hospital and Anesthesia training at Baystate Medical Center from 1972-1975. She has been a member of the Anesthesia Department since 1982.

- **Dr. Andre Saint Louis.** Dr. Saint Louis is a 1961 graduate of the School of Medicine and Pharmacy at the State University of Haiti and did his Anesthesia Training at The Maisonneuve Hospital in Montreal, Quebec. Dr. Saint Louis completed fellowships in Cardiovascular Anesthesia as well as Neuroanesthesia from Georgetown University Medical Center from 1967-1968. He has been a member of the department of Anesthesia since 1987. His outside interests include running, chess, reading, history and flying. Dr. Saint Louis is a licensed pilot.

- **Dr. Alex Voshchin.** Dr. Voshchin earned both his undergraduate and medical degrees at the First St. Petersburg Medical Institute, where he graduated in 1971. He did his Anesthesia residency at the

University of Massachusetts from 1981 to 1984. He also completed fellowships in Cardiovascular Anesthesia as well as Pain Management from UMass from 1984 to 1985. He has been a member of Cooley Dickinson's Anesthesia Department since 1992.

- **No Anesthesia Department can run smoothly without the dedicated services of the anesthesia technicians.** Cooley Dickinson is grateful to have Karla Motyka, who has been making sure that all of the equipment is running smoothly and that carts are stocked. Karla is always there when needed; staff truly appreciate her.

Through its other programs, Cooley Dickinson Hospital offers local access to state-of-the-art diagnostic technology and progressive healthcare programs. For example, with the addition of its Kittredge Surgery Center, the Hospital provides the Minimally Invasive Surgery and Robotic Program, featuring the da Vinci S® Surgical System. Such innovative surgical services are available at only 10 percent of hospitals nationwide.

Other specialty areas include:

- **Women's Health Services** including diagnostic mammography, breast MRI, the breast health program, specialized rehabilitation programs, the Cooley Dickinson Center for Midwifery Care and the Childbirth Center.

- **Cancer Care/Oncology, Radiation Oncology, state-of-the-art Cancer Therapy**

including IMRT and the Patient Navigator Program to help guide patients living with a breast cancer diagnosis through treatment.

- **Cardiopulmonary Services and the Cardiovascular Suite**, offering cardiac catheterization, implantable pacemakers and defibrillators and heart rhythm studies.

- **Imaging Services**, including MRI (in Amherst and Northampton), Breast MRI, CT, PET/CT, ultrasound, nuclear medicine and general X-ray.

- **The area's only comprehensive Joint Replacement Center** with surgery, recovery and rehabilitation as well as access to bone, joint and sports medicine care.

- **A Hospitalist Program** through which highly qualified, board-certified medicine providers offer 24-hour-a-day care to adults and children who are hospitalized, and an **Intensivist Program** through which board-certified physicians offer care to the critically ill.

- **An Emergency Department** that operates 24-hours-a-day with a full team of qualified physicians and nursing staff, providing care to patients with illnesses that range from sprains and ear infections – treated through the hospital's Fast Track program – to more serious injuries. ~ For more information visit www.cooley-dickinson.org or call (413) 582-2421.

Report of Counsel-continued

HEALTH CARE COST CONTAINMENT

(continued from page 1)

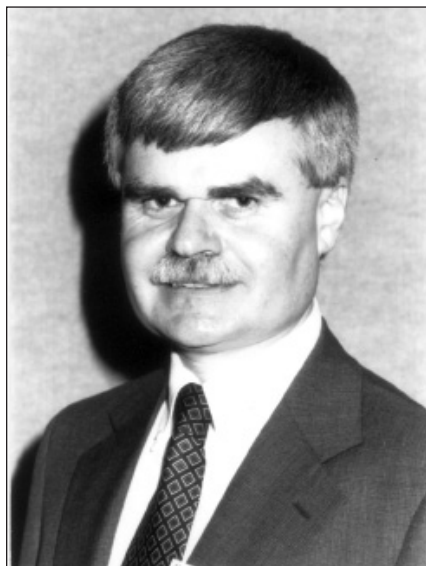
than 300% of the Federal Poverty Level and are ineligible for Medicaid. Prior to the enactment of the law, studies from 2005 indicated there were approximately 600,000 uninsured in the state.

While the Commonwealth celebrates the increase in health insurance access and the Massachusetts law has become a model of interest at the national level, concerns about insurance affordability, and its impact on whether the reform effort can be sustained, has become the dominant health care issue on Beacon Hill. This is not an unexpected development. The question is what will state policy makers try to do to address costs, particularly the rising cost of providing government subsidized health insurance in an economic environment in which the latest forecast indicates a one billion dollar deficit in the current state budget.

HEALTH CARE COST CONTAINMENT

On July 31, 2008, the legislature passed a law (Chapter 305 of the Acts of 2008) which attempts to contain costs and encourage transparency in the health care system. The law would encourage efficiencies by setting up a state wide electronic medical record system by 2012; reinvigorate the health care quality and cost council to look into the possible future overhaul of the current payment system to provide incentives for more efficient care; require annual public hearings on "cost drivers" within the health care and insurance system; provide incentives for physicians to go into primary care; and require health insurers to list nurse practitioners as primary care providers.

