



**FLORIDA SOCIETY OF
ANESTHESIOLOGISTS**

Physician-led. Patient-centered.

NEWSLETTER

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LETTER FROM THE PRESIDENT

LEOPOLDO RODRIGUEZ, MD, MBA, FASA

Dear FSA Members,

It has been an honor to serve as President of the Florida Society of Anesthesiologists from June 2021 to June 2022.

Anesthesiologists are the leaders of the Perioperative space. The public, surgeons, and legislators recognize the importance of a physician Anesthesiologist leading the preoperative evaluation process, the intraoperative, postoperative care, and pain management.

Physician anesthesiologists are the perioperative medicine specialists who assess and modify risk factors to decrease complications and implement evidence-based medicine, decrease discharge time and postoperative visits to the ER and/or post-discharge hospitalizations.



We recently were at the ASA legislative conference, our delegation met with Congressional leaders to explain the complex and outdated reimbursement system for anesthesia services, as well as the importance of physician anesthesiologists in the VA system.

As the COVID-19 epidemic evolved, once again in 2022, we meet in person at the Breakers Hotel in Palm Beach, for the Florida Society of Anesthesiologists Annual Meeting. Our conference chairs have put together a very balanced program that allows our members and non-members to enjoy interesting CME activities, but also their families and colleagues.

I thank you for the opportunity and enjoy the content of this newsletter.

Sincerely,

**Leopoldo V. Rodriguez, MD, MBA, FAAP, FASA, SAMBA-F
President
Florida Society of Anesthesiologists 2021-2022**

2022 ASA Legislative Conference

FSA BOARD MEMBERS AND LEGISLATIVE COMMITTEE VISIT WASHINGTON, D.C.

Each year the FSA Board of Directors and FSA Legislative Committee attends the **ASA Legislative Conference** in Washington DC. This past May, an FSA contingency visited the Capitol to meet with our US senators and representatives to discuss bills and legislation that affect our practice and patient safety. With legislative advocacy being a central priority to FSA, our involved members continuously make efforts to form relationship with local representatives and to regularly discuss legislation that is critical to our practice. We thank our members for taking time out of their busy schedules to advocate on behalf of the society, practice, and patient care.

Florida Delegation at ASA Legislative Conference 2022



Member Spotlight: FSA Resident Members

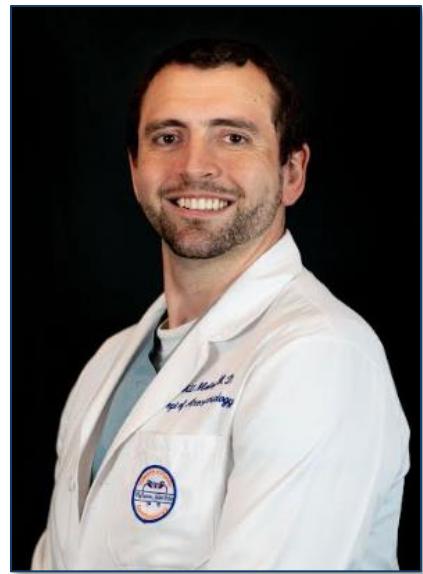
FSA RESIDENT MEMBERS ADVOCATE IN D.C. AS PART OF THE ASA
LEGISLATIVE CONFERENCE



Miguel Escanelle, PGY-3
University of Miami/Jackson Memorial
- Miami



Nicole LeClair, PGY-3
University of Florida - Jacksonville



Bill Mallett, PGY-4
University of Florida - Gainesville

As newly-minted physicians and budding Anesthesiologists, today is our day to safeguard our patients and ensure the viability of our profession moving forward.

As we participated in the 2022 ASA Legislative Conference, we were armed with the facts behind legislation that is poised to change the face of anesthesiology care. We then seized the opportunity to take powerful messages to Capitol Hill and fight for adjusting tenuous Medicare reimbursement, implementing oversight committees to ensure fair reimbursement from insurers, maintaining physician-led anesthesia care for our veterans, and providing residents with the opportunity to defer student loan payments while in training without accruing interest.

While meeting with Congressional leaders and their staff, we carefully articulated the challenges that we, as Anesthesiology trainees, have overcome as well as pitfalls that loom ahead. Many legislators recognize the hardships faced by our profession and, in particular, trainees. They acknowledge the role we played in saving lives and alleviating suffering during the COVID pandemic. There were opportunities to correct misinformation and provide clarification during our sessions. In the end, we continued to build bridges and deepen understanding of the current issues. We did a small part to continue the work done by so many who have gone before us at ASA. And yet, there is so much left to do.

