

The Official Publication of the Florida Society of Anesthesiologists | Serving Anesthesiologists and Patients



**Jay H. Epstein, M.D.**  
*President, Florida Society of Anesthesiologists*

## Presidential Pennings

*Defending Our Right to Serve Patients:  
Only the FSA and the ASA ...*

It has been an honor to serve as your president during what has been a very challenging year for us as a profession and as a society. We are physicians who have dedicated our lives to patient safety, having undertaken years of advanced training to practice an art described by one of my colleagues as “a reversible coma that permits patients to survive procedural trauma.” Sometimes while heading home from work, I reflect upon how fortunate we are to do what we do. It is unique, lifesaving and in a word, *cool*.

Clearly, the specialty of anesthesiology will have to battle both contenders and pretenders who for the foreseeable future will want to usurp our roles. With a big target on our back, there is only one group of people who will emerge to defend our right to care for our patients in the manner that we see fit: your fellow physician anesthesiologists.

*“It is only the FSA and the ASA that can bring advocacy resources together with laser focus on issues of importance to you and your practice.”*

The insurance companies, the plaintiff’s bar, lawmakers, anesthesiologists, hospital administrators and governmental agencies set out with their own goals, and their agendas frequently conflict with ours. It is only the FSA and the ASA that daily scan the horizon for these groups and what actions they are contemplating. It is only the FSA and the ASA that campaign 24/365 for your patients’ right to high-quality anesthesia and for your right to provide and direct that care. It is only the FSA and the ASA that can bring advocacy resources together with laser focus on issues of importance to you and your practice. With your support, we have assembled an amazing team of legal specialists, professional lobbyists and communications experts, all organized under a phenomenal management firm.

2014 was remarkable as the year that the FSA prevented independent nurse anesthetist practice from being passed into law by the Florida Legislature. It was a massive, labor-intensive and expensive 12-month effort. We prevailed by maintaining our long-term, multifaceted strategy of convincing lawmakers that physician-led or personally provided anesthesia remains the safest and most cost-effective way to provide care to Floridians.

Our successful advocacy was powered by a groundswell of grass-roots effort by FSA members from all over the state who wrote letters, sent emails, made phone calls and did in-person lobbying. Thank you for your crucial participation, without which there would have been a different outcome.

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*Unless otherwise noted, all articles are the opinions of the contributors, and the FSA does not agree, disagree or endorse any services or products.*



**Join Today!**

**What Is the FSAPAC?**

Political Action Committee contributions provide funding for candidates for political office in Florida. Recipients of PAC funds are selected based on their willingness to listen to our message and share our vision of providing quality anesthesiology care.

**Get Involved!**

To keep patient safety and the quality of care issues at the forefront of legislative attention, we must remain vigilant in our fight by supporting pro-anesthesiology candidates. The ALC is our single most effective tool in this effort!

**How Can You Help?**

Donate today! Contributors receive special recognition in Action Updates, *FSA Today* and at the FSA annual meeting. Go online to [www.fsahq.org](http://www.fsahq.org) to donate now!

**Make A Difference!**

Anesthesiologists are asked to make contributions to FSAPAC, which are then presented to candidates by representatives of the FSA on the contributors' behalf.

**For additional information  
contact the  
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Active Member - \$200  
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Enclosed is my contribution of \$ \_\_\_\_\_ toward the election of candidates that support anesthesiologists in Florida.

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# FSA Delegation Meets With Members of Congress in D.C.

By Jon Johnson, FSA Legislative Consultant

The 2014 ASA Legislative Conference and Congressional visits was another success. Held the first week of May in Washington, D.C., the FSA had a great group of physicians and residents from around the state representing Florida. We were able to meet with 13 U.S. House members and both of our Florida senators' offices. Our key issues this year were the VHA Nursing Handbook, improving rural health care access, the current status and possible future of Medicare SGR (sustainable growth rate) repeal, physician supervision, quality measurement and the ASA's When Seconds Count campaign.

