

# FSA Today

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Anesthesiologists

An Official Publication of the Florida Society of Anesthesiologists Vol. 48 No. 2 Spring 2005



## Presidential Pennings

Rebecca H. Welch, M.D.

*“As I look into the future for the FSA, I know we will continue to be patient advocates.”*

## Parting Thoughts

Another year is ending for the FSA, and our annual meeting draws near. This year’s meeting promises to be fantastic! Both the educational program and the beautiful setting at The Breakers in Palm Beach are outstanding. Last year’s meeting was well attended, and this year’s promises to break that record. I encourage all of you to take advantage of this gem of an educational opportunity in your own backyard. Also, take the opportunity to meet other FSA members and get involved! Every anesthesia group benefits from having active FSA members. The FSA board

meetings are where information first comes out concerning all the new and creative ways insurance companies are trying to separate you from your money ... or about those regulations that allow you to do brain surgery in an office, but require that the sign on the surgeons’ locker room door includes the same wording in English and Braille. Many of these issues can be dealt with, if caught early. It is so important to be part of the process. “Vigilance” is required both in and out of the operating room.

*See Presidential Pennings, Page 3*

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## Register Today—

**2005 FSA Annual Meeting  
Anesthesiologists In  
Paradise**

**June 24-26, 2005**

**The Breakers • Palm Beach**

### *Continuing Medical Education*

The educational program has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the California Society of Anesthesiologists and the Florida Society of Anesthesiologists. The California Society of Anesthesiologists is accredited by the ACCME to provide continuing medical education for physicians. The California Society of Anesthesiologists designates this educational activity for a maximum of 9.5 category 1 credits toward the AMA Physician’s Recognition Award.

### *A Luxurious Oceanfront Hotel*

The Breakers is one of America’s legendary resort destinations. Originally constructed in 1896 by Henry Morrison Flagler, it is listed on the National Register of Historic Places and distinguished with the AAA Five Diamond Award. Situated on 140 acres on the island of Palm Beach, Florida, in the heart of Palm Beach County, and inspired by the Italian Renaissance, The Breakers reflects the magnificence of the Italian villas of the 1400s.



*See page 10 for more information,  
and page 12 to register.*

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*Presidential Pennings, continued from page 1*

Our year began with the unfortunate removal of the regulation that required an anesthesiologist to be present for all level 3 office surgeries (those with general anesthesia). The good news is, during the two years this regulation was in place, many plastic and cosmetic surgeons realized that having an anesthesiologist in their practices was not the cost deterrent they had assumed it would be and, in fact, even enhanced their services. We thank those surgeons who have continued to use anesthesiologists. The institution of many of the office surgery regulations by the Board of Medicine was contentious, but now I believe there is general agreement that these rules have been an important and necessary move to ensure patient safety.

This year we joined with the FMA and the Board of Medicine to pass a bill through the Legislature that would give the Board of Medicine the power to discipline physicians who inappropriately delegate authority to an RN or LPN. We believe the public has expressed very clearly by passage of constitutional amendments 7 and 8 that they want the medical community to police itself. This bill would allow us to do just that. At a recent meeting I was asked, "Where are the dead bodies?" Well, there are a few, but it is sad to think there have to be any before action is taken. We were successful in passing the safe supervision bill through the Florida House this year! Congratulations to all those who contributed their hours of hard

work. We also educated many legislators in the Senate, and I am confident this bill will pass there in the future.

We have also been involved with the Board of Nursing in developing a set of rules for nurses involved in sedating patients. In the long run, this may be one of the most important things we have done this year. More and more RNs are being asked to sedate patients for procedures in emergency departments, radiology, oncology units and elsewhere. It is so important to develop a set of standards so sedation can be done safely, and it is important that nurses and physicians develop these standards by working together.

I am happy to report that the first two anesthesia assistants have been licensed in Florida! Congratulations! We know they will be a valuable addition to the anesthesia care team.

We have been focused, as always, on patient safety. As I look into the

future for the FSA, I know we will continue to be patient advocates. I also think we are going to have to become more aggressive in dealing with reimbursement problems, because they are becoming ever more frequent. In that regard, I hope our members have responded to the ASA's survey on fees, which will bring us some very valuable information for future use.

As my presidency comes to a close, I would like to thank those who have been so helpful along the way. First, I appreciate the unfailing patience of my husband and children who have all been so understanding this year. I also thank the FSA board members, and all who have worked really hard to keep the wheels in motion. You are the true stars of the FSA. Thank you to all the staff at Association Management Resources for keeping us organized and on track. It has been a wonderful year, and I look forward to continuing to work with the FSA.

***FSA Today***

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## Tallahassee Report

Jon Johnson, FSA Legislative Consultant

*“... the legislative program of the FSA is not confined to the 60-day legislative session, rather it is a year-long effort.”*

### Medicaid Dominates 2005 Session

The 2005 legislative session came to an end at midnight, Friday, May 6. Like all other sessions in the past several years, healthcare dominated the debate. Not the traditional “scope of practice” fights, but rather the state of Florida’s massive expenditures in the area of Medicaid. One of the last issues to be resolved and sent to the governor was the initial steps in the direction of reforming our state’s Medicaid system. A slow pilot project approach was approved, with direction being given to the Agency for Health Care Administration (AHCA) to seek “waiver” authority from the federal government to enact widespread reform efforts. Many observers believe this was a “small” first step and expect the Legislature to be back in special session this fall to go even further.

With Medicaid dominating the healthcare airwaves, little time was left for much else in the area of healthcare. For those opposed to expanding ARNPs’ prescribing authority, licensure of naturopaths, and pharmacists’ authorization to immunize, this spelled good news. None of these issues ultimately passed. Also killed were efforts by the Academy of Florida Trial Lawyers to prohibit a physician’s ability to “go bare,” and not carry malpractice insurance.

The FMA, along with support from the Florida Hospital Association, was able to pass legislation that limited the negative impact from constitutional amendments 7 and 8. These bills were passed out and sent to the governor earlier than expected.

Another priority of the FMA, and of keen interest to many in the FSA, was HB 629, known as the “safe supervision” bill. This bill was sponsored by Rep. Joe Negron and was aimed at keeping within the Board of Medicine the ability to discipline a physician who inappropriately delegates to other providers. Unfortunately the Senate bill sponsor decided *not* to move this legislation, and it ultimately failed.

Finally, a small victory near the end of session on Friday was language passed to the governor that requires

PPOs and insurance products to honor “assignment of benefits” attestations. It is hoped this will lead to physician services being paid directly by the insurers, rather than requiring doctors to chase down patients for reimbursement of services.

As we always point out, the legislative program of the FSA is not confined to the 60-day legislative session, rather it is a year-long effort. Each of you should endeavor to meet with your local legislators, introduce them to the FSA and keep our association and issues in front of them.

#### Anesthesiologists’ Leadership Council Commitment Form

The Anesthesiologists’ Leadership Council (ALC), a committee of the FSA, was created to provide targeted *pro-anesthesiologist candidates* with special funding to assist in their efforts to run successful campaigns. ALC funds are generally used by candidates for television and radio campaign advertising, phone banks and targeted direct mail during the final stages of their elections.