Accordingly, we invite all residents across Florida to join in advocacy today by emailing and/or calling your Senators and Representatives, donating to the ASAPAC, and seeking opportunities to help the FSA in Tallahassee, Washington, and in whatever city in Florida you may be.

For more information about the pressing issues facing Anesthesiologists and for helpful references for your Congressional leaders, please check out: asahq.org/factsheets. The future is ours, and we look forward to having you join us in the driver's seat.

FSA Ambassador Program

FOR NEW MEMBERS, RESIDENTS & FELLOWS



The purpose of the [FSA Ambassador program](#) is to foster diversity among FSA leadership. The program works by pairing FSA leaders (current and past), called Ambassadors, with new FSA members – Active members, Residents and Fellows – who are interested in becoming more actively involved in the FSA. The program kicks off in June at the FSA annual meeting each year, providing a great opportunity to meet your Ambassador in person.

If you will be attending the annual meeting and would like to participate in the FSA Ambassador program, please complete the appropriate form below to tell us more about yourself.

To participate and be paired with a Mentor, click [HERE](#)

To volunteer as a Mentor – click [HERE](#)



Save the date for the 2023 Spring Anesthesia Ski Summit! UFL will be hosting the summit on March 13-17, 2023 at the Westgate Park City Resort and Spa. Once again, our event will be held over Alachua County Spring Break!

Stay tuned for updates! As a previous attendee, you will be the first to know when registration opens. We hope you can join UFL again!

Medical Student Visits D.C. with FSA

DSUNGYOUNG (HIVA) LEE ATTENDS ASA LEGISLATIVE CONFERENCE

My name is Hiva (Sungyoung) Lee, a rising MS4 applying anesthesiology for the 2023 Match cycle. I am extremely grateful to have attended the ASA Legislative Conference with the FSA.

When I decided to dedicate my career life's work to anesthesiology, I thoroughly investigated the opportunities and challenges facing the field. It was disheartening to imagine achieving my dream of becoming an anesthesiologist only to discover that legislative challenges had drastically changed the field right before my eyes. Advocacy immediately became a priority and I reached out to the FSA to get involved. I recognized that it was not traditional for medical students to attend the annual legislative conference, but if physicians-in-training don't advocate for their own futures—who will?

If there was a picture in the dictionary depicting the phrase “imposter syndrome”, it would be a picture of me on the first day of the conference. It was terrifying being surrounded by leaders in the field—individuals I aspired to be like someday. What was I doing? Who cares what a medical student thinks? I am extremely grateful for and amazed by the reactions of the physician leaders of the FSA after disclosing I was “just a medical student”. They encouraged me to voice my thoughts and opinions, shared insight on how the issues impacted their practices, and literally thanked me for getting involved.

The excellent speakers increased my depth of knowledge regarding the challenges facing anesthesia tremendously. You'd suspect that after several days discussing challenges facing the field that I would be discouraged, but my experience was quite the opposite! I left the conference rejuvenated and more motivated than ever to become the best patient advocate and a physician leader.

To any medical student considering becoming involved in advocacy, you are not “just a medical student”. We are future physicians, future healthcare leaders, future experts of life-saving procedures. Our care for our patients extends beyond the operating room. I hope you will join with me in taking the future of anesthesiology into our own hands!



Learn more about the ASA Medical Student Component. The MSC has curated a collection of resources, tools, and topics to assist medical student launch into a career as an anesthesiologist.

Lean more – [CLICK HERE](#)

ASA Central Line Podcast

Central Line is the official monthly podcast from the American Society of Anesthesiologists, edited by Dr. Adam Striker. We'll bring together leaders in the field of anesthesiology for conversations that address challenges and opportunities vital to the field. We hope you'll join ASA to learn more about how the anesthesiology community is working to advance patient safety, the quality of care and the profession. [Listen to more Episodes](#)

Dr. Adam Striker takes listeners behind the scenes with **Dr. Zachary Deutch**, editor of the ASA Monitor's Ask the Expert column and FSA Board Member. From what inspired Dr. Deutch to start the column to his favorite take-aways, topics, and plans for the future, this episode sheds light on the specialty's deep bench of experts and the many important questions in the world of anesthesiology. [Listen to the Episode – CLICK HERE](#).

Read the ASA Monitor



Put Down that Phone!

THE PERILS OF DISTRACTED PRACTICE – CHRISTOPHER L. NULAND, J.D.