Our primary issue of concern on the federal level was the changes that were made to the VHA Nursing Handbook. The

Department of Veterans Affairs' (VA) Office of Nursing Services (ONS) has proposed a new policy document known as the VHA Nursing Handbook. The document seeks to change how care is delivered in Veteran Health Administration (VHA) health care facilities. The document's most contentious provision seeks to abandon physician-led, team-based surgical anesthesia care, the current consensus model of care in the VA, and replace it with solo nursing care. The key points from the ASA that we delivered to the Florida congressional delegation were:

- The VA's ONS is advancing a new policy that, among other changes, would abandon physician involvement in surgical anesthesia care in the VA.



Jon Johnson

- Veterans receiving care within the VA are some of the sickest of patients. VA patients have complex medical conditions that pose a heightened risk of complications during surgery. Physician involvement is critically important to ensuring that the health and lives of veterans are not put at risk.

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## Presidential Pennings, from page 1

As an FSA member, you appreciate that our policy and regulatory victories don't come easily. With strong membership renewal numbers and FSAPAC contributions, we will continue to uphold physician supervision over nurses as well as maintain these recent accomplishments:

- An increase in the Medicare fee payment for anesthesiology—while almost every other specialty saw a decrease in their rates
- Preserve the right of anesthesiology physicians to employ anesthesiologist assistants in a variety of clinical settings
- Retain physician supervision standards over anesthesiologists in dental offices

- Strengthen the safety standards for patients having office-based surgery and anesthesia
- Ensure that our military veterans have access to anesthesiology physicians within the VA system

I don't anticipate the FSA taking its foot off the accelerator in 2015. In fact, we've already begun reloading and strategizing to capitalize on what we learned this year in order to make ourselves stronger and even more relevant to our membership. I'm confident that under the steady leadership and phenomenally capable watch of incoming President Jeff Jacobs, the FSA will be able to navigate whatever comes its way.

Get a jump on next year and join us in Palm Beach at the FSA annual

meeting, the details of which can be found in this newsletter. The relaxing island vibe of The Breakers Resort lends itself particularly well to networking with your colleagues from around the state. I look forward to meeting all of you, whether in the lecture hall, workshop, exhibit gallery or poolside, and receiving your valuable feedback on where the FSA should be focusing its efforts as well as what you are doing to make your anesthesia practice a success.

The FSA belongs to its members and exists for their professional benefit. I am grateful for the opportunity to have served you and to help maintain the high standard of patient care that physician anesthesiologists proudly provide every day throughout Florida. **FSA**

*FSA Delegation, from page 3*

- Independent studies inform policymakers of better outcomes when physicians are involved in anesthesia.
- Internal and external veterans' health stakeholders, including the VA's own anesthesia experts, the VA chiefs of anesthesiology and Veterans Service Organizations (VSOs), have expressed concerns to the highest leadership levels of the VA about the proposed policy change.

We encourage you to ask your lawmaker to send a letter to VA Secretary Eric Shinseki. A copy of the letter can be [found here](#).

It was invigorating and motivating to hear from lawmakers, regulatory officials, colleagues and staff on important legislative and regulatory issues. By meeting with our lawmakers on Capitol Hill, we played a significant role in the foundation of the ASA's advocacy efforts. This, coupled with the progress and great advocacy advances we made in Tallahassee this past legislative session, makes me hopeful that the efforts will continue. We must continue to expand our activism in order to successfully advance our advocacy efforts. You can follow the ASA on [Facebook](#) and [Twitter](#). Also, you can view and download more photos from the legislative conference on the ASA [Flickr Photo page](#).

Finally, I encourage more of you to get involved in our federal and state efforts. So, "Save the Date" for the 2015 ASA Legislative Conference, scheduled for May 4-6, 2015, at the JW Marriott at 1331 Pennsylvania Ave NW, Washington, D.C. [FSA](#)



FSA leaders meet with Congresswoman Ileana Ros-Lehtinen.



David Varlotta, D.O. (left), and FSA President Jay Epstein, M.D. (right), with Congressman Dennis Ross (center)



FSA leaders meet with Congresswoman Corrine Brown.

