

# *Kentucky Society of Anesthesiologists*

*June 2016*



Kentucky Society of Anesthesiologists

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## **President's Corner**

### **Looking into the future 2016 and beyond....**

#### **Masroor Alam, MD, President KSA**

"This is the second best time to enter the specialty of Anesthesiology", said, J.P. Abenstein, MD, immediate past president of the ASA at the annual ASA meeting, "and the best times lay ahead of us". These thoughts deeply resonated with me. The reality is that in spite of tremendous challenges that our specialty has faced over the years, every day we continue to provide excellent care to our patients. The need for anesthesia services from a multitude of areas continues to grow every day and as Physician Anesthesiologists we continue to make a difference. The future presents many challenges and at the same time tremendous opportunities. We need to demonstrate courage to embrace this change.

As I look forward to the rest of 2016 and beyond, here are some of the challenges/opportunities facing our specialty:

The VA is the largest integrated health care system in the country, serving more than 8 million veterans across the nation. The VA Office of Nursing Services has been promoting a new VA policy document, which would eliminate the existing VA model of team-based anesthesia care. Removing the physician from the anesthesia care team is the greatest disservice to our veterans. The VA Handbook is a top advocacy priority for the ASA. The goal is to preserve the Anesthesia Service Handbook. The proposed rule mandating independent practice by all advanced practice nurses, including nurse anesthetists, was entered into the Federal Register in late May. It is now essential that all members of the KSA respond during the public comment period that will end on July 25. The ASA has made this easy for you. As further outlined in this newsletter issue, simply go to [www.SafeVACare.org](http://www.SafeVACare.org) and you as well as family and friends can easily submit a comment.

Repeal of the SGR formula has been publicized as a great fix in political circles. It did eliminate the yearly suspense of the "Medicare fix". That system was particularly unfair to anesthesiology. MACRA (Medicare Access and CHIP Reauthorization Act) of 2015 is the alternate payment model, which will evolve with time. We don't know much about it, nor does the Congress. Nevertheless, MACRA is proposed to be fully implemented by 2019. Between 2016 and 2019 Medicare's conversion factor is slated to increase by 0.5% each year.

Starting in 2019, payments will move to a value based system creating two tracks for providers to choose from, MIPS (Merit Based Incentive Payment System) or APM (Advanced Alternative Payment Models). The basis for MIPS is quality of care. MIPS is being described as a "hunger game" like phenomenon by many, whereby practices that perform well on quality metrics will be rewarded with incentive payments derived from the penalties imposed on the practices that underperform on these metrics. Eligible providers will be gauged on a "MIPS score" of 0-100. The performance categories under this system are, PQRS (Physician Quality Reporting System) up to 30 points, VBM (Value Based Modifier) measuring resources use up to 30 points, MU (Meaningful Use) up to 25 points and Clinical Practice Improvement Activities up to 15 points.

As things evolve, KSA will keep you posted on new developments.

## **The ASA 2016 Legislative Conference – A Report from Our KSA Representatives**

### **Anjum Bux, M.D., Chair, KSA Legislative Committee**

This year's ASA Legislative Conference, held May 16 – 18<sup>th</sup> in Washington, D.C., was attended by Drs. Anjum Bux, Kevin Hatton, Michael Harned, Brandon Gish and Robert Weaver. The conference consisted of lectures by members of the ASA Governmental Affairs Office as well as invited members of Congress including Congressman Andy Harris, the only Anesthesiologist elected to Congress. During the two day conference we were able to have dinner with Congressman Andy Barr, a champion for our issues and a friend to ASA and physician Anesthesiologists. We also met with several Emergency Room physicians from Kentucky, who were also in DC for their Legislative Conference. Our meeting with Dr. Ryan Stanton and other ER physicians resulted in a plan for us to work together to develop ways to help curb the opioid epidemic affecting our state.

On the last day of the conference we went to Capitol Hill to meet with our Kentucky members of Congress. Our meetings consisted of presenting and educating our legislators on our issues in order to gain their support for legislation that may affect our specialty. We met with Senator Rand Paul, and House members Andy Barr, Brett Guthrie, John Yarmuth and Hal Rogers. Senator Mitch McConnell and Congressmen Ed

Whitfield and Thomas Massie were not available so we had meetings with their Congressional Aides who are assigned to healthcare issues.