There is no doubt that computers and internet access have made the physician's world easier and more efficient. Whether it be Electronic Medical Records, Electronic Prescribing, quick reference to the latest medical information, or the almost instant sharing of other important information, our electronic world has enhanced the practice of medicine. Unfortunately, that convenience does come with a host of potential pitfalls, some of which are discussed below. Judgments for delay in treatment caused by distracted practice have exceeded one million dollars, and the cost of HIPAA violations routinely results in fines and legal fees well in excess of \$100,000 per case.

Compromised Clinical Performance

Instant access to the internet and its wealth of information certainly can be entertaining. Whether it is getting lost in the latest online game or being distracted by the latest scientific journal, online distractions, however, can have devastating consequences.

As an example, a distracted anesthesiologist may not immediately recognize changes in a patient's vitals, and time-sensitive lifesaving treatment may be delayed. In such cases, it is perfectly proper for the Department of Health or malpractice victim to subpoena the anesthesiologist's phone and laptop to determine if the practitioner was distracted during the procedure. Even if the distraction is unrelated to the adverse event, the finder of fact will be inclined to question the anesthesiologist's care if it can be shown that anesthesiologist was distracted.

Billing and Allegations of Fraud

In addition to jeopardizing clinical outcomes, such distractions may also adversely affect an anesthesiologist's bottom line. Anesthesiologists typically bill in 15-minute increments, with the expectation that the anesthesiologist is devoting each of those 15 minutes to the care of the patient. When one is distracted by an unrelated electronic diversion, the anesthesiologist arguably is not providing the full 15 minutes of care and therefore should not be billing for the time that they are engaged in non-clinical activity.

Unfortunately, such dangers are not just hypothetical. In *United States ex rel. Khouri v. Intermountain Healthcare Inc. and Mountain West Anesthesia, LLC.*, No. 2:20-cv-00372-TC-CMR (D. Utah, 2022), the Court found the anesthesiologist guilty of fraud, as it was found that the subject anesthesiologist was using his phone during surgeries to pay bills and perform personal tasks.

Whether it be an allegation of billing fraud or medical malpractice, physicians should remind themselves that all digital activity is permanent and is likely to be subpoenaed. Just as a motorist involved in an accident should expect to have his or her phone examined to determine if they were distracted, a physician likewise is likely to have digital equipment scrutinized to ascertain whether the physician was otherwise engaged during the subject procedure.

HIPAA

Finally, the use of electronics during clinical activity may compromise the integrity of Protected Health Information ("PHI") and run afoul of the HIPAA Security Rule, which requires that any equipment housing PHI be used only for clinical purposes and be protected from hackers.

Ramifications for a lack of security extend far beyond a possible leak of PHI. Increasingly, lax security can allow for increased exposure to ransomware, which not only jeopardizes the physician's ability to access critical data, but can also require thousands of dollars in ransom to retrieve the vital information. Moreover, the Office of Civil Rights (the governmental agency that enforces HIPAA) routinely investigates the victims of such ransom attacks to ascertain whether the victims had adequate security measures in place, often resulting in sizable fines.

Solutions

Fortunately, existing HIPAA Rules, especially those found in the Security Standards, offer a road map as to how to successfully navigate many of these pitfalls. For instance, the Information Access Management Standard requires entry to all electronic information be restricted to those with a "need to know," while the Device and Media Control Standard requires that security measures be taken to protect the integrity of both the hardware and the PHI. Additionally, the Office of Civil Rights expects health care practitioners to adopt the following additional safety measures:

- Have a practice-wide policy that prohibits the use of electronic equipment for personal use during procedures. This may sound simple, but such a policy will at least protect the group in the case of an allegation of distracted practice, as the group can show that the physician did not comply with the company policy.
- Have separate "work" and "personal" devices. Work devices should only have work-related applications.
- Ensure that physicians have separate "work" and "personal" email addresses, with only work email being available on company devices.
- Create a meaningful HIPAA Compliance Policy that ensures the integrity of PHI and restricts access to the PHI. Such policies should prohibit the use of company equipment for personal use, require passwords and other security measures to access the PHI, and require that all equipment be inspected at regular intervals for malware and other infections.
- Invest in the cyber-security rider to your Professional Liability policy. Statistically, you are far more likely to be the target of a cyber-attack than you are to be the target of a malpractice allegation.
- Invest in a qualified IT professional who can help you prevent, identify, and respond to cyber-threats.

Modern devices and the internet can lead to better practice and a fuller life, but they must be used responsibly in order to protect both the patient and the physician. By taking the simple steps outlined above, anesthesiologists can continue to reap the benefits of the new technology without exposing themselves to undue liability.

The above article is provided for informational purposes only and should not be deemed or relied on as legal advice, which should be procured directly from experienced, licensed health care attorneys.