The law also includes a controversial ban on gifts to physicians and other prescribers by pharmaceutical and medical device manufacturers. The statute adopts the PHARMA Code on Interactions with Health Care Professionals and bans: meals outside of a practitioner's office or hospital setting or without an informational



*Edward J. Brennan, Jr.
MSA Legal Counsel*

presentation by a pharmaceutical marketing agent; entertainment and recreational events; sponsorship or payment for CME that does not meet the ACCME Standards for Commercial Support; financial support for the cost of travel, lodging or other expenses of non-faculty health care practitioners attending any CME event; and gifts of \$50 or more to health care practitioners. The ban is on the giving of gifts by pharmaceutical and device manufacturers and their sales reps. Violation of the ban is subject to a civil fine of up to \$5,000. Pharmaceutical and medical device manufacturing companies are required to file with the Department of Public Health disclosure of any fee, payment, subsidy or other economic benefit with a value of at least \$50 provided to a physician or health care practitioner. The disclosure must list the recipient and the data would be public. The gift ban was strongly opposed by the pharmaceutical and medical device industry. As of this writing, the Department of Public Health

is proposing regulations to implement the gift ban law.

FUTURE COST CONTAINMENT EFFORTS?

—The enactment of Chapter 305 is only the first step of a continuing effort to deal with health care costs in the Commonwealth. The Massachusetts Health Care Quality and Cost Council, a 16 member group set up by the access law of 2006 and expanded by the 2008 cost containment law to act as a watchdog for statewide healthcare costs, earlier this year instituted a process to develop recommendations to the Legislature to control costs. The list of subjects the council is expected to look at includes: evaluating the impact of various cost-sharing measures including patient choice of providers or products; more rate setting for health care provider reimbursement; payment reform to examine alternatives to a fee for service system; technology assessment and adoption of standards; and health plan benefit design. With the state paying more than expected to cover the uninsured, greater pressure will be placed on the council, the Patrick Administration and the Legislature to come up with politically viable solutions to contain costs without affecting access to care. Further efforts are expected at cost containment during the next legislative session, which MSA will monitor very closely.

CRNA PRESCRIPTIVE AUTHORITY

A bill that would grant CRNAs prescriptive authority for pre and post operative care under the supervision of a physician (supervision similar to what all other APNs now have) passed the House in late July. The bill was redrafted by the House and contains language changes in the redraft that has raised concerns for the MSA and other medical societies, which were communicated to the Senate. The

(continued on page 14)

EDUCATION

THIRD ANNUAL SEDATION AND ANALGESIA COURSE, HELD MAY 10, 2008, AT WALTHAM WOODS CONFERENCE CENTER

Ruben J. Azocar, M.D.
Chair, Committee in Programs

On May 10, 2008, the 3rd Annual Update in Sedation and Analgesia Course took place at the Conference Center in Waltham Woods. A record number of attendees participated in the course which included clinical simulation for the second consecutive year.

After a brief introduction by Dr. Ruben J. Azocar (BUSM and Program Chair), the day started with a series of clinically oriented lectures that included patient evaluation by Dr. Mauricio Gonzalez (BUSM and Program Co-Chair), pharmacological principles by Shubjeet Kaur (UMASS), monitoring by Dr. Christian Mueller (UMASS), pediatric considerations by Dr. Marie Sankaran (BUSM) and two lectures created based on the suggestion of prior participants; the complex patient presenting for sedation and analgesia by Dr. Gerardo Rodriguez (BUSM) and the high tolerance patient for sedation and analgesia by Dr. Adriana Parlea (St. Elizabeth's Medical Center). The second half of the morning covered very important topics in the arena of sedation and analgesia. Dr. Rafael Ortega (BUSM) discussed the ASA and Joint Commission Guidelines as well as key aspects in credentialing practitioners for provision of sedation and analgesia, Mary Ellen Erlandson, Esq. (Counsel and Director of Risk Management, AAM) covered medico legal issues and Dr. Keith Lewis (BUSM) closed the morning with an excellent and entertaining lecture



Pictured above; Dr. Mueller and Dr. Azocar, illustrating complex situations on the adult simulation patient during the workshop.

discussing future challenges in this area.

In the afternoon, the theoretical knowledge acquired was combined with a hands on experience. An airway workshop led by Drs. Gonzalez and Rodriguez demonstrated the proper techniques of mask ventilation in neonate, pediatric and adult patients. High fidelity simulation in both pediatric patients (led by Dr Sankaran) and adult patient (led by Drs. Azocar and Mueller) illustrated complex situations that could occur during the provision of sedation and analgesia.

To conclude the meeting, Dr. Mueller presented a "wrap up" lecture

summarizing the key aspects for safe provision of sedation and analgesia that were covered during the day.

Initial feedback for the meeting has been excellent and plans to continue this yearly event are already taking place.

Special thanks to our supporters; Hospira, Somnia, Pentax, Pfizer, Medical Protective, Soma Technologies and Laerdal Medical, who provided the simulation equipment and to Beth Arnold and Barbara Kenealy from the MSA office who organized the logistics of the meeting in an impeccable manner. ~

WATCH YOUR MAIL



"4TH ANNUAL "UPDATE IN SEDATION AND ANALGESIA"

Saturday, May 9, 2009

Waltham Woods Conference Center, Waltham, MA

call the MSA office (781-834-9174) for more information

or visit the MSA website to download the flyer.

Education-continued

CENTER FOR MEDICAL SIMULATION, CAMBRIDGE, MA TOP GUN FOR PHYSICIANS

- Are you as prepared as you can be to handle a rare or unusual clinical event?
- Have you practiced skills that will enhance the outcome of a clinical situation gone awry?
- How can you move your professional skills out of the same tired pattern in which you've been operating during your years of practice?
- Do you want to reinvigorate your intellectual curiosity and see your profession through new eyes?