The FSA has been incredibly successful in our efforts to address issues of concern to anesthesiologists across the state. We must remain vigilant in our fight to keep patient safety and quality of care issues in the forefront of legislative attention. Actively sup-

porting pro-anesthesiology candidates is the single most effective tool in this effort.

I commit to become a member of the Anesthesiologists’ Leadership Council and pledge to provide a total combined contribution of \$1,000 within the next 12 months toward the election of candidates supporting anesthesiologists in Florida. This combined contribution will be requested in increments of \$250 or \$500, up to the total amount committed. (**NOTE: We are not asking for a check at this time**, only your commitment to participate and send a check when you are contacted later.)

Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Office Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Please note any special requests or recommendations for your contribution:

\_\_\_\_\_

Please clip and return your commitment form to: Anesthesiologists’ Leadership Council, P.O. Box 10805, Tallahassee, FL 32302.

## “Dangerous Drugs” and the Decade of Pain

by Fred A. Furgang, M.D.

Before it was called the Drug Enforcement Agency (DEA), it was the Bureau of Narcotics and Dangerous Drugs (BNDD). The implication that all narcotics, including prescription opioids, were “dangerous drugs” was accepted as fact. Before pain management became the area of intense interest that it is today, the use of prescription opioids was essentially limited to the management of short-term post-operative pain, and severe cancer pain. Since opioids were “dangerous,” it was not unreasonable to place them in a separate category (II), which prohibited the issuance of refills.

The BNDD evolved into the DEA; “pain medicine” evolved, if not into a recognized specialty, then at least a medical discipline; and the U.S. Congress established this period as the “Decade of Pain.” In addition, JACHO, with input from the American Pain Society, established pain control standards to be applied to our certified institutions. Pain management fellowships spread throughout the land, and pain doctors and clinics sprouted like wildflowers. Pain medicine attracted not only some of medicine’s best and brightest, but also, unfortunately, some of its most unscrupulous elements as well.

Over the years we have readily accepted patients from all referral sources; in many cases, these patients became our patients “for life.” The indications for opioid

therapy have greatly expanded to include not only severe pain, but intractable chronic non-malignant pain of moderate intensity.

We have greatly expanded our pharmacologic and therapeutic arsenal in pain management, but now realize that many of the drugs formerly believed to be “safe,” are in fact now considered potentially “dangerous;” for example, the cardiovascular effects of Vioxx, and liver failure with Tylenol. To be sure, the current brouhaha over the NSAIDs and COX-2 inhibitors is a mix of science, politics and economics; nevertheless, the possibility of harm resulting from what many have believed to be relatively innocuous drugs is very real.

On the other hand, we have come to appreciate opioids as having many beneficial properties. They do not have target organ toxicity, there is no ceiling effects to their analgesia, they are generally well tolerated, and in many ways are “safe and effective.” Although some pain specialists have developed along the lines of interventional therapy or behavioral modification, in general, the full-service pain clinic will rely heavily on opioid therapy for many of its patients. Indeed, many patient referrals actually come to the clinic with pain well controlled but on opioids for “adjustment” or maintenance of therapy. Patients often state that the referring physician is not willing to write the prescriptions for their opioid medications, for

whatever reason, but probably out of fear of potential recrimination from a state regulatory agency or the DEA.

The problem for the full-service pain clinic, which includes most of our academic centers, is that we become saturated with patients whose pain is reasonably well controlled on chronic opioid medication. This severely limits our ability to see new patients. It is not unusual for academic clinics to have a waiting list several months long for new consults. Since we cannot provide refills on Class II drugs, what we have done in the past, at least in Florida, is to provide the patient with multiple prescriptions, usually to cover the next 90 days. Of course, to be legal each script must be dated with the date it is actually written; however, the follow-up scripts indicate a “do not fill before” date. Although it took time to write these extra scripts, it saved the patient from monthly office visits, and saved someone the cost of those visits. This “win-win” situation for all parties concerned has come to an abrupt halt.

Last November (2004), the DEA issued a statement that it considered the writing of “sequential” scripts the same as refills on Class IIs. I agree with this position: We were getting “around the law” by providing sequential prescriptions; essentially we were providing refills on narcotics. So, where do we go from here?

Legitimate pain clinics should not become the depository for all those stable patients who are on chronic opioid therapy! In the past, we readily accepted the long-term management of such patients; we can no longer afford to do so, because it precludes us from fulfilling our mandated purpose of finding ways to relieve pain in those still suffering. We must have time on our schedules to see new patients, to give them the time they deserve for a thorough evaluation, and to continue working with those patients still in intractable pain.

If we do not send the well-controlled patient back to the original referral source, our practices will expand exponentially with the “refill-patient.” We must no longer accept the argument from our colleagues that they are “not comfortable prescribing ...” We must educate them, support them with written documentation that affirms the beneficial effects of the current therapy, and certainly be available to provide whatever assistance they may need in the future with the patient. We must speak to the referring physician, or PCP, and explain the necessity for this change in policy; if they are to have a place to refer their difficult “pain patients” in the future, we must be able to “recycle” patients back to them.

In general, patients with a chronic stable disorder can see their physicians once or twice a year. Prescriptions for chronic medication are commonly written for, and covered by third party payers, for 90 days with three refills. This covers a whole year of

therapy! A full-service pain clinic may have 50% or more of its patients on chronic opioid therapy, now requiring monthly refill visits.

As an analogy consider the use of PCA (patient controlled analgesia). Originally, the anesthesiologist wrote the orders, at the surgeon’s request, for post-op pain management. Then the payers took the position that the surgeon’s global fee included payment for post-op pain management. It took time, effort and education of our surgical colleagues, but now the vast majority of them are perfectly content to write their own PCA orders.

Besides recycling patients back to PCPs, what else can we do? If you don’t like the law, seek to change it! The existing law negatively impacts the legitimate pain physician, whereas an unscrupulous cash-only “pain clinic” actually thrives on repeat prescription writing. Change will have to occur at the federal level; lawmakers will have to be convinced they must give more than “lip service” to make the Decade of Pain a reality. We must eliminate the stigma surrounding the legitimate use of opioids for patients in chronic pain. Prescription drug abuse, addiction and diversion are indeed problems that must be dealt with, but they should not inhibit us from doing what is right for our patients in intractable pain.

We must also work at the state level to gain a consensus of support. All organizations that have an interest in pain management should band together

in a statewide pain initiative (e.g., the Florida Pain Initiative). The force brought to bear on the U.S. Congress by such unity of statewide initiatives should be sufficient to effect change in the DEA’s policy.

Broadening the scope of opioid treatment has precedent elsewhere. At one time, methadone was only used in heroine treatment centers, and only by specially licensed physicians certified in addiction medicine. Now, methadone is used in pain centers for pain therapy as long as we certify that fact. I propose that we establish a new certification for pain centers/physicians that will allow us to issue refills on opioid prescriptions, similar to the certification that is provided for addiction therapy with methadone, or now with buprenorphine.