**FSA PAC** YOUR VOICE IN THE LEGISLATURE **Contribute**  
 Florida Society Of Anesthesiologists Political Action Committee

# Legislative Update

By Kurt Markgraf, M.D., Chair  
FSA Legislative Committee

Florida's 2014 Legislative Session came to a close on May 2. Although we dealt with a single issue—independent practice of nurse anesthetists—it was a critical issue. We prevailed this year, but it is certain that the push to expand the scope of nurse anesthetist practice is not over.

Before this year's session, we were notified by our Tallahassee team, Johnson and Blanton, that a Select Committee for Health Care Innovation had been created to "investigate health care practitioner workforce needs in Florida." The committee was directed, among other things, to "remove regulatory barriers to allow practitioners to practice to the full extent of their education and training."

Beginning last summer, FSA leadership sought direct meetings with the members of this committee. Additionally we, as well as our Tallahassee team, reached out to House and Senate leadership.

It was our understanding that the major concern was access to

primary care and the shortage of physicians. Although we did not support the independent practice of advance practice registered nurses (APRNs) to meet this need, we actively opposed the inclusion of nurse anesthetists due to the critical and time-sensitive nature of the practice of anesthesiology. Additionally, we demonstrated that access to anesthesia services was not a problem.

We initially received assurances that any legislation would be limited to primary care. However, when HB 7071 was introduced, it granted independent practice to all APRNs, including nurse anesthetists and midwives.

We doubled our efforts, seeking out our friends throughout the House and the Senate. We emphasized that removal of physician supervision of nurse anesthetists would compromise a safe and efficient mode of anesthesia care delivery without tangible benefits. Strong public statements were made by Senate President Don Gaetz and by Senator Denise Grimsley, herself

a registered nurse and chair of the Health Care Subcommittee for Appropriations.

In the last weeks of session, HB 7071 was withdrawn and the House passed HB 7113, **which excluded nurse anesthetists** and midwives, **maintaining the requirement for physician supervision.** The Senate version drastically amended this bill, in particular removing independent practice for any APRN. The bill ultimately failed.

**Increased access to primary care was not resolved. House leadership, for the foreseeable future, has indicated that APRNs are the solution.**

We were successful this year, as in years past, because of our strong advocacy efforts. Tremendous effort was put forth, not only by our Tallahassee team, but by physician volunteers and your FSA board, working on behalf of every Florida anesthesiologist and our patients. Please support our continuing efforts. **FSA**

## What's your FSA membership worth?

CME and Annual Meeting Savings.....\$ 954  
 Preventing Medicare Payment Cuts.....\$ 103,670  
 Preserving our specialty by promoting  
 physician led anesthesia practice .....PRICELESS!



FLORIDA SOCIETY OF  
ANESTHESIOLOGISTS

Join now or renew your membership to experience these benefits and more!

# FSA Annual Meeting to Provide Practice Updates, New Tools for Patient Care

*Join us in Palm Beach, June 13-15!*


FSA will convene its annual meeting June 13-15 at The Breakers Palm Beach to discuss trends and practices in the field and tools for safeguarding patient care and safety.

Joining us again this year will be Congressman Andy Harris, M.D., R-Maryland. Congressman Harris brings a unique perspective on current topics in the U.S. health care

system, given his background as an anesthesiologist. We are honored he will be participating in our program again.

Additionally, ASA CEO Paul Pomerantz will speak on the topic “Challenges, Opportunities and Milestones Toward a Stronger Specialty.”

Other sessions this year include: Perioperative Management, Robotic Thoracic Anesthesia, Pediatric Airway, Surgical Home Model and more. And you won't want to miss the Anesthesia Resident Jeopardy Competition on Saturday afternoon!

For additional information about the annual meeting or to register, please visit [www.fsahq.org](http://www.fsahq.org). 

## Meet Your Leaders Who Is the FSA? We Are You.

*In each edition of FSA Today, we profile a member of your FSA board of directors to help you get to know your leaders better...*

### FSA Vice President Jonathan Slonin, M.D.

Dr. Jonathan Slonin was born and raised in Hollywood, Fla., and completed his undergraduate studies at the University of Miami Engineering and Medicine Program, majoring in biomedical engineering. He obtained his medical degree at the University of Miami Miller School of Medicine and was chief resident at the University of Miami/Jackson Memorial Hospital.