Center for Medical Simulation - Team participation in a simulation.

If these questions intrigue you, then the experience of a day at the medical simulator may be just what you're looking for.

In 1969, the US Navy established the Top Gun program, a graduate-level school established to train fleet fighter pilots in air combat tactics to improve the relatively poor air combat performance of Navy aircrews over Vietnam. The participants were the "best of the best" recognized for their stellar skills and judgment. Such a program is needed in anesthesia. High-realism simulation offers that opportunity to challenge yourself to be the best you can be.

In December 2004, the ASA established a Workgroup on Medical Simulation. In July 2006, this group presented its White Paper to the ASA Board of Directors, recommending that the ASA promote simulation-based training and develop a process for endorsing centers that meet educational standards and offer CME. A Committee on Simulation Education has since been established to implement those suggestions. It established a registry of

centers offering simulation courses and is now endorsing programs throughout the US. The importance of simulation programs is now acknowledged as a cutting edge tool to enhance and expand the clinician's lifelong educational endeavors- to help all of us function at the highest level of our abilities.

Currently there are four simulation centers in Massachusetts listed in the ASA Registry of Simulation Centers. Of these, three are involved in the teaching and education of anesthesia residents and academic faculty, two provide courses for practitioners in the private sector, and one (Center for Medical Simulation, Cambridge), in addition, offers CME credits for course participants and is accredited by the American College of Surgeons and endorsed by the ASA as a Simulation Education Institute.

A day at the Simulation Center is an invigorating experience. You are engaged from the start. Participants report that, once underway, they become readily immersed, using their clinical

skills to handle situations as they unfold in a simulated OR. Cases are adapted from actual OR cases and have been evaluated and developed for interest with an emphasis on critical anesthesia events based on insurance closed-claim records.

Where would you rather first treat thyroid storm or some other infrequent crisis, in the operating room while caring for your patient or in a simulated scenario? And after the event, wouldn't it be of enormous value to hone your skills in a debriefing session, processing what went well, and what could have been managed better? Interestingly, many of the skills that enhance the outcome in any specific clinical setting have been found to generalize to the improvement of the outcomes in other crises, hence, the coining of the term, Crisis Resource Management (CRM), by David Gaba, MD, and his colleagues at the VA Palo Alto and Stanford School of Medicine.

An important part of the day at the

(continued on next page)

Education-continued**CENTER FOR MEDICAL SIMULATION - continued
PRACTICE IS KEY**

(continued from previous page)

simulator is spent learning and practicing not only specific technical and clinical skills, but opening your eyes to the side of successful clinical outcomes that accrues from effective teamwork and communication. The world of anesthesia is all too often simplified in the expression, "hours of sheer boredom, punctuated by moments of sheer terror." Sure, we have long periods of time in the course of a case where our vigilance is the key element in assuring a successful outcome. During those long intervals, we function in a relatively self-sufficient world, managing our patient with little or no ancillary assistance. We are the proverbial "one man band", drawing drugs, administering drugs, keeping watch on the surgical field, always an eye and an ear to the monitors, hanging infusions, starting or restarting the IV, and on and on...

But we all have shared those moments of terror as well. At those times we may feel as though we just don't have enough hands to work as quickly and efficiently as we'd like when things aren't going well. Or maybe we just feel stuck trying to understand the significance of that new junctional rhythm, and whether or not we should do anything about it, and if so, what and how.

Practice is key. Without revisiting the unusual and extraordinary, we can lose our edge. But as we all know, those rare and occasional events can happen to anyone, anywhere, and at any time. Wouldn't you like to have the skills back and fine tuned in order to be able to feel confident that you could successfully navigate that minefield that awaits you when you walk into the OR each day? Much of what was fresh in our minds when we finished our training has dissipated, leaving only fragments of our prior knowledge and skill.

Simulation can prepare you. Simulation can give you the practice opportunity, so that when it happens in your OR, you have the confidence and skill to lead your OR team, to perform successfully, and to do your very best for your patients.

Visit the ASA website (<http://simulation.asahq.org/search/>), locate a simulator, and experience new horizons in your professional life. ~

**Simulation Programs in
Massachusetts with Listed
Programs for Anesthesia**

Center for Medical Simulation
Cambridge
www.harvardmedsim.org

Anesthesiology Clinical
Simulation Center, Boston
www.bmc.org/anesthesia/

Carl J. Shapiro Simulation and
Skills Center-SASC, Boston
www.bidmc.harvard.edu/sasc

The Sim Group, Cambridge
www.thesimgroup.org

Stratus Center for Medical
Simulation, Brigham & Women's
Hospital, Boston
www.brighamandwomens.org/stratus



Center for Medical Simulation - View from the control room

TRIBUTE**DR. DUSAN B. DOBNIK, AN OUTSTANDING RETIRED MEMBER OF THE ANESTHESIA COMMUNITY PASSED AWAY**

Recently, an outstanding retired member of the anesthesia community passed away: Dr. Dusan B. Dobnik. This exceptional anesthesiologist and consummate teacher was the pillar of clinical and academic cardiac anesthesia in the Department of Anesthesiology at Boston Medical Center for many years.