Certification for “opioid refill privileges” would follow an application to the DEA, an educational training program and investigation if warranted. This should be sufficient to limit certification to those physicians who have a legitimate need for the privilege. Chronic pain is now recognized as a disease entity. When this disease is treatable by opioid administration, these patients should be entitled to the same unimpeded access to necessary therapeutic agents as patients with any other chronic illness. When we arrive at that point, we will have truly arrived in the “Decade of Pain.”

*(This article was previously published in Pain Info, Spring 2005.)*



## Society News

### In Memorium

It is with great sorrow that we announce the passing of our colleague, friend and longtime FSA member, Dr. Daniel “Bo” Smith, on March 22, 2005, at the age of 46. Bo held a position as associate professor in the Department of Anesthesiology of the University of South Florida and served as vice-chair for clinical affairs and was the Anesthesiology Core Program director. Bo was a native of Ft. Lauderdale and attended medical school at USF. After an internship in Ohio, he returned



“Bo” Smith, M.D.

to complete his residency and cardiac anesthesiology fellowship at USF in 1988, serving as chief resident in his final year. After residency completion, he provided

exemplary patient care at the H. Lee Moffitt Cancer Center and James A. Haley VA Hospital (vice-chief of anesthesiology) until returning to Tampa General Hospital to serve as chief of anesthesiology for many years. He was an avid golfer and a dedicated little league baseball coach. He is survived by his wife, Jill; sons Matthew, Michael and Gregory; and daughter Holly. Our prayers and sincerest condolences go to his family in this largest of losses. He will be sorely missed by all of us.

### FSA Delegation Goes to Washington

*The FSA sent a delegation to Washington, DC, for the 2005 ASA Legislative Conference. Members of the U.S. Congress from Florida met with the FSA delegation and discussed several important anesthesia-related legislative topics.*

*Featured in the photo is Rep. Dave Weldon, M.D. (foreground), speaking with Hector Vila, Jr., M.D.; Kurt Markgraf, M.D.; Barbara Forgione (FAAA); Shena Scott, MBA (FAAA); and Rebecca Welch, M.D. (left to right).*



## AMA Foundation Honors Emerging Leaders in Medicine

E. Olita Layton, M.D., from Brandon, Florida, has been named a recipient of the American Medical Association Foundation's 2005 Leadership Award, which provides medical students, residents/fellows, young physicians and international medical graduate physicians from around the country special training to develop their skills as future leaders in organized medicine.

The AMA Foundation honored 66 individuals with the award at its annual Excellence in Medicine Awards ceremony on March 13 in Washington, DC. Recipients of the award demonstrate outstanding non-clinical leadership skills in advocacy, community service and/or education.

Dr. Layton is an anesthesiology resident at University of South Florida. In addition to participating in the Leadership Award training, Dr. Layton attended the AMA's National Advocacy Conference later in the week.

"Through their committed efforts in advancing healthcare in their communities, these men and women have shown tremendous potential for being part of the next generation of medical leaders," said Krishna K. Sawhney, M.D., president of the AMA Foundation. "Whether the issues are political or social, I am confident that these talented people will provide solid leadership in the interest

of improving the nation's public health."

As the philanthropic arm of the American Medical Association, the AMA Foundation is committed to supporting programs in a broad range of health-related areas. For more information, please visit [www.amafoundation.org](http://www.amafoundation.org) or call 312/464-4200.



*E. Olita Layton, M.D. (second from left), receives the American Medical Association Foundation's 2005 Leadership Award. Pictured with Dr. Layton are (left to right) Krishna K. Sawhney, M.D., president of the American Medical Association Foundation; John C. Nelson, M.D., MPH, president of the American Medical Association Board of Trustees; and Mike Magee, M.D., director of the Pfizer Medical Humanities Initiative.*

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# FSA 2005 ANNUAL MEETING SCHEDULE

June 24 – 26, 2005 — The Breakers — Palm Beach, Florida

## Anesthesiologists in Paradise!

### Course Description and Objectives

This conference is designed for anesthesiologists and other health care professionals seeking a sophisticated fund of knowledge regarding clinical anesthetic care, practice management, practice improvement techniques,<sup>1</sup> and other timely issues facing this specialty. Attendees will have the opportunity to have hands-on experience learning difficult airway techniques and participating in problem-based learning workshops.

### Objectives of this Meeting

1. Understand critical issues in neuroanesthesia pertaining to neuroprotection and postoperative cognitive function.
2. Understand important issues regarding managed care contracts and reimbursement. Be able to gain further insight into developing and running an anesthesia practice in Florida.
3. Understand up-to-date issues in cardiac anesthesia such as echocardiography, hemostatic management and intra-operative colloid administration in cardiac patients.
4. Understand controversial issues in regional anesthesia

and pain management including regulation of opioids, new advances in thoracic epidural analgesia and interventional techniques for lower back pain.

5. Utilize difficult airway equipment including fiberoptic scopes, laryngeal mask airways, cricothyroidotomy sets, and various other devices.

### Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the California Society of Anesthesiologists and the Florida Society of Anesthesiologists. The California Society of Anesthesiologists is accredited by the ACCME to provide continuing medical education for physicians. The California Society of Anesthesiologists designates this educational activity for a maximum of 9.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

## Friday — June 24

10:00 a.m. – 6:00 p.m.

**Registration Desk Open**

2:00 p.m. – 3:00 p.m.

### Concurrent Sessions

**Problem-Based Learning #1: Minimally Invasive Intradiscal Procedures for the Treatment of Pain**  
—Speaker: *Danya Godoy, M.D.*

**Problem-Based Learning #2: End-stage Liver Disease & Upper GI Bleeding in the Critically Ill Patient; Clinical Implications for the Anesthesiologist & Intensivist**  
—Speaker: *Hans Schweiger, M.D.*

**Problem-Based Learning #3: Severe Sepsis and New Therapies**  
—Speaker: *Karim Abouelenin, M.D.*

3:00 p.m. – 3:30 p.m.

**Refreshment Break**

3:30 p.m. – 4:30 p.m.

### Concurrent Sessions

**Problem-Based Learning # 4: Stat Cesarean Delivery and Difficult Airway. Labor Epidural Not Working!**  
—Speaker: *Sue Ransinghe, M.D.*

**Problem-Based Learning #5: Preoperative Optimization of Cardiac Function**  
—Speaker: *Carl Peters, M.D.*

**Problem-Based Learning #6: Preoperative Pulmonary Testing**  
—Speaker: *Murat Sungur, M.D.*

6:00 p.m. – 7:30 p.m.