The overriding theme during the legislative conference was the changes to the "VHA Nursing handbook," which includes a proposed rule to grant "full practice authority" or independent practice to all Advanced Practice Registered Nurses (APRN's) including nurse anesthetists within the VA system. This proposal contradicts the current physician-led Anesthesia Care Team

system promoted by the VHA Anesthesia Handbook. The reason for proposing independent practice to APRN's is to satisfy an access problem evident in primary care throughout the VHA system. The inclusion of nurse anesthetists promotes their independent practice and takes away the current benefit of physician involvement in our Veterans' surgical care.

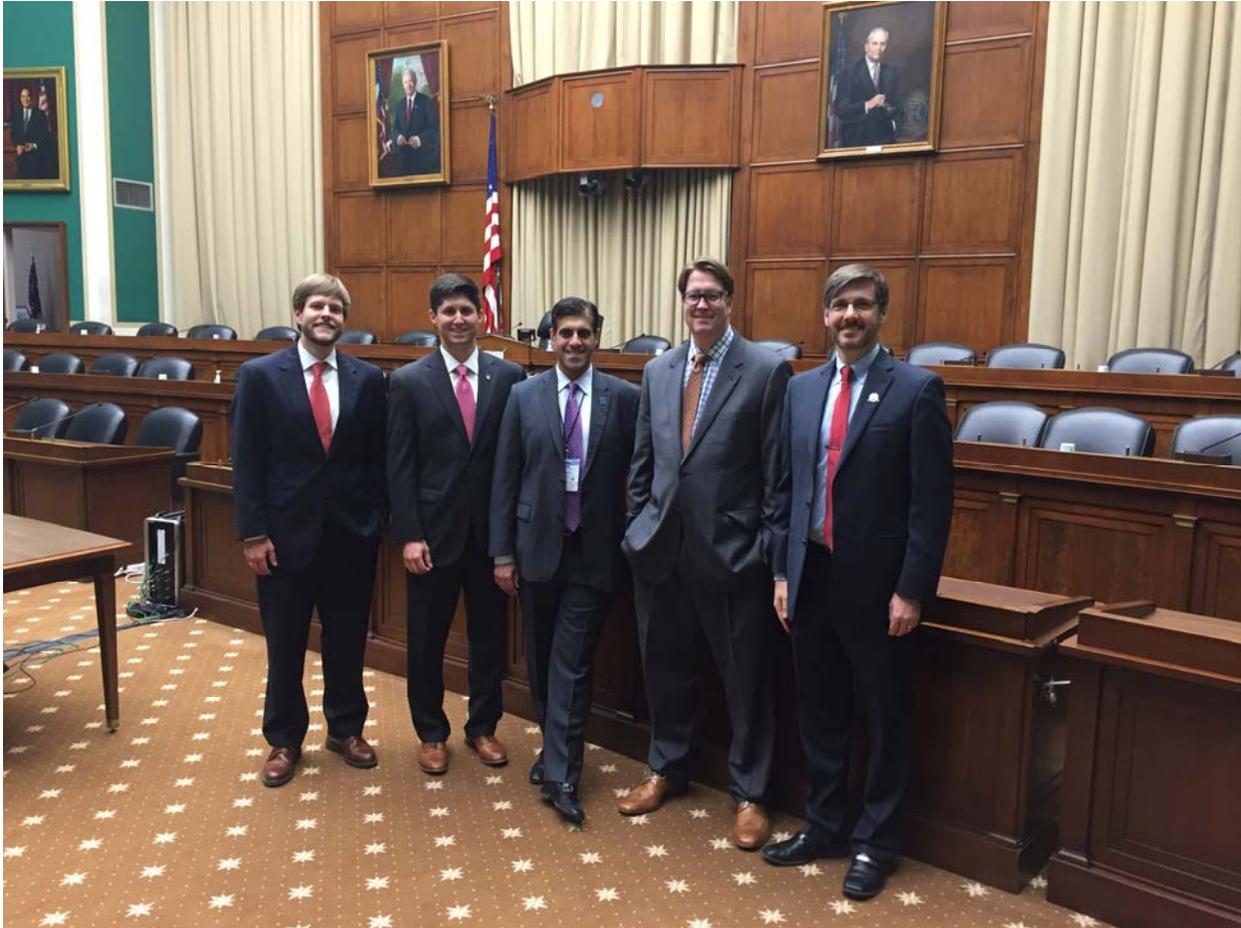
The "Advanced Practice Registered Nurses" proposed rule was released on May 25, 2016 and is now open for public comment for 60 days. ASA encourages everybody to participate in the public comment period at [www.SafeVACare.org](http://www.SafeVACare.org) to urge exclusion of nurse anesthetists from the final proposal and to stress that under the current physician led, team-based model, physicians and nurses work together to deliver high quality care to Veterans. Our veterans are some of our sickest patients and deserve the safest and highest quality care through a team-based approach.