Dr. Dobnik, affectionately known as “Doby” among his peers, directed cardiac anesthesia at our institution for over two decades. He was an associate professor of anesthesiology and one of the most experienced specialists in his field anywhere in the United States. Dr. Dobnik authored a variety of papers and was considered by his colleagues and trainees as a masterful anesthetist. His

gentle demeanor, politeness, and concern for his patients earned him the admiration of everyone who worked with him. His legacy is still palpable in the way we practice cardiac anesthesia at Boston Medical Center to this day.

I clearly remember when transesophageal echocardiography appeared in our cardiac operating rooms in the mid 1980’s. In spite of his seniority, Dr. Dobnik embraced this technology with more enthusiasm than many much younger members of the faculty and soon became an expert using this then new diagnostic tool. There are countless examples of the genuine curiosity and inquisitiveness he always displayed for new technology and for innovative ways to care for his patients.

A tall and elegant man, Dr. Dobnik always leaned over in deference to the person before him. With unparalleled humility, he always treated everyone with the same measure of dignity and respect.

A superb physician and a refined gentleman, Dr. Dobnik personifies professionalism and excellence in anesthesiology and will forever be remembered with personal and departmental pride as a role model for generations to come. Those of us who trained under him were fortunate indeed to have had such a dedicated and outstanding mentor.

Our feelings of empathy go to Mrs. Dobnik, who survives her late husband.

~

Rafael Ortega, MD
Professor, BUMC

* * * * *

Report of Counsel-continued

(continued from page 10)

bill was not taken up by the Senate prior to the end of the Legislature’s formal session on July 31, 2008.

MEDICAID FEES

In order to reduce the state’s budget deficit for the current fiscal year (estimated at 1.5 billion dollars), the Governor ordered a series of cuts in state programs and agencies, pursuant to his statutory authority. Included in the cuts

was a rollback of the final third year installment increase of Medicaid fees for physician services that was included in the Healthcare Access Law of 2006. The increase of \$.58 per unit (\$20.25 per unit) for anesthesia fees that went into effect on July 1, 2008 has been revoked for services rendered after December 1, 2008. The Medicaid fee for anesthesia services has reverted to the prior year fee of \$19.67 per unit. ~

TRIBUTE**DR. I. DAVID TODRES, A FOUNDING FATHER OF NEONATAL AND PEDIATRIC CRITICAL CARE MEDICINE**

Dr. I. David Todres, a founding father of neonatal and pediatric critical care medicine and internationally recognized expert in pediatric medical ethics, died on September 26th at his home in Newton, Massachusetts, surrounded by his family following a courageous battle with lymphoma. He was 73.

Born in Cape Town, South Africa, to Lithuanian parents, Dr. Todres was educated at the University of Cape Town and then pursued additional training in anesthesia at the Radcliffe Infirmary in Oxford and the Hospital for Sick Children in London before moving to the United States in 1967.

Settling initially in New York City, Dr. Todres worked for four years at Montefiore Hospital where he was the Director of Pediatric Anesthesia and Director of the Pediatric Medical/Surgical Intensive Care Units. He moved to Boston in 1971, beginning a distinguished 37-year career at Massachusetts General Hospital (MGH) and the Harvard Medical School. Dr. Todres served as Co-director and then Director of MGH's Newborn and Pediatric Intensive Care Units from 1971-1998.

During the early years, pediatric intensive care was a new field, and Dr. Todres with his superb clinical skills and compassionate and warm attitude towards the children and their families was a leading role model for generations of

MGH house officers. "There are countless pediatricians and anesthesiologists who owe what they do to David Todres," stated Dr. Mark Rockoff, Professor of Anesthesia, Harvard Medical School.

In 1976 he became board certified in Pediatrics, adding board certification in Neonatal/Perinatal Medicine in 1979 and Pediatric Critical Care in 1987 to become one of a small group of physicians board certified in four different specialties. Later he became focused on bioethical issues in the care of critically ill children, serving as the Chief of the Pediatric Division of Bioethics at MGH and writing and lecturing widely on this topic. He was a national leader in bringing ethical concerns to the bedside in intensive care units all over the United States.

As the author of more than 150 scientific papers, book chapters, reviews, and books, Dr. Todres broke new ground in studies of caring for critically ill newborns and children early in his career and in studies of end of life care and ethical issues in these settings later in his career. He became a Professor of Pediatrics at Harvard Medical School and lectured around the globe.

Dr. Todres' work was recognized through numerous awards and honors including being the first recipient of the American Academy of Pediatrics' section on Critical Care Medicine's Distinguished Career Award in 1995 and the Presidential Citation Award from the Society of

Critical Care Medicine in 1999.

A tireless contributor, Dr. Todres served on numerous committees at Harvard, the Massachusetts Medical Society, the Department of Public Health of the Commonwealth, the American Society of Anesthesiologists and the American Academy of Pediatrics. Most recently, he led Harvard Medical School's efforts to develop comprehensive and meaningful assessments of students' clinical and interpersonal skills as they entered their final months of school.

Through all of these outstanding professional achievements, Dr. Todres remained accessible, humble, and open as a colleague, teacher, and friend. He will be missed and mourned by literally thousands of his former students, residents, and fellows.

He is survived by his wife, Judith Sharlin of Newton, Massachusetts, and his children Rachele Nash of Boston, Nadia Todres of Vermont, Jonathan Todres of Atlanta and Hillel Todres of Newton, as well as his grandson John J. Nash of Boston.