**New Member Welcome Reception/Exhibits Open**



# Saturday — June 25

7:30 a.m. – 8:00 a.m.	<b>Continental Breakfast</b>
7:30 a.m. – 5:00 p.m.	<b>Registration Desk Open</b>
7:55 a.m. – 8:00 a.m.	<b>Conference Chairman's Welcome</b> —Speaker: <i>Michael Lewis, M.D.</i>
8:00 a.m. – 11:15 a.m.	<b><u>Block Topic Forums</u></b> <b><u>PAIN MANAGEMENT FORUM:</u></b> <b>Clinical Use and Abuse of Methadone</b> —Speaker: <i>Rafael Miguel, M.D.</i> <b>SI Joint Pain: Diagnosis and Treatment</b> —Speaker: <i>Larry Gorfine, M.D.</i>
9:30 a.m. – 9:45 a.m.	<b>Break</b>
	<b>Percutaneous Disc Decompression</b> —Speaker: <i>Danya Godoy, M.D.</i> <b>Vertebral Compression Fracture: Diagnosis &amp; Treatment</b> —Speaker: <i>Abel Murillo, M.D.</i>
8:00 a.m. – 11:15 a.m.	<b><u>OR FORUM:</u></b> <b>Anesthesia and Eye Surgery</b> —Speaker: <i>Steven Gayer, M.D.</i> <b>Anesthesia and Oral Surgery</b> —Speaker: <i>Charles Kates, M.D.</i> <b>Anesthesia and Liver Disease</b> —Speaker: <i>Jerry Cohen, M.D.</i>
9:30 a.m. – 9:45 a.m.	<b>Break</b>
	<b>Current Controversies in Adult Outpatient Anesthesia</b> —Speaker: <i>Jeff Apfelbaum, M.D.</i> <b>Anesthesia and Neuro Surgery</b> —Speaker: <i>Eugene Fu, M.D.</i>
8:00 a.m. – 11:15 a.m.	<b><u>CRITICAL CARE MEDICINE FORUM:</u></b> <b>Sepsis, Tight Glucose Control &amp; Recombinant Activated Protein</b> —Speaker: <i>Karim Abouelenin, M.D.</i> <b>Nutrition in the ICU — Enteral or Parenteral Controversies</b> —Speaker: <i>Carl Peters, M.D.</i> <b>Resuscitation and Novel Pressors — What IS the role of vasopressin? Is there a role?</b> —Speaker: <i>Murat Sungur, M.D.</i>
9:30 a.m. – 9:45 a.m.	<b>Break</b>
	<b>Adrenocortical Insufficiency in the ICU — Real or Imagined</b> —Speaker: <i>Richard Silverman, M.D.</i> <b>Panel: Mechanical Ventilation for patients with Sepsis Sirs and ARDS — What is important?</b> <b>Low Tidal Volumes or High CPAP?</b> —Speakers: <i>A. Joseph Layon, M.D.; Karim Abouelenin, M.D.; Richard Silverman, M.D.; Carl Peters, M.D.; Murat Sungur, M.D.</i>
11:30 a.m. – 12:30 p.m.	<b>J. Gerard Converse Memorial Lecture</b> —Speaker: <i>Orin Guidry, M.D., President-Elect – ASA</i>
12:30 p.m. – 1:30 p.m.	<b>Lunch in the exhibit hall</b>
1:30 p.m. – 3:00 p.m.	<b>Resident Jeopardy Competition</b> —Speaker: <i>Christopher Gallagher, M.D.</i>
3:00 p.m. – 5:00 p.m.	<b><u>Concurrent Workshops</u></b> <b>Difficult Airway</b> —Speakers: <i>Miquel Cobas, M.D.; Richard Silverman, M.D.; Ron Samson, M.D.; Michael Lewis, M.D.</i> <b>TEE / Everyman's Echo</b> —Speakers: <i>Christopher Gallagher, M.D.; Mike Barron, M.D.</i> <b>Ultrasound and Regional Anesthesia</b> —Speaker: <i>Howard Palte, M.D.</i> <b>Anesthesia Machine for Pre-Use Check</b> —Speaker: <i>Sam Lampotang, M.D.</i>
7:00 p.m. – 10:00 p.m.	<b>Family Dinner — Beachside Luau</b>

# Sunday — June 26

8:00 a.m. – 10:00 a.m.	<b>Family Breakfast</b> —Location: <i>Beach Club</i>
9:00 a.m. – 12 noon	<b>Annual Business Meeting</b>
12:00 noon – 1:00 p.m.	<b>Resident Forum and Committee on Residents and Medical Students Meeting</b>



# REGISTRATION INFORMATION

Please make copies of this form for multiple registrants.

Name \_\_\_\_\_ Guest Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

IMPORTANT: Please indicate if you wish to attend the following workshop/lectures for no additional fee. (Attendance is limited).

- Pain Forum** —Saturday, June 25, 8:00 a.m. – 11:15 a.m.
- OR Forum** —Saturday, June 25, 8:00 a.m. – 11:15 a.m.
- CCM Forum** —Saturday, June 25, 8:00 a.m. – 11:15 a.m.
- Difficult Airway Workshop** —Saturday, June 25, 3:00 p.m. – 5:00 p.m.
- TEE** —Saturday, June 25, 3:00 p.m. – 5:00 p.m.

## Registration Fees

	Before May 31, 2005	After May 31, 2005
FSA Members	\$295	\$330
Non-Members	\$425	\$475
Out-of-State Residents and Fellows	\$295	\$330
Non-Physician Health Care Professionals	\$295	\$330
Adult Guest Fee (Social Events Only)	\$100 (per guest)	\$100 (per guest)
Child Guest Fee* (Social Events Only)	\$45 (per guest)	\$45 (per guest)
Florida Trainees	FREE**	FREE**

## Resident Poster Contest

- YES – I wish to participate.     NO – I do not wish to participate.

## FSA Family Dinner Registration, Saturday June 25 at 7:00 p.m.

- YES – I have \_\_\_\_\_ number of family members that will attend.

## Payment Information

Total Amount Enclosed \$ \_\_\_\_\_

- Check enclosed (Please make checks payable to the "Florida Society of Anesthesiologists")  
 Credit Card:     Visa     MC     AmEx

CC# \_\_\_\_\_ Exp. \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## How to Register

Please fax your registration with credit card information to: (850) 656-3038. Or mail to FSA, PO Box 13978, Tallahassee, FL, 32317.

If you have a problem or need **special accommodations** because of a disability, please call the FSA office at (800) 400-3211.

A refund, less 20% of the registration fee will be allowed only before May 31, 2005; no refunds after May 31, 2005.

\*Child Guest Fee applies to children aged 6-12. There is no charge for children under age 6.

\*\* Registrations for Residents and Fellows in the State of Florida must be accompanied by a letter of verification from the department chair or program director.