ASA and ASAPAC have engaged over 90 members of Congress, many national Veterans organizations and other stake holders in support of our concerns about removing physician involvement in the Anesthesia care of our veterans. Most recently the American College of Radiology has joined ASA in opposition to the VA's proposed "Advanced Practice Registered Nurses" rule. This is just the latest medical organization to support the Safe VA Care Initiative, joining the AMA, NAVAPD, AAOMS, and 66 societies of the AMA. This issue was featured on Fox News on June 1st where it was said there is no shortage of Anesthesiologists in the VHA system. You can view this story at:

<http://www.foxnews.com/politics/2016/06/01/va-takes-heat-over-plan-to-let-nurses-treat-vets-without-doc-supervision.html>

So to protect our specialty and our patients, especially our Veterans, please visit [www.SafeVACare.org](http://www.SafeVACare.org). Also, please contact your local member of Congress to alert them to this issue and the impact this proposed rule may have on the quality of Anesthesia care received by our Veterans. Finally, it is important to support your ASAPAC and KSAPAC so that our societies have the funding to establish and maintain relationships with legislators who help support and advance our specialty.

Our KSA representatives are pictured below in a Congressional Hearing room during their visit to the Hill.



## **KSA Annual Meeting Summary**

### **Regina Fragneto, M.D., KSA Assistant Secretary-Treasurer**

Thanks to the efforts of Dr. Jeremy Dority and his Annual Meeting Planning Committee, several KSA members and others had the opportunity to learn and network at our Annual Meeting in March. For the first time, the meeting was held at The Kentucky Center in downtown Louisville. This was an excellent venue for the meeting with ample space for educational sessions and socializing with each other and visiting speakers. The location also provided attendees easy access to the many museums, restaurants, and hotels for which downtown Louisville has rightfully earned accolades.

The theme of the meeting was Crisis Resource Management (CRM). In contrast to previous meetings that have included just 1 or 2 national speakers, the 2016 meeting included 3 national speakers. Dr. Amanda Burden, a prominent advocate for simulation and a member of the ASA Committee on Simulation, began the meeting by providing an overview of CRM and its relevance to Anesthesiology. Her use of actual clinical scenarios to illustrate how CRM could be used to help improve patient outcomes was much appreciated by the meeting attendees. She was followed by Dr. Kyle Harrison from Stanford University, who discussed the use of CRM during ACLS in the OR as well as the importance of using emergency checklists in the operating room. Dr. John Pawlowski from Beth Israel Deaconess Medical Center in Boston brought the morning session to a close by showing us how CRM can be helpful when confronting the unique problems we encounter when providing anesthesia for robotic surgery, a technique we are increasingly encountering in our practices.

Our business meeting was held during lunch. We received a report from Mr. Sean Cutter, a representative from our lobbying firm in Frankfort. Highlights included the relationship KSA is developing with the only physician member of the Kentucky State Senate, Dr. Ralph Alvarado. A major focus of the KSA Legislative Committee and our lobbying firm during this year's Kentucky legislative session involved a bill that would have included advanced practice nurses (APRNs) in the statutory definitions of "healing arts" and "licensed practitioner." While this might seem like just a bunch of semantics, we learned that such wording changes would allow APRNs, including nurse anesthetists, to supervise fluoroscopically guided procedures, including complex pain management procedures that currently are performed by trained pain medicine specialist physicians. Luckily, the bill did not advance during the legislative session but it is likely it will return next year.