To honor all of his immense contributions to pediatrics and to the Massachusetts General Hospital for Children, the hospital has established the I. David Todres, M.D. Lectureship in Pediatric Medical Ethics. ~

MSA ANNUAL REPORTS 2007-2008

MSA ANNUAL MEETING SECRETARY'S REPORT - MAY 22, 2008

Secretary
2007-2009



Selina A. Long, M.D.

The Active membership of the Massachusetts Society of Anesthesiologists has surpassed the 800 mark, the present count is 867 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, 2008

Active 867
Affiliate 19
Resident 403
Retired 185

In Memoriam

Andre Bell, MD	Florence, MA
Marina Bizzarri Schmid, MD	Lincoln, MA
Dusan Dobnik, MD	Waban, MA
William Frost, MD	Worcester, MA
Roy Nelson, MD	Attleboro, MA
Robert Orr, MD	Sanibel, FL
I. David Todres, MD	Newton, MA

Results of the 2008 Election (135 ballots returned)

President	Beverly K. Philip, MD
President-Elect	David L. Hepner, MD
Vice President	Fred E. Shapiro, DO

Treasurer (2 year term)

Daniel J.P. O'Brien, MD

ASA Delegates (2008-2011) (3 year term)

McCallum R. Hoyt, MD
Daniel J.P. O'Brien, MD
Lee S. Perrin, MD

Alternate Delegates (1 year term)

George E. Battit, MD
Fred G. Davis, MD
Michael R. England, MD
James S. Gessner, MD
Stephen O. Heard, MD
Mark D. Hershey, MD
Prasad R. Kilaru, MD
Sheila Ryan Barnett, MD
Richard D. Urman, MD

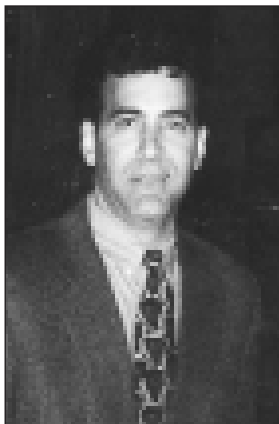
The Following Officers will continue

Secretary	Selina A. Long, MD (2009)
ASA Delegates	David L. Hepner, MD (2009) Selina A. Long, MD (2009) Beverly K. Philip, MD (2009) Donald G. Ganim, II, MD (2010) Susan R. Lisman, MD (2010) Fred E. Shapiro, MD (2010)

2008 MSA District Elections

District Representative Alternate District Rep.

District 1	Ananth Kashikar, MD	(vacant at this time)
District 2	Spiro G. Spanakis, MD	Daniel J.P. O'Brien, MD
District 3	Charles C. Ho, MD	Stephen L. Hatch, MD
District 4	Daniel Cook, MD	(vacant at this time)
District 5	Timothy S. Pederson, MD	Sana Ata, MD
District 6	Jie Zhou, MD	Vladimir V. Kazakin, MD

MSA Annual Reports - continued**PAST PRESIDENT'S REPORT...YOUR VOICES HEARD**

President
(2007-2008)

Donald G. Ganim, II, Msc, MD.

With a new administration taking over in Washington, optimism is in the air. Health care changes are for certain, as the Obama team looks at new ways to curtail federal spending.

Anesthesiologists should be proud of their organizational accomplishments in 2008. Directly as a result of the herculean efforts of both our ASA membership and our Washington office, the Senate and House overwhelmingly overrode Bush's veto of House bill 6331. This resulted in a repeal of the 10.6% Medicare fee cuts to anesthesiologists and the "penalty" imposed on our academic anesthesia programs for supervising more than one resident at a time.

I had the pleasure of being part of the Massachusetts delegation that travelled to Washington in June '08. While in D.C., we met face to face with Congressmen and Senatorial Health Aides to inform our legislators what the impact of HR6331 would have on our teaching programs in Massachusetts. We related personal anecdotes on how anesthesiologists made a difference in the delivery of care during surgery. Our presence there made a difference!

As a result of the involvement of members of the MSA and other state anesthesia societies, we received a 25% increase in our anesthesia conversion factor from the Center of Medicare and

Medicaid Services (CMS). Every anesthesiologist, whether a MSA member or not, benefitted financially from the work of a few dedicated colleagues. These accomplishments bring more than \$21,000 on average to each full-time anesthesiologist.

At this point, I will make my appeal, not only for involvement in your MSA, but also for support of your ASA through a donation to its Political Action Committee (PAC). It is through your PAC that legislators, who hold decision making power over your specialty's viability, hear YOUR voice. Like it or not, politics is the game we must play in to keep our share of federal dollars. If you give back just 1% of what you gained in Medicare fee increases (\$210) in 2008, your PAC could accomplish even more than it already has. Massachusetts has relinquished its hold

of last place (6%) for percent of anesthesiologists who support the ASAPAC. We have doubled that in 2008 to 12%, but still have far more anesthesiologists who are comfortable in accepting benefits that they neither helped obtain or contributed to. This has been, without a doubt, the most frustrating realization of my MSA Presidency.

As we bear witness in the coming year to a renewed spirit of political involvement, it is my wish that more anesthesiologists throughout our Commonwealth decide to "get in the game". Through either personal involvement or a PAC contribution, members of our specialty can make a difference. It is my hope that from Springfield to Gloucester and Boston to Worcester, anesthesiologists will make their voices heard. ~



Dr. Donald Ganim, president of the MSA, Antonia Pollak, Boston Parks commissioner, Henry Lee, president of the Friends of the Public Garden, and Dr. Jonathan Griswold, anesthesiologist at Children's Hospital at the check presentation for the ongoing restoration of the Ether Monument in the Public Garden, October 25, 2008.