**FLORIDA ANESTHESIA ADMINISTRATORS' ASSOCIATION**  
**6<sup>th</sup> Annual Combined FSA/FAAA Meeting**  
**Saturday, June 25, 2005 | 7:45 a.m. - 4:30 p.m.**

*The Breakers Palm Beach*

One South County Road  
 Palm Beach, FL  
 Toll Free: 1-888-273-2537  
[www.thebreakers.com](http://www.thebreakers.com)



**AGENDA**

- 7:45 a.m. to 8:15 a.m. Registration/continental breakfast with vendors
- 8:15 a.m. to 8:30 a.m. Welcome
- 8:30 a.m. to 10:00 a.m. Florida Workers' Compensation representative speaking on topics pertinent to anesthesia & pain management providers
- 10:00 a.m. to 11:00 a.m. **"Contract Issues for Providers - What to Look for in Vendor and Billing Company Agreements"**  
 David D. Queen, Attorney at Law
- 11:00 a.m. to 11:15 a.m. Vendor break with FSA
- 11:15 a.m. to 12:15 p.m. **"Insurance Company Hardball - What To Look For and How To Respond"**  
 David D. Queen, Attorney at Law
- 12:15 p.m. to 2:00 p.m. LUNCH (compliments of FSA) and FAAA Annual Business Meeting
- 2:00 p.m. to 3:15 p.m. Florida Legislative Update  
 Florida State Representative Gayle Harrell
- 3:15 p.m. to 3:30 p.m. Break
- 3:30 p.m. to 4:30 p.m. Breakout sessions  
**"CRNA Retention"**  
 Barbara Forgione, Clinical Coordinator, Anesthesiologists of Greater Orlando  
**"Current Coding & Billing Issues"**  
 Mary Finelli, Office Manager, Professional Data Management, and Kelly Dennis, President, Perfect Office Solutions
- 4:30 p.m. Evaluations/Adjournment

*This program has been submitted for prior approval of the American Academy of Professional Coders for continuing education units. Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor.*

As usual, multiple employees from a member's office can register at the member rate! \*\*\* Please email any questions to [anesthesia1@mindspring.com](mailto:anesthesia1@mindspring.com) or [joycemaloney2@earthlink.net](mailto:joycemaloney2@earthlink.net).

**5th Annual Combined FSA/FAAA Meeting | Saturday, June 25, 2005**

Registration for this full-day, high quality educational event is only **\$125 for FAAA members**, and **\$175 for non-members**.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Signature: \_\_\_\_\_

Check Enclosed for: \$ \_\_\_\_\_

Make check payable to **FAAA** and mail to: Florida Anesthesia Administrators' Association, Attention: Joyce Maloney, Secretary/Treasurer, 1408 Washington Blvd NW, Lake Placid, FL 33852. Phone: 863/465-1941, 863/465-6211 fax.

**Florida Society of  
Anesthesiologists  
Board of Directors Meeting  
April 18, 2005  
Doubletree Hotel  
Tallahassee, Florida**

**Board Members Present:**

Lawrence S. Berman, M.D.  
David J. Birnbach, M.D.  
Charles J. Chase, D.O.  
Jerry A. Cohen, M.D.  
Jay H. Epstein, M.D.  
Eugene Fu, M.D.  
Fred A. Furgang, M.D.  
Lawrence S. Gorfine, M.D.  
Richard Henry, M.D.  
Keith Ingram, M.D.  
James J. Jacque, M.D.  
J. Knox Kerr, M.D.  
A. Joseph Layon, M.D.  
Michael C. Lewis, M.D.  
David Lubarsky, M.D.  
David C. Mackey, M.D.  
Kurt W. Markgraf, M.D.  
Rafael V. Miguel, M.D.  
Sonya Pease, M.D.  
Gary M. Richman, M.D.  
David Varlotta, M.D.  
Hector Vila, Jr., M.D.  
Rebecca H. Welch, M.D.  
David Whalley, M.D.  
Dale E. Wickstrom, D.O.

**Residents Present:**

Chris Ince, M.D.  
Ramiro Gumucio, M.D.  
Stephanie Katz, M.D.  
Michael Menninger, M.D.  
Alexander Paloma, M.D.

**Staff Present:**

Kari Birt, *Account Manager*  
Susan Cabrera, *Executive  
Director*  
Jerome Hoffman, *Legal Counsel*  
Jon Johnson, *Legislative  
Consultant*  
Al Rothstein, *PR Consultant*



## Minutes of the Meeting

### Call to Order and Welcome

The meeting was called to order at 1:13 p.m., and Dr. Berman was appointed parliamentarian.

### Approval of Minutes

The minutes from the December 11, 2004, board meeting were approved as submitted.

### Financial Report

Dr. Markgraf gave the financial report. The financials were discussed and approved as submitted. Dr. Markgraf reported that the membership dues received to date were below the expected amount. Discussion ensued regarding the reasons; Sheridan and several other large groups are either not paying their doctors' professional dues in bulk as previously done, or have not submitted their checks yet. Suggestions were made to contact the large groups and the academic chairs to encourage the doctors to remain members of the FSA and remit their dues. The board discussed offering a group discount and decided to refer the matter to the Membership Committee. Dr. Lewis made a motion to empower the Membership Committee to discuss a plan to contact the members using a multi-prong campaign to encourage them to pay their 2005 dues (draft a retention letter, which the board will review). The motion was amended to encourage the Membership Committee to draft a letter to come from Dr. Lubarsky to represent the perspective of an academic chairperson. The **motion passed unanimously**.

### Committee Reports

**Membership Committee** – Much of Dr. Richman's report was given during the financial report's review. He gave a brief update of the Membership Committee's plans for retention, and will plan to have the executive offices send the letters immediately upon board approval.

**Executive Committee** – Dr. Welch asked Mr. Hoffman to review his Board of Nursing and Board of Medicine update made earlier at the Executive Committee meeting. Mr. Hoffman had attended the most recent Board of Nursing meeting and addressed the committee that was hearing the sedation rule. The Board of Medicine voted for a 6<sup>th</sup> draft of the rule, which should be available within two-to-three weeks. Discussion ensued about the sedation rule. Mr. Hoffman recapped his Board of Medicine update from the Executive Committee earlier. Discussion ensued about the annual meeting. Dr. Lewis made a motion for lectures and meetings focused on perioperative issues and patient safety. Motion was seconded and **passed unanimously**. Discussion ensued about starting joint meetings with FLASPAN and how to get the organization involved with the FSA again. Dr. Wickstrom reviewed the 2005 board meeting dates. The board would like to issue a survey to board members to ascertain preferred meeting dates.

### President's Report and Business

– The annual donation to the APSF was discussed. Dr. Lewis made a motion to approve the donation; **motion passed unanimously**. Dr. Welch discussed the FMA awards. Dr. Lubarsky made a motion for the PR Committee to determine which award for the FSA would most benefit the membership. **Motion passed unanimously**. Dr. Welch circulated the signup sheet for the Boards of Medicine and Nursing meetings and requested that the FSA have a representative at each meeting. Dr. Welch discussed the proposed change in future agendas to a consent/action format. Discussion ensued. Dr. Layon made a *motion* to move toward the consent/action format, to allow for as much electronic discussion as possible by the board and to empower the Electronic Media Committee to explore the e-discussion areas for website development. **Motion passed unanimously**.