If anyone at the meeting found themselves fighting the urge for a postprandial nap during our business meeting, they were quickly woken up and invigorated by the ASA update given by Dr. Jeffrey Plagenhoef. He is the ASA's greatest proponent of advocacy within our specialty. He spent his time demonstrating the importance of advocacy for securing the highest quality anesthesia care for our patients, which means maintaining physician-led, team-based care. He implored everyone to submit comments regarding the VHA nursing handbook issue and to contribute to the ASA and KSA PACs so that our voices and concerns will be heard by those who hold the power to impact policy.

Following lunch and the business meeting, Drs. Bowe, Hassan and Nguyen from the University of Kentucky Department of Anesthesiology led us through an engaging interactive session that used compelling simulation videos to demonstrate how responses by all members of the health care team could be improved during critical incidents by using the principles of CRM.

All those who attended the meeting agreed it was a highly successful and educational meeting. We hope you will reserve March 18, 2017 on your calendar to attend the 2017 KSA Annual Meeting, which will be held in Lexington.



KSA members networking during the annual meeting.



Dr. Plagenhoef addresses KSA members.



Dr. Plagenhoef and our KSA President, Dr. Alam

## Updates from the ASA

### Federal Legislative Update

- [AANA Launches New VA Independent Practice Campaign in Response to Congressional Hearings](#)
- [Senate Passes Bipartisan Legislation to Address Opioid Abuse Epidemic](#)
- [Two ASA Members Testify at Senate Hearing on Opioid Use Among Seniors](#)
- [Important Update from ASA President on VHA Nursing Handbook](#)
- [Obama Delivers Final State of the Union Address](#)
- [Congress Passes Funding Legislation with ASA-supported VHA Nursing Handbook Language](#)

### Federal Regulatory Update

- [CMS Publishes Results from Second Year Implementation of Value-Based Payment Modifier](#)
- [President Obama Builds Upon ASA-supported Efforts and Proposes New Funding to Address Prescription Opioid Abuse Epidemic](#)
- [CDC Releases Final Opioid Guideline for Chronic Pain; Addresses ASA's Concerns about Recommendation on Post-surgical Pain](#)
- [CMS Releases Streamlined Hardship Applications for the Medicare Electronic Health Records Incentive Program](#)
- [ASA and ASRA Make Formal Recommendations to CDC on Draft Guideline for Prescribing Opioids for Chronic Pain](#)

### Payment and Practice Management Update

- [Timely Topics in Payment and Practice Management](#)
  - [CMS Explains Change to 2016 Conversion Factors \(March 2016\)](#)
  - [Medicare's Final Rule: Reporting and Returning of Overpayments \(February 2016\)](#)
  - [The A B C's \[and D\] of Medicare \(February 2016\)](#)
  - [National Correct Coding Initiative Policy Manual for Medicare Services \(January 2016\)](#)
  - [Coding for Nitrous Oxide for Labor Analgesia \(January 2016\)](#)

## Public Relations Update

- [American Society of Anesthesiologists and CAE Healthcare announce Collaborative Agreement to Create Screen-Based Simulation Product](#)
- [ASA Immediate Past President Discusses Conscious Sedation with the Star Tribune](#)
- [Surgery, Anesthesia Not Linked to Long-Term Cognitive Impairment in Older Adults](#)
- [ASA Members Discuss Spinal Anesthesia for Children in Wall Street Journal](#)
- [ASA CEO Paul Pomerantz Elected National Health Council treasurer](#)

## States Urged to Submit Comments on VHA Nursing Handbook

*By Jeffrey Plagenhoef, M.D., ASA President Elect*

With the recent release of the VHA Nursing Handbook, all states are encouraged to prioritize participation in the Protect Safe VA Care initiative at [www.SafeVACare.org](http://www.SafeVACare.org). Online, members can draft comments on the importance of physician-led anesthesia care and maintaining the Anesthesia Service Handbook for our Veterans.