MSA Annual Reports - continued**ASA DIRECTOR'S REPORT**

*ASA Director
2006-2009*



Michael H. Entrup, M.D.

The past year has been a period of enormous transition for our organization. There have been significant changes in leadership structure, personnel, and facilities. John Thorner, J.D. has ably filled the newly created position of Executive Vice-President of our Park Ridge office. John has very impressive credentials and heads the office which now houses a new Director of Communications and newly created and filled positions for Director of Human Resources and Director of Education. These new positions and their staff have brought contemporary business practices to ASA and have greatly assisted our officers and committee chairs with their

duties. The Park Ridge office is currently undergoing much needed renovations to the physical plant and our D.C. office has relocated to Virginia, where the rent is less expensive.

At the same time, ASA has prepared and is implementing an updated strategic plan which will help direct the activities of our organization for the next several years. We are also planning the "roll-out" of a new branding campaign, aimed at brand recognition of many and varied contributions to patient care and safety while differentiating us from other healthcare providers. Many of these activities and changes were a result of member feedback to ASA.

I'm sure that most of you are aware that the 2008 unadjusted Medicare anesthesia conversion factor is **\$19.97 per unit**, up from \$16.19 in 2007. °This positive payment update is a culmination of a multi-year effort by ASA to convince both the RUC and CMS that Medicare payments to anesthesiologists were inadequate.° Many ASA members inundated CMS with positive comment letters supporting the proposed increase earlier this year.

Speaking of politics, I've mentioned in prior reports and newsletters, the importance of PAC contributions, both

ASAPAC and MSAPAC. While we, as a component, are improving, we continue to lag behind almost all of the other components in our participation in ASAPAC. Drs. Hannenberg, Ganim, and I will be happy to get you a contribution form. We need your help in spreading this message to your partners. Increases in our conversion factor, averting Medicare cuts, Medicare reform, and overturning the teaching rule are benefits from ASA legislative activities. We all benefit. It's time for all to contribute to that cause.

The ASA Board of Directors met in February. The next meeting will be in August. The business of the BOD and ASA committees has included an update on Office-based Anesthesia guidelines, a new practice advisory on prevention and management of operating room fires, changes to our Administrative Procedures, revisions to our statement on the Anesthesia Care Team, and consideration of a request from the Society for Pediatric Anesthesiology to support their application for subspecialty certification in Pediatric Anesthesiology.

It has been a pleasure to serve as your representative on the ASA Board of Directors. I look forward to seeing you at the MSA Annual Meeting and continuing to work with you, MSA, and ASA. ~

MSA Annual Reports - continued**REPORT OF THE COMMITTEE ON ECONOMICS**

Chair
2008-2012



Alexander A. Hannenberg, M.D.

Practice Management Seminar

The Committee sponsored a seminar held on November 17th at the Massachusetts Medical Society Waltham Woods Conference Center. Dr. Larry Robbins co-chaired the program. Topics discussed included Tufts Health Plan anesthesia policies, Massachusetts Health Reform, Medicare issues, and the use of telecommunications to boost practice productivity. The meeting was well attended by anesthesiologists

and practice administrators who provided generally favorable evaluations of the presentations.

Workers Compensation

Efforts begun several years ago to achieve a boost in the Workers Compensation fee schedule conversion factor for anesthesia services continue. Presentations by MSA have persuaded staff to recommend a sizable boost in the rate, which is currently less than \$20 per unit. Multiple delays in scheduling the public hearings necessary to pursue a fee schedule update have occurred. Recent communication with the Department of Health Care Financing and Administration suggest that hearings may be scheduled before year's end. The Massachusetts Medical Society has been helpful in advocating for consideration of rate adjustments.

Fallon Anesthesia Policy

Fallon Health Plan has circulated an anesthesia policy document that appears to indicate that they will recognize only face-to-face time during obstetrical

analgesia and imposes a ceiling on the reported time. This policy is stated to be compatible with ASA guidelines, which it is clearly not, nor is it consistent with local industry practice in Massachusetts. The Committee contacted Fallon to object to the attribution of this policy to ASA and suggested that the attribution be retracted or the policy revised. A revised policy, effective 7/1/08 has been posted.

Medicare Carrier Advisory Committee

NHIC, our Medicare Part B carrier, has recently undertaken an update of policies related to facet joint and other interventional pain procedures. MSA provided expert consultants to respond to questions raised by NHIC staff in updating the policy.

The Carrier Advisory Committee will hear presentations on the topic of anesthesia for GI endoscopy at its June meeting. NHIC has not proposed local policies on this service but this expression of interest is worth noting for MSA members. ~

* * * * *

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. MSA Past President, Dr. Ganim visited the Chelmsford Senior Center this past Spring and lectured to the Seniors in the Chelmsford area.

Dr. Shapiro is working with Dr. Beverly Philip, President of the Mass Society of Anesthesiologists, on educating MSA members about the California Society of Anesthesia Statement on Deep Sedation by Non-Anesthesiologists. This is an extended version of a deep sedation

task force report that was submitted to the 2006 House of Delegates and not approved.