## Applicants Approved

### ACTIVE

Eugene Becker, M.D. Naples	Mark Rosenthal, M.D. Bradenton	Ernesto Diaz, M.D. Miami	Mark Quintero, M.D. Miami
Marshall Bedder, M.D. Sarasota	Mohamed Shahout, M.D., ChB New Port Richey	Alireza Farrohi, M.D. Miami	Kiley Reynolds, D.O. Miami
Marie Benson, M.D. Palm Beach Gardens	Manuel Turner, M.D. Ocala	Ravi Gangavalli, MB, BS Miami	Rebecca Rodriguez, M.D. Miami
Albert Chen, M.D. Tampa	Vita Vairogs, M.D. Miami	Adolfo Gonzalez, M.D. Miami	Jeremy Sanders, M.D. Miami
Anthony Chillura, M.D. Panama City	Lisa Velasquez, M.D. Palm Harbor	Tajammul Hussain, MB, BS Miami	Johann Santa-Eulalia, M.D. Miami
Deborah Cooper, M.D. Naples		Isabelle Jean-Pierre, M.D. Miami	Jeffrey Schubert, D.O. Miami
Kelvin Gorrell, M.D. Lutz		Aimee Kamat, M.D. Miami Beach	Andrew Serdiuk, M.D. Tampa
Ayman Hanna, M.D. Port Orange		Stephanie Katz, D.O. Miami	Jed Shapiro, M.D. Miami
Timothy Huckaby, M.D. Bradenton		Charbel Kenaan, M.D. Miami	Condrua Soneru, M.D. Miami
Alexander Knurr, M.D. Ft. Walton Beach		Andres Missair, M.D. Miami	Wei Song, M.D. Miami
Jong Lee, M.D. Miami		Nicholas Nedeff, M.D. Miami	Meredith Tsue, D.O. Miami
Edward Lubin, M.D. Winter Haven		Fani Nhuch, M.D. Miami	Jennifer Vaughn, M.D. Miami
Brian Miller, M.D. West Palm Beach		Hannah Park, M.D. Miami	Lorraine Volkers, M.D. Miami
Elke Narcisse, M.D. Parkland		Sean Quinn, M.D. Miami	Charles Williams, M.D. Miami

### AFFILIATE

Jose Ortega, M.D.  
Jupiter

### RESIDENT

Catalina Apostol, M.D.  
Miami

Mark Applegate, M.D.  
Gainesville

Armando Ariza, M.D.  
Miami

Shawn Banks, M.D.  
Miami

Annette Chakkalakal, M.D.  
Miami

Isis Del Rio, M.D.  
Miami

**Anesthesia Care Committee** — no report

**AA Education Committee** — Discussion ensued regarding Florida licensing and development of AA schools in Florida. Nova University is discussing starting an AA program. Dr. Epstein reported that Largo Medical Center is discussing clinical training of AAs with Emory University and South University.

**Charter, Bylaws and Rules Committee** — no report

**Communications/PR Committee** — Report was submitted to the board. Mr. Rothstein discussed the committee's recent work and circulated the FMA fact sheet.

**Critical Care Committee** — Dr. Layon discussed the upcoming CCM track at the annual meeting and the current political situation of the ASA regarding the number of intensivists.

**Economics Committee** — Dr. Chase discussed the upcoming ASA survey on reimbursement. Dr.

Chase encouraged the board, in turn, to encourage the membership to complete the survey, and explained the benefits to each member that completes the survey. Dr. Chase offered to double check to ensure the survey has been sent out, and discussion ensued regarding sending an action alert to the membership.

**Education Committee** — Dr. Lewis reported that the annual meeting will have a superb educational program, and the block of rooms at the hotel is filling up.

*See Minutes, page 16*

*Minutes of the Meeting, continued from page 15*

**Government Affairs Committee**

— Mr. Johnson gave the report and discussed the status of Amendments 7 and 8 and HB 629. Mr. Johnson also discussed the FSA’s legislative strategy for the board’s visit to the state Capitol the following day.

**Judicial Committee** — no report

**Membership Committee** — reviewed report in Executive Committee report

**Nominating Committee** — Dr. Gorfine reviewed the slate of officers for 2006.

**Pain Medicine Committee** — no report

**Patient Care Committee** — no report

**Physician’s Health Committee** — Dr. Jacque stated that the ASA task force on chemical dependency is reviewing a document that would serve as a template for urine screening for those hospitals without a policy.

**Resident’s Section Committee** —

Dr. Menninger introduced the other resident delegates present at the meeting and discussed developing a resident’s section page on the FSA website.

**Electronic Media Committee** —

Dr. Epstein reviewed his report and updated the status of the website development.

**Office Based Surgery Committee**

— Dr. Vila asked that Mr. Hoffman update the board. Dr. Dangle’s medical license had been revoked. The FACS is no longer accrediting offices. Discussion ensued regarding the credentialing proposal.

**Past President’s Advisory Council**

— no report

**FMA Delegate Report** —

Mr. Hoffman reviewed the FMA’s legislative efforts for Amendment 7 and 8. Amendment 7’s retroactive date will be November 3.

**ASA Florida Director’s Report**

— Dr. Mackey reported on the ASA legislative meeting. The executive office will send out a list of who is attending and their responsibilities.

**Old Business**

There was no old business.

**New Business**

The critical care role in the FSA was determined to have been covered in the Critical Care Committee’s report. OB policies and the APAC letter were discussed. The motion made by Dr. Gorfine at the Executive Committee meeting to support the ethical guidelines of the ASA with respect to the supervision of anesthesia physician extenders was brought before the board and the **motion passed**.

There being no further business, the meeting was adjourned at 4:26 p.m.

*Respectfully submitted,*  
— **Kari Birt**, Account Manager

**2005 FSA Board Nominations**

<u>Position</u>	<u>Current Officer</u>	<u>Expiration Date</u>	<u>Proposed Officer</u>
President	Rebecca H. Welch, M.D.	6/2005	Dale E. Wickstrom, D.O.
President Elect	Dale E. Wickstrom, D.O.	6/2005	Rafael V. Miguel, M.D.
1 <sup>st</sup> Vice President	Rafael V. Miguel, M.D.	6/2005	Kurt W. Markgraf, M.D.
2 <sup>nd</sup> Vice President	Gary M. Richmond, M.D.	6/2005	David Whaley, M.D.
Secretary/Treasurer	Kurt W. Markgraf, M.D.	6/2005	Michael C. Lewis, M.D.
Asst Sec/Treasurer	Michael C. Lewis, M.D.	6/2005	Paco Grinberg, M.D.
Immediate Past President	Lawrence S. Gorfine, M.D.	6/2005	Rebecca H. Welch, M.D.
District Director 1 North	A. Joseph Layon, M.D.	6/2007	***
District Director 1 North	J. Knox Kerr, M.D.	6/2007	***
District Director 2 Central	D. Kurt Jones, M.D.	6/2007	***
District Director 2 Central	Charles J. Chase, D.O.	6/2006	***
District Director 3 West	Jay H. Epstein, M.D.	6/2005	Jay H. Epstein, M.D.
District Director 3 West	James J. Worden, M.D.	6/2005	James J. Worden, M.D.
District Director 4 East	Sonya Pease, M.D.	6/2007	***
District Director 4 East	Keith Ingram, M.D.	6/2006	***
District Director 5 South	David J. Birnbach, M.D.	6/2007	***
District Director 5 South	Fred A. Furgang, M.D.	6/2005	Fred A. Furgang, M.D.