The VA has released the VHA Nursing Handbook, which would mandate nurse-only practice of anesthesia within VA, and public comments to the Federal Register must be made by July 25.. To assist all our members, ASA has launched [www.SafeVACare.org](http://www.SafeVACare.org), where users can build from suggested text to discuss their education and training, a personal experience, or work with Veterans. These comments are being collected and submitted to the Federal Register.

In addition to ASA-member participation, each physician anesthesiologist is encouraged to continue outreach on this initiative to colleagues, friends and family as part of the “1+5 plan.” Every ASA member is charged with not only completing comments, but also making sure that their group or department reach a 100 percent response rate, and finding five other individuals to respond. Members can use email, social media, or phone calls to find others to comment. Sample email language, social media posts, and resources are available at [www.asahq.org/SafeVACare](http://www.asahq.org/SafeVACare).

A strong response rate will be a key factor in the final VHA Nursing Handbook. ASA members should comment as leaders of patient safety on behalf of the specialty and Veterans they treat. Those who have served our country have earned and deserve only the safest possible care.

Please feel free to contact Amanda Ott in ASA’s Advocacy division at [a.ott@asahq.org](mailto:a.ott@asahq.org) or 202-289-2222 with any questions.

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## Opting Out of the Federal Rule Requiring Physician Supervision Does Not Increase Access to Anesthesia Care, Study Finds

The Medicare “opt-out” rule that allows anesthesia to be administered without physician supervision does not increase patient access to anesthesia care, according to a study recently published online in *Anesthesia and Analgesia*. The study shows that overall, opt-out states experienced a lower growth in anesthesia cases (anesthesia utilization rates) compared with non-opt-out states, suggesting that opt-out is not associated with an increase in access to anesthesia care.

“The decision over whether to ‘opt out’ remains contentious in many states,” said Eric Sun, M.D., Ph.D., study author and instructor in the Department of Anesthesiology, Perioperative and Pain Medicine at the Stanford School of Medicine, Stanford, California. “Previous studies have attempted to examine patient outcomes in opt-out states, but none has investigated whether opting out of the federal rule improved access to care. This study shows that ‘opt-out’ alone is not the silver bullet to improving access.”

Since 2001, 17 state governors have exercised the option to opt-out of a federal requirement that physicians supervise the administration of anesthesia by nurse anesthetists, citing increased patient access to anesthesia care as the rationale for the decision.

In the study, investigators took the number of Medicare fee-for-service claims and divided it by the population aged 65 and older (U.S. Census Bureau) to get the “anesthesia utilization rate.” Opt-out states included in this analysis were organized into groups based on opt-out year: Group 1-Iowa (2001); Group 2-Idaho, Minnesota, Nebraska, New Hampshire and New Mexico (2002); Group 3-Alaska, Kansas, Oregon and Washington (2003); Group 5-Wisconsin and South Dakota (2005); and Group 6-California (2009). Investigators then calculated the anesthesia utilization rate for the three years before and three years after opt-out and compared it to the anesthesia utilization rate for non-opt-out states in the same time period.

For Group 1, the average anesthesia utilization rate for non-opt-out states increased 32 percent compared to the opt-out state’s 16 percent increase. Group 2 showed an increase of 26 percent for non-opt-out-states compared to the opt-out states’ 18 percent increase. Group 3 increased 10 percent in non-opt-out states, while opt-out states increased 7 percent. For Group 5, the rate increased -5 percent in non-opt-out states compared to -9 percent in opt-out states. Finally, Group 6 was the only group to show a slight increase in the opt-out state with an increase of 5 percent compared to the non-opt-out states’ increase of 4 percent.

The analysis included 13 of the 17 opt-out states. The remaining four were excluded from the analysis for the following reasons: Kentucky opted out in 2012 and there was

not enough data for it to be included. Colorado's opt-out rule was not consistently applied across the state. Montana opted out in 2004, reversed the decision in early 2005 and then restored its opt-out status in mid-2005. North and South Dakota were excluded because the data for both states were combined until 2007.

The study, "In the United States, 'Opt-out' States Show No Increase in Access to Anesthesia Services for Medicare Beneficiaries Compared with Non-opt-out States," was funded by the American Society of Anesthesiologists.