Another area of interest, is to inform the anesthesia community around the state that by joining MSA and contributing to ASA-PAC, they can have a voice in areas such as: P4P taskforce and the issues regarding "necessity of need for anesthesia services", currently being presented by third party payment plans. Dr. Shapiro has been a member of the Executive Board and Chairman, Public Education Committee since 2001 and in May 2008, will become President-elect of the Mass Society of Anesthesiologists. ~

MSA Annual Reports -continued**MSA COMMITTEE ON RESIDENT AFFAIRS**

2007-2008
Chair



Jesse M. Ehrenfeld, M.D.

This year, the committee on Resident 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. This past year's highlights included the New England Anesthesia

Resident Practice Management Seminar, the Massachusetts Anesthesia Resident Research Forum, and the Annual Post-Boards Party. We sponsored the attendance of nine residents to participate as delegates to the ASA Annual Meeting in Chicago and sent four residents to the ASA Legislative Conference in Washington, D.C. in June to meet with members of Congress on our behalf.

We undertook our annual nominating process for 2008-2009 officers and are pleased to announce the results:

Chairperson

Amit Gupta, D.O.
University of Massachusetts
Agupta79@gmail.com

Vice-Chairperson

Lucas Edwards, M.D.
Brigham & Women's Hospital
Ledwards1@partners.org

Immediate Past-Chairperson

Jesse M. Ehrenfeld, M.D.
Massachusetts General Hospital
jehrenfeld@partners.org

Treasurer

Mark Hoeft, M.D.
Massachusetts General Hospital
Mhoeft1@partners.org

Secretary

Kenneth Johnson, M.D.
University of Massachusetts
Kenneth.johnson@umassmed.edu

Social Chairs

Arti Ori, M.D.
Brigham & Women's Hospital
aori@partners.org

Peter Calkins, D.O.

University of Massachusetts
pcalkins@hotmail.com

* * * * *

MSA PROGRAM COMMITTEE

Chair
2008-2010



Ruben J. Azocar, M.D.

We close another busy year for the MSA Programs Committee. After another superb Bermuda meeting chaired by Dr. George Battit, in November of 2007, we started 2008 with the third update in Sedation and Analgesia Program in May. The program was again a success in terms of participants and the overall evaluation of the program. Particularly, the simulation workshops were very well received. In June, the MEEI held their annual introduction to regional anesthesia for ophthalmic surgery, chaired by Dr. Joseph Bayes and jointly-sponsored

with the MSA. This excellent program is extremely valuable as it provides education for practitioners that provide anesthesia for ophthalmic surgery. At the end of the summer, the New England Society of Anesthesiologists held another exciting annual meeting in Newport, RI with the joint-sponsorship of our society. The 18th Annual Fall Program was held once again at the Elbow Beach Resort in Bermuda. The program was directed by Dr. Tim Pederson and moderated by past MSA President Dr. Mark Hershey. This was an excellent program with outstanding speakers. ~

MEMBERSHIP CHANGES 9/07 to 12/08**New Active**

Musa Aner MD, BIDMC
 Laura Andima MD, VA Boston
 Gustavo Angaramo MD, UMMHC
 Timothy Ayers MD, Jordan Hospital
 Michael Bailin MD, MGH
 Matthew Bloch MD, AAM
 Emil Bogodanov MD, Tufts
 Jennifer Dearden MD, CHMC
 Stanlies D'Souza MD, Baystate MC
 Theodore Dushane MD, Tufts
 Thomas Edrich MD, BWH
 Mathhias Eikerman MD, MGH
 Kurt Fink MD, BWH
 Lawrence Franowicz MD, Lahey Clinic
 Peter Furmonavicius MD, NWH
 Kanchana Ganeshappa MD, BWH
 Sadik Haba MD, BIDMC
 Heba Hanna MD, Brockton Hosp.
 Edwards Hendricks MD, BIDMC
 Ion Hobai MD, MGH
 Jana Hudcova MD, Lahey Clinic
 Rostislava Kanyuk MD, Lawrence Gen'l
 Swannathan Karthik Stoupnitska MD, BIDMC
 Pei-Lin Kim MD, AAM
 Henry Korzenlowski MD, St. Ann's Hosp.
 Ami Kuisle MD, Baystate MC
 Timothy Laci MD, Holyoke Medical Ctr
 Gustavo Lozada MD, Tufts
 John Mackey MD, AAM
 Doug Makai MD, BWH
 Andrew Miller MD, BWH
 Shohreh Modanlou MD, Tufts
 Michael Murphy MD, NWH
 Ju-Mei Ng MD, BWH
 Bruce Novis MD, Norwood Hosp.
 Achikam Oren-Grinberg MD, BIDMC
 Deborah Pederson MD, MGH
 Tjorvi Perry MD, BWH
 Vidya Ramanavarapu MD, AAM
 David Selig MD, BWH
 Spiro Spanakis MD, UMMHC
 Bob Ung MD, UMMHC
 Joshua Vacanti MD, BWH
 Bistra Vlassakova MD, CHMC
 Jeanine Wierner-Kronish MD, MGH
 Jie Zhou MD, BWH
 Alexander Zilber MD, UMMHC

New Affiliate

David Borso MD, MGH
 Masanika Bougaki MD, MGH
 Masao Kaneki MD, MGH
 Byung Sang Lee MD, BWH
 Patrick Purdon MD, MGH
 Suzuko Suzuki MD, BWH
 Xinhua Xu MD, MGH