A resident of Port Saint Lucie since 2005, Dr. Slonin is currently the medical director of anesthesiology for Martin Health Systems. He enjoys spending his free time with his wife and two children, and he also enjoys tennis, golf and snowboarding.

Dr. Slonin has been active with the FSA since he was in residency in 2003. 



Jonathan Slonin, M.D.

THE FLORIDA SOCIETY OF ANESTHESIOLOGISTS  
**FSA ANNUAL MEETING**  
 June 13-15, 2014 | The Breakers Resort & Spa | Palm Beach, FL  
**2014**

# For Your Practice

## Anesthesiologists as ‘Air Traffic Controllers of the OR’

by Jacqueline Fellows, for HealthLeaders Media, April 24, 2014

Early results of a new program focusing on anesthesiologists’ interactions with patients show promise toward improving patient satisfaction. “As hospitals prioritize patient satisfaction, anesthesiologists play a more visible role,” says a Florida physician key to the program.

It’s not by drugs alone that anesthesiologists can reduce patient anxiety and make them feel good about their experience in the hospital. Patient education provided by these specialists is helping one Florida hospital improve on a key indicator of patient satisfaction.

Boosting patient satisfaction can be a hard concept for leadership to grasp for many reasons:

- Each patient brings a different set of expectations for what “good” means;
- Measuring a patient’s satisfaction with his or her care isn’t an exact science despite the HCAHPS tool; and
- Sometimes it is difficult to pinpoint who exactly is responsible for patient satisfaction when teams of caregivers share the load.

At Memorial Regional Hospital in Hollywood, Fla., however, a new program focusing on the anesthesiologist’s interaction with the patient holds some promise toward improving patient satisfaction.

Anesthesiologists are part of a specialty committed to improving patient satisfaction and experience. In April 2013, the American

Society of Anesthesiologists and its Committee on Performance and Outcomes Measurement issued a white paper detailing the importance of the [anesthesiologist’s role in patient experience](#) and issued four recommendations for collecting data to measure satisfaction.

“As hospitals prioritize patient satisfaction, anesthesiologists play a more visible role,” says Adam Blomberg, M.D., vice chief of anesthesiology at Memorial Regional Hospital and education director for the anesthesiology division at Sheridan Healthcare. “We realize that patients are becoming consumers and we thought, ‘Who better to educate patients but anesthesiologists?’”

Blomberg says patients who are scheduled for surgery receive a welcome letter and are directed to an online portal that provides education about anesthesia services, such as what to expect before and after surgery. It’s led to patients coming in and asking more pointed questions.

As a result, he says patients are also less anxious, which in turn can affect their perception of the quality of care they received pre- and post-surgery. “We started it [the patient education process] in mid-2013 with all surgeries,” says Blomberg. “The goal is for patients to have one place to go for their questions, rather than going to Google.”

### Coordinating Care in the OR

Another key component to trying to improve patient satisfaction through Memorial’s anesthesiology program

is coordinating care among the clinical team. Blomberg says that by using a patient-centered approach during the perioperative experience, Memorial has reduced unnecessary testing.

Decreasing the number of tests a patient needed before surgery did not happen as quickly as the patient education element. Instead, Blomberg explains that process started slowly, and only began at the end of 2013. He had to educate providers, hospitals and surgeons on the latest guidelines to explain why he wasn’t recommending as many tests.

Essentially, Blomberg found that more tests led to more information, but not necessarily meaningful information that changed a patient’s surgery path. That line of thinking, or rather questioning, has caught on with specialty organizations and is an initiative of the American Board of Internal Medicine (ABIM).

### Cancellations Rack Up Costs, Dissatisfaction

Through its “[Choosing Wisely](#)” campaign, the ABIM, in partnership with the ASA, released five pre-operative and intraoperative tests or procedures that patients and physicians should question.

Blomberg says that more tests can lead to same-day surgery cancellations, which was both a red flag and an opportunity to improve at Memorial. “One of the biggest patient dissatisfiers is same-day cancellation,” says Blomberg.