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## One Very Busy Primary in North Carolina

On March 15, long-time ASA member and two-time past-president of the North Carolina Society of Anesthesiologists (NCSA), Frank Moretz, M.D., won the Republican primary election in North Carolina's District 115. Dr. Moretz ran against local teacher Bob Chilmonik to determine who will face incumbent Rep. John Ager (D) in the November general election. North Carolina House of Representatives District 115 covers Asheville.

Dr. Moretz recently retired after practicing as a physician anesthesiologist for more than 30 years. In 2003, he became a part-owner of Highland Brewing and presently serves on the Board of Visitors of the University of North Carolina at Chapel Hill, where Dr. Moretz originally completed his undergraduate, medical school, and residency in anesthesiology. He served in the U.S. Air Force and won NCSA's lifetime achievement award, the Bertram Coffey Award in 2011.

Despite running a strong race, Scott Aumuller, D.O., was unsuccessful in his effort to win the March 15 Republican primary for retiring Senator Fletcher Hartsell's (R) seat. Long-time Senator Hartsell represents Senate District 36 which is a heavily Republican district. Dr. Aumuller came in second in this four-way Republican primary.

American Association of Nurse Anesthetists Past President, Sharon Pearce, was also unsuccessful in her attempt to win the candidacy for the Republican nomination to represent District 81 in the North Carolina House of Representatives.

Physician anesthesiologists are currently serving in the following state legislatures as elected lawmakers: Alabama, Georgia, Kansas, Oklahoma, Tennessee, and Texas. With state lawmakers determining the fate of a range of measures that can dramatically impact the profession and the patients it serves, now more than ever it is critical for physician anesthesiologists to be involved with the political process. For more information on how to become politically involved in your state, please contact Jason Hansen at [j.hansen@asahq.org](mailto:j.hansen@asahq.org) or Erin Berry Philp at [e.philp@asahq.org](mailto:e.philp@asahq.org).

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## ASA Member Wins Primary for Seat in Texas House

On March 1, ASA member Tom Oliverson, M.D., won the primary for Texas State Representative District 130. With 16,966 votes, or 70.05 percent, Oliverson defeated his primary opponent Kay Smith in the state's Republican primary for the state office. Dr. Oliverson will not face a Democratic opponent in November's general election and will be sworn in on January 10, 2017.

Dr. Oliverson is an active member of ASA and the Texas Society of Anesthesiologists. He also participated in the 2015 Specialty Physician & Dentist Candidate Workshop, which ASA co-hosts each year. ASAPAC supported Dr. Oliverson in his campaign.

ASA congratulates Dr. Oliverson on this very important win. He will be the second physician anesthesiologist elected to the Texas legislature. Physician anesthesiologists are holding a growing number of elected positions, including state legislators in Alabama, Georgia, Kansas, Oklahoma, and Tennessee.

Read more about this race here:

<http://communityimpact.com/houston/news/2016/03/01/district-130-primary-election/>

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## Indiana Governor Signs Anesthesiologist Assistant Licensure Regulations

On February 25, Indiana Gov. Mike Pence (R) signed regulations establishing anesthesiologist assistant licensure and application requirements, scope of practice, requirements for continuing education, as well as standards for practice protocols. The rules were prepared by the Indiana Medical Licensing Board which is responsible for anesthesiologist assistant licensing and practice regulation. With licensure rules now approved, anesthesiologist assistants may soon apply for licenses, seek hospital privileges, and serve the Indiana patients they were trained to care for as part of the patient-centered, physician anesthesiologist-led Anesthesia Care Team. The Medical Licensing Board is expected to begin accepting applications for licensure by April 2016.

Anesthesiologist assistants work under the medical direction of physician anesthesiologists to implement anesthesia care plans. They work exclusively within the Anesthesia Care Team environment as described by ASA. All anesthesiologist assistants possess a premedical undergraduate background and complete a comprehensive didactic and clinical program at the graduate school master's degree level. They are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. To learn more about initiating anesthesiologist assistant legislation in your state, please feel free to contact Ashli Eastwood, state affairs associate, at [a.eastwood@asahq.org](mailto:a.eastwood@asahq.org).

Congratulations Indiana Society of Anesthesiologists!!

See also: [Indiana Governor Signs Anesthesiologist Assistant Licensure Bill](#).

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