\*\*\* Indicates not up for election

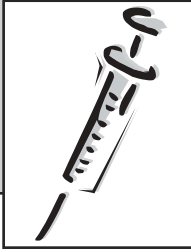
## 2005 ASA Delegate Nominations

<u>Position</u>	<u>Current Officer</u>	<u>Expiration Date</u>	<u>Proposed Officer</u>
FL Representative to ASA	David C. Mackey, M.D.	6/2005	David C. Mackey, M.D.
Alt. FL Representative to ASA	Jerry A. Cohen, M.D.	6/2005	Jerry A. Cohen, M.D.
ASA Delegate 1 North	Lawrence S. Berman, M.D.	6/2006	***
ASA Delegate 2 Central	Rebecca H. Welch, M.D.	6/2005	Rebecca H. Welch, M.D.
ASA Delegate 3 West	Kurt W. Markgraf, M.D.	6/2007	***
ASA Delegate 4 East	Don E. Sokolik, M.D.	6/2005	Don E. Sokolik, M.D.
ASA Delegate 5 South	James J. Jacques, M.D.	6/2005	James J. Jacques, M.D.
ASA Delegate 6 At Large	Eugene S. Fu, M.D.	6/2006	***
ASA Delegate 7 At Large	David Lubarsky	6/2006	***
ASA Delegate 8 At Large	Dale E. Wickstrom, D.O.	6/2007	***
ASA Delegate 9 At Large	Jerry A. Cohen, M.D.	6/2005	Jerry A. Cohen, M.D.
ASA Delegate 10 At Large	Lawrence S. Gorfine, M.D.	6/2006	***
ASA Delegate 11 At Large	Hector Vila, Jr., M.D.	6/2007	***
ASA Delegate 12 At Large	Rafael V. Miguel, M.D.	6/2007	***
ASA Delegate 13 At Large	Knox Kerr, M.D.	6/2007	***
ASA Delegate 14 At Large	Michael C. Lewis, M.D.	6/2005	Michael C. Lewis, M.D.
ASA Delegate 15 At Large	Charles J. Chase, D.O.	6/2008	***
ASA Alternate Delegate 1	Stephen L. Tunstill, M.D.	<i>elected annually</i>	David Pippins, M.D.
ASA Alternate Delegate 2	D. Kurt Jones, M.D.	<i>elected annually</i>	D. Kurt Jones, M.D.
ASA Alternate Delegate 3	James J. Worden, M.D.	<i>elected annually</i>	James J. Worden, M.D.
ASA Alternate Delegate 4	Gary M. Richman, M.D.	<i>elected annually</i>	Gary M. Richmond, M.D.
ASA Alternate Delegate 5	Fred A. Furgang, M.D.	<i>elected annually</i>	Fred A. Furgang, M.D.
ASA Alternate Delegate 6	J. Knox Kerr, M.D.	<i>elected annually</i>	Sorin Brull, M.D.
ASA Alternate Delegate 7	Charles J. Chase, D.O.	<i>elected annually</i>	Paco Grinberg, M.D.
ASA Alternate Delegate 8	Sonya Pease, M.D.	<i>elected annually</i>	Sonya Pease, M.D.
ASA Alternate Delegate 9	David Varlotta, M.D.	<i>elected annually</i>	David Varlotta, M.D.
ASA Alternate Delegate 10	Jay H. Epstein, M.D.	<i>elected annually</i>	Jay H. Epstein, M.D.
ASA Alternate Delegate 11	Rich Henry, M.D.	<i>elected annually</i>	Rich Henry, M.D.
ASA Alternate Delegate 12	A. Joseph Layon, M.D.	<i>elected annually</i>	A. Joseph Layon, M.D.
ASA Alternate Delegate 13	David Whalley, M.D.	<i>elected annually</i>	David Whalley, M.D.
ASA Alternate Delegate 14	David J. Birnbach, M.D.	<i>elected annually</i>	David J. Birnbach, M.D.
ASA Alternate Delegate 15	Hal Nipert, M.D.	<i>elected annually</i>	Hal Nipert, M.D.

\*\*\* Indicates not up for election

## 2005 FMA Delegate Nominations

<u>Position</u>	<u>Current Officer</u>	<u>Expiration Date</u>	<u>Proposed Officer</u>
FMA Delegate 1	David Shapiro, M.D.	<i>elected annually</i>	Kurt W. Markgraf, M.D.
FMA Delegate 2	James J. Jacques, M.D.	<i>elected annually</i>	James J. Jacques, M.D.
FMA Delegate 3	Dale E. Wickstrom, D.O.	<i>elected annually</i>	Dale E. Wickstrom, D.O.
FMA Delegate 4	David C. Mackey, M.D.	<i>elected annually</i>	David C. Mackey, M.D.
FMA Delegate 5	Hector Vila, Jr., M.D.	<i>elected annually</i>	Hector Vila, Jr., M.D.
FMA Delegate 6	Rebecca H. Welch, M.D.	<i>elected annually</i>	Rebecca H. Welch, M.D.
FMA Delegate 7	Lawrence S. Gorfine, M.D.	<i>elected annually</i>	Lawrence S. Gorfine, M.D.
FMA Alternate Delegate 1	Charles J. Chase, D.O.	<i>elected annually</i>	Charles J. Chase, D.O.
FMA Alternate Delegate 2	Michael C. Lewis, M.D.	<i>elected annually</i>	Michael C. Lewis, M.D.
FMA Alternate Delegate 3	A. Joseph Layon, M.D.	<i>elected annually</i>	J. Knox Kerr, M.D.
FMA Alternate Delegate 4	Thomas W. Andrews, M.D.	<i>elected annually</i>	Thomas W. Andrews, M.D.
FMA Alternate Delegate 5	Fernando Abahd, M.D.	<i>elected annually</i>	Rafael V. Miguel, M.D.
FMA Alternate Delegate 6	D. Kurt Jones, M.D.	<i>elected annually</i>	D. Kurt Jones, M.D.
FMA Alternate Delegate 7	Jay H. Epstein, M.D.	<i>elected annually</i>	Jay H. Epstein, M.D.



## Clinical News Update

Information From MHAUS

### Groundbreaking Research Results in Pioneering New Blood Test for Malignant Hyperthermia

(Sherburne, NY) — After years of investigation, a new era has opened for those affected by a life threatening inherited disorder, malignant hyperthermia (MH). This new hope for MH families comes in the form of a long-awaited molecular genetic diagnostic test. It means patients and their families that have been uncertain about whether they have this potentially fatal disorder of anesthesia may now have a chance of discovering if they do have this risk by means of DNA analysis obtained from a blood sample.

MH is an inherited metabolic disorder of the muscle. Ordinarily there are no outward signs of any problem. When MH susceptible individuals are administered certain general (gas) anesthetics (halothane, sevoflurane, desflurane, enflurane, isoflurane) or a particular paralyzing drug (succinylcholine), they may develop uncontrolled skeletal muscle hypermetabolism. The resulting production of heat and excess lactate leads to acidosis, hypercapnia, hypoxemia and rhabdomyolysis with subsequent increase in serum creatine kinase (CK) concentration, hyperkalemia

with a risk of cardiac arrhythmia or even arrest, and myoglobinuria with a risk of renal failure. In almost all cases, the first manifestations of MH occur in the operating room. Death can result unless the patient is promptly treated.