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# In Memoriam

*Alastair J. Gillies, M.D.*

*1924-2014*

Alastair J. Gillies, M.D., passed away on March 22, 2014. Born to an Edinburgh family in 1924, he went to school in Scotland at Edinburgh University and trained at the Royal Infirmary. His father, John Gillies, was an anesthetist for the royal family and eventually the University of Edinburgh's first Simpson Reader in Anesthesia. After serving in the RAF on medical staff, Alastair decided to pursue a career in anesthesia in the United States, and he moved to Rochester, N.Y., in 1952. He married Dorothy Scott in 1952, and they had four children during his first tenure at University of Rochester's Strong Memorial Hospital and his tenure at Grace New Haven Hospital in New Haven, Conn.

In 1959, Alastair was asked back to the University of Rochester to become the Department of Anesthesia's first chief, and he spent the ensuing 24 years building a robust anesthesia department with practitioners, support staff and researchers. During his tenure, he was involved in recruitment of faculty, development of the clinical practice and a full residency program. He established a research

program, and several faculty members participated in both basic science and clinical research. He also published more than 20 articles in medical periodicals and books during this time.

Alastair was a member of professional societies dedicated to furthering the development and propagation of anesthesia education and training, including the American Society of Anesthesiologists, New York State Society of Anesthesiologists, New England Society of Anesthesiologists, International Anesthesia Research Society, Society of Academic Anesthesiology Chairs, Association of University Anesthetists, British Medical Association, New York Academy of Sciences and the Rochester Academy of Medicine. He also served on university committees that fostered research into topics like acupuncture, curriculum development, human investigation trials and ambulatory surgical care.

Alastair had four children with Dorothy, who died from cancer in 1984. Several years later, he married Shirley Jones. They lived in Geneva, N.Y., and in Redington Shores, Fla.



Alastair J. Gillies, M.D.

Alastair's sister Deirdre, brother Ian and son Bruce (deceased, 2004) also became anesthesiologists.

Alastair is survived by his wife Shirley, his sons John and Neil, his daughter Deirdre and five grandchildren.

In lieu of flowers donations can be made by check to the American Cancer Society Hope Lodge in support of the B. Thomas Golisano Hope Lodge at 1120 Goodman Street South, Rochester, NY 14620 (800/227-2345 or 585/224-4951) to benefit cancer treatment programs and patients.

A remembrance for Alastair will be held in Geneva, N.Y., during the summer. **FSA**

## *For Your Practice, from page 7*

Same-day surgery cancellations also rack up hospital costs. A 2012 study from Tulane University Medical Center found that 6.7 percent of scheduled surgeries were cancelled on the same day in 2009, at a cost of \$1 million. The cancellations were not exclusively due to an excessive number of tests, but subsequent studies came to a similar, broad conclusion that most cancellations were preventable.

"The new coordinator of care is the anesthesiologist," says Blomberg. "We are the air traffic controllers of the OR."

The new processes in place at Memorial Regional have not yet been put to the patient satisfaction test; however, Blomberg says the hospital has been able to reduce same-day cancellations from 8 percent to 4 percent in just one year.

Memorial Regional performs 10,500 surgeries annually, which means, in real numbers, 420 fewer patients were inconvenienced by having to return home after fasting, mentally preparing for surgery and taking time off of work for a surgery that got cancelled. That's a lot of HCAHPS surveys.

*Jacqueline Fellows is an editor for HealthLeaders Media. The article in its original format can be accessed [here](#). **FSA***



# FSA Calendar

June 13-15, 2014

## FSA Annual Meeting

The Breakers  
Palm Beach, Florida

[www.fsahq.org/meeting/annual-meeting](http://www.fsahq.org/meeting/annual-meeting)

June 14-15, 2014

September 20-21, 2014

November 15-16, 2014

## ASA Certificate in Business Administration Program

Grand Hyatt DFW Airport  
Dallas, Texas

[education.asahq.org/CBA2014](http://education.asahq.org/CBA2014)

October 11-15, 2014

## ANESTHESIOLOGY 2014 ASA Annual Conference

Ernest N. Morial  
Convention Center  
New Orleans, Louisiana

[www.asahq.org/Annual-Meeting.aspx](http://www.asahq.org/Annual-Meeting.aspx)

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