Active, Moved Out of State

Jane Ballantyne MD, SC
 Joseph Curley MD, NY
 Prrrabhaaakar Devararam MD, ME
 Loreta Grecu MD, CT
 Alimorad Djalali MD, FL
 Ahmed Ebeid MD, OR
 Judith Hellman MD, CA
 Carol Ishak MD, CT
 Nanda Jagadish MD, FL
 John Knorp MD, BWH
 Shailaja Koppolu MD, BWH
 Peter Laussen MD
 Michael Micavich MD,
 Gregory Morrisette MD, MN
 Son Nguyen MD
 Gabriele Roden Troll MD, FL
 Beverly Stickles MD
 Cinthia Tirado MD, TX
 John Zipper MD, TX

Retired

George Battit MD	Belmont, MA
Robert Brancale MD	Hingham, MA
David Gabriel MD	Peabody, MA
Andrzej Gainski MD	Longmeadow, MA
Harry Ginsburg MD	Newton Center, MA
Richard Kitz MD	Westwood, MA
Philip Mushlin MD	Newton, MA
Richard Wiklund MD	Falmouth, MA

Deceased

Andre Bell MD	Florence, MA
Marina Bizzarri-Schmid MD	Lincoln, MA
Dusan Dobnik MD	Auburndale, MA
William Frost MD	Worcester, MA
Roy Nelson MD	Attleboro, MA
Robert Orr MD	Sanibel, FL
I. David Todres MD	Newton, MA

BOX SCORE	
Membership Totals (12/08)	
Active	867
Resident	403
Affiliate	19
Honorary	1
Retired	185

UPCOMING EVENTS

ASA Legislative Conference

May 4-6, 2009
J.W. Marriott
Washington, DC



**MSA Spring Conference
"Sedation and Analgesia"**

May 9, 2009
Waltham Woods Conference Center
Waltham, MA



MSA Annual Meeting

May 21, 2009
MIT Endicott House
Dedham, MA

ASA Annual Meeting

October 17-21, 2009
New Orleans, LA
New England Caucus Meetings
Saturday, October 17, 3:30-6pm
Tuesday, October 20, 3:30-6pm

**19th Annual
MSA Fall Conference**

Nov. 4-8, 2009
Elbow Beach Resort
Paget, Bermuda

MSA Practice Management Seminar

November 14, 2009
Waltham Woods Conference Center
Waltham, MA

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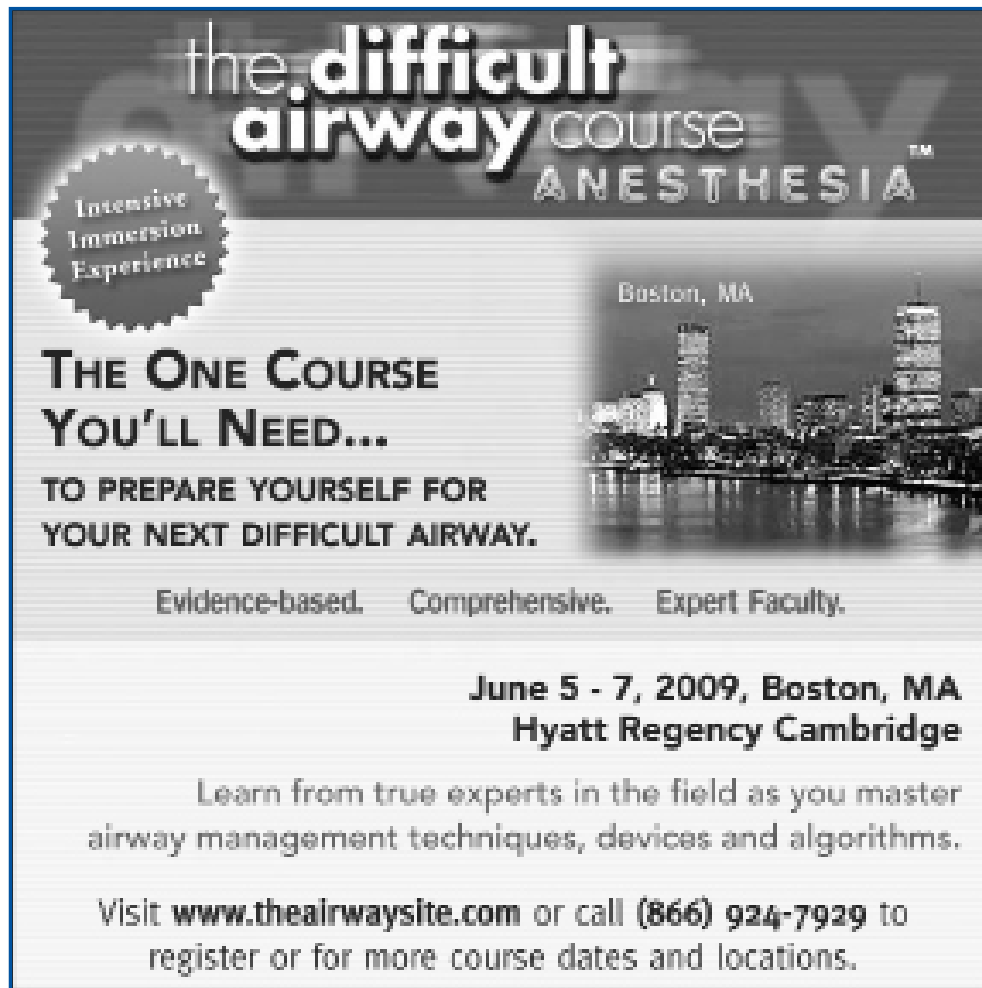
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