Children, parents and siblings of an MH susceptible person have a 50-percent chance of inheriting MH. Aunts, uncles and grandchildren of the susceptible have a 25-percent chance. MH affects as many as one in 10,000 people.

Until now, the only test for MH susceptibility has been based on testing a muscle sample at a specialized MH diagnostic center (see [www.mhaus.org](http://www.mhaus.org) for a listing). Now there is another option, at least for some of those suspected of being at risk for MH. Based on many years of research at laboratories and in hospitals in many different countries, and with the assistance of a grant from the Malignant Hyperthermia Association of the United States (MHAUS, [www.mhaus.org](http://www.mhaus.org)) to PreventionGenetics ([www.preventiongenetics.com](http://www.preventiongenetics.com)), a Marshfield, Wisconsin, biotechnology

company concentrating on molecular genetic diagnosis and DNA analysis, a genetic test to determine susceptibility is now available.

“Since MH was first described in 1961, investigators have been searching for a test to identify those at risk that is not invasive, expensive and cumbersome,” says Henry Rosenberg, M.D., president of MHAUS. “The genetics test does not take the place of the current muscle biopsy, but it could identify the 50 percent of those at risk in an MH susceptible family. It is not a screening test; however, it is a first step. Further work will increase the sensitivity of the test for those without a family history of MH. Those with the DNA change as identified by the blood test are virtually assured of being at risk for MH. However, those who do not have a known mutation may also be at risk because not all mutations are identified.”

People who should consider having the genetic test are:

- a. Those who have been tested positive by the muscle biopsy;

- b. Those who have been found to have a mutation causative for MH under a research protocol;
- c. Relatives of those with a known mutation for MH;
- d. Relatives of those who have been tested positive by the muscle biopsy; and
- e. Those with a very high likelihood of having experienced an MH episode in the judgment of a physician with experience in MH diagnosis.

James Weber, Ph.D., president of PreventionGenetics, states, "We are pleased to be the first lab in North America to offer a DNA test for MH. This test fits perfectly with our mission of preventing disease and disability through genetic testing. With this new test and working together with MHAUS and researchers, we should be able to make a major reduction in the rate of MH."

Healthcare providers and patients can visit [www.mhaus.org](http://www.mhaus.org) or [www.preventiongenetics.com](http://www.preventiongenetics.com) to get detailed answers to questions about the test. An informational brochure on the genetics test will soon be available.

### About MHAUS

MHAUS is dedicated to reducing morbidity and mortality of MH by 1) improving medical care related to MH; 2) providing support information for patients; and 3) improving the scientific understanding and research related to MH and other kinds of heat-related syndromes.

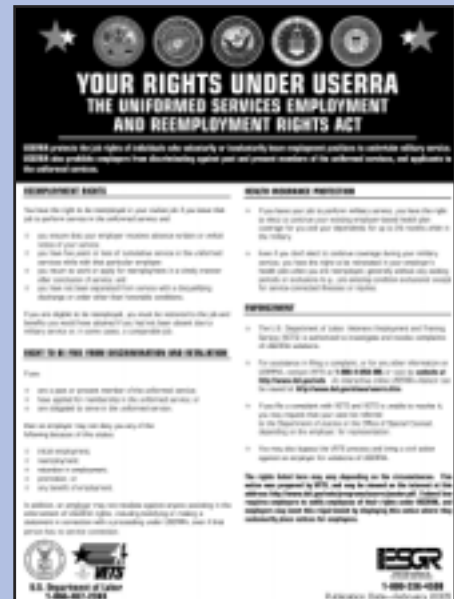
## Management Alert

### New Federal Posting Requirement by Peyton H. Keaton IV, Vice President, Seay Management Consultants

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service. The USERRA also prohibits employers from discriminating against past and present members of the uniformed services and applicants to the uniformed services.

Effective March 10, 2005, a recent amendment to the USERRA requires employers to provide written notice to employees of rights and obligations under the act. Posting the notice conspicuously where notices are normally posted fulfills the new requirement.

The Department of Labor has made the new USERRA poster available online at <http://www.dol.gov/vets/programs/userra/poster.pdf>.



## Special Fannie Mae Program for FLORIDA ANESTHESIOLOGISTS

### Guidelines of Fannie Mae Program (Loan Soft) #0920

- ① Up to 100% Financing for Home Purchases and Refinancing of 1st & 2nd Mortgages
- ① Expanded Loan to Value Guidelines
- ① Relaxed Debt to Income Ratio Requirements
- ① JUMBO LOAN
- ① STATED INCOME
- ① INVESTMENT PROPERTY




Mr. Burt Glick - Fannie Mae Coordinator

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# 2004-2005 Florida Society of Anesthesiologists

## OFFICERS

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President-elect  
**Dale E. Wickstrom, D.O.**

1st Vice President  
**Rafael V. Miguel, M.D.**

2nd Vice President  
**Gary M. Richman, M.D.**

Secretary/Treasurer  
**Kurt W. Markgraf, M.D.**

Assistant Secretary/Treasurer  
**Michael C. Lewis, M.D.**

Immediate Past President  
**Lawrence S. Gorfine, M.D.**

## DISTRICT DIRECTORS

District Director 1 North  
**A. Joseph Layon, M.D.**  
**Stephen L. Tunstill, M.D.**

District Director 2 Central  
**Charles J. Chase, D.O.**  
**D. Kurt Jones, M.D.**

District Director 3 West  
**Jay H. Epstein, M.D.**  
**James J. Worden, M.D.**

District Director 4 East  
**Keith Ingram, M.D.**  
**Sonya Pease, M.D.**

District Director 5 South  
**David J. Birnbach, M.D.**  
**Fred A. Furgang, M.D.**

## ASA DELEGATES

Florida Representative to the ASA  
**David C. Mackey, M.D.**

Alternate Florida Representative  
to the ASA  
**Jerry A. Cohen, M.D.**

ASA Delegate 1 North  
**Lawrence S. Berman, M.D.**

ASA Delegate 2 Central  
**Rebecca H. Welch, M.D.**

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**Kurt W. Markgraf, M.D.**

ASA Delegate 4 East  
**Don E. Sokolik, M.D.**

ASA Delegate 5 South  
**James J. Jacque, M.D.**

ASA Delegate 6 At Large  
**Eugene S. Fu, M.D.**

ASA Delegate 7 At Large  
**David Lubarsky, M.D.**

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ASA Delegate 9 At Large  
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ASA Delegate 13 At Large  
**Robert A. Villegas, M.D.**

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**Michael C. Lewis, M.D.**

## EXECUTIVE OFFICE

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Susan Cabrera  
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## 2005 Calendar of Events

**June 24-26, 2005**  
**FSA Annual Meeting**  
Palm Beach

**September 2005**  
Date TBA  
**FSA Board of Directors Meeting**  
Orlando

**December 10, 2005**  
**FSA Board of Directors Meeting**  
Orlando

**Florida CME Events**  
The American Society of Anesthesiologists sponsors CME courses throughout Florida. For a complete listing of ASA educational opportunities, visit <http://events.asahq.org>.