



To & Fro

A Publication of the Georgia Association of Nurse Anesthetists • Volume 61 • Summer 2009

Report from the President

Now Is the Time To Give Back

by Steve Smith, CRNA, MA



I would like to take a moment to acknowledge the recent passing of John Garde, who served as the AANA's Executive Director from 1983-2001. As described by his colleagues, John was a pioneer and leader in the AANA, an educator, mentor, and visionary. As spoken by Jackie Rowles, our current AANA President, "John was an inspiration and all CRNAs should be grateful for the contributions he made to his profession and the AANA". I am pleased to announce that the GANA has made a donation to the John F. Garde Memorial Fund. As most of you know, John was currently serving as interim AANA Executive Director. As approved by the AANA Board of Directors, Jackie Rowles will assume the Executive Director responsibilities for the remainder of her term as President, and then, on August 13 at the first meeting of the FY2010 Board of Directors, she will officially be appointed as the interim Executive Director and fill that role until a permanent Executive Director is hired.

If you never have been to a GANA Annual Fall Meeting, this is the year to change that. Our 2009 meeting will be October 2-4

in Hilton Head, SC. If you have not received a brochure through the mail you can log on to www.gana.org and register online. The cutoff date for a reduced fee is September 22. GANA members receive a reduced price if they register before this cutoff date. This is a great way to pick up 20 credits while having a good time at a beautiful location and getting to know your fellow state CRNAs. Also, this year we will

be having a special event, GANA PAC golf tournament, which will take place Friday, October 2nd at 8:00 a.m. Special thanks go out to Leslie Jeter and Rose Synsmir of the GANA Program Committee and to Bernie Kuzava of IPGE for all of their hard work that went into making this meeting possible.

Since last reporting to you I attended the AANA Annual Mid-Year Assembly (MYA) in Washington, D.C. and GANA Board of Directors meeting in April and the GPB-TV telethon in June. Details of the MYA and GPB-TV telethon can be found, respectively, under the advocacy and public relations section on www.gana.org. We had over 20 students in attendance at each of these events. Our students are great!

On July 17, 2009 California became the 15th state to opt-out of the federal supervision requirement. Congratulations to all of the CRNAs in California and to Governor Schwarzenegger for signing the letter to place this law into effect.

Just recently the AANA has come out with "Position Statement Number 2.14 Securing Propofol". We have included the statement in this issue on page 8 for your information.

This will be my last report to you as the 2008-2009 GANA President. I would like for everyone to know how much it has meant to me to serve on the Board for the last 3 years, first as a Board member, then President-Elect, and now President. It has been an honor that I have taken very seriously and tried to put my heart and soul into. My only regret is waiting 22 years before I became actively involved on the Board. I can't begin to tell you what a wonderful learning experience it has been. This, along with becoming an independent practitioner 5 years ago are my 2 biggest accomplishments in my nurse anesthesia career thus far. I feel as if, along with many others, that I have been a part of a team that has made a positive impact on the GANA over the last 3 years. As always, along with patient safety, our number 1 goal has been to protect our practice rights here in Georgia. The only thing that would have made my tenure complete is to have

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Officers / Board of Directors 2008-2009**President****Steve Smith**

1132 White Cloud Ridge
Snellville, GA 30078
H: 770-972-6225
W: 404-429-8553
slltdt@comcast.net

Immediate Past President**Cheryl McRae-Bergeron**

2015 Riverbend Circle
Blairsville, GA 30512
P: 706-745-3599
C: 706-835-6166
F: 706-781-6949
cmb@windstream.net

President Elect**Barry Cranfill**

3025 Highway 154
Building B
Newnan, GA 30265
O: 770-251-2060
F: 770-251-8567
C: 770-356-2165
bcranfill@sentryanesthesia.com

Vice President**Rose Synsmir**

11840 Devon Downs Trl.
Alpharetta, GA 30005
H: 770-232-4715
C: 917-723-8409
rsynsmir@aol.com

Secretary**Leslie Ann Jeter**

1244 Wildcliff Cir.
Atlanta, GA 30329
P: 404-315-9984
F: 404-315-9587
C: 404-274-1721
lesliejeter@comcast.net

Treasurer**Brent Dubois**

1177 Moore Road
Danville, GA 31017
P: 478-962-0814
W: 478-230-9708
topgunanesthesia@aol.com

2008-09 Directors**São Berkowitz**

2641 Twin Lakes Way, NE
Marietta, GA 30062-5383
P: 770-971-4735
C: 404-313-5958
sberkowitzcrna@comcast.net

Paul Evelyn

2610 Rangewood Ct NE
Atlanta, GA 30345
H: 770-414-8389
W: 404-278-9148
pauleve@gmail.com

Eric Herrold

P.O. Box 325
Bolingbroke, GA 31004
P: 478-477-9355
C: 478-951-3166
W: 478-633-2089
ericcrna@aol.com

Lisa Stephens

820 Ashleigh Lane
Grovetown, GA 30813
H: 706-228-3743
C: 706-832-1602
F: 706-721-8206
lstephens@mail.mcg.edu

Robert Wood

3858 Shadow Loch Drive
Suwanee, GA 30024
H: 770-271-9237
W: 864-261-1340
robertmwood@gmail.com

Historian**Teresa Hennings**

3325 Embury Hills Drive
Chamblee, Georgia 30341
H: 770-451-3171
trh871@earthlink.net

Region II Director**Janice Izlar**

6 Huntingwood Retreat
Savannah, GA 31411
H: 912-598-1027
F: 912-598-9436
W: 912-547-7201
jjizlar@aol.com

MCG Student Liaison to GANA**Taushera Westbrook**

twestbrook@aol.mcg.edu

MCCG/Mercer Student Liaison to GANA**Chase Middleton**

chase.middleton@comcast.net

Executive Director/**Legal Counsel****Christy A. Dunkelberger, Esq.**

1832 Highway 54 West
Fayetteville, Georgia 30214
O: 770-487-3900
F: 770-632-1625
ganaoffice@bellsouth.net

Lobbyist**Monty Veazey**

610 North Ridge Avenue
P.O. Box 1572
Tifton, Georgia 31793
P: 229-386-8660
F: 229-386-8662
mveazey@gach.org

Communication

www.gana.org
listserv: ganalist@aptnd.com

From the Executive Director

by Christy A. Dunkelberger, Esq.

APRN PROTOCOL

Non-CRNA advanced practice registered nurses ("APRNs") continue to work towards improved legislative and regulatory practices related to prescriptive authority nurse protocols. As you all know, when prescriptive authority was passed for APRNs in Georgia, CRNAs were written out of the legislation. The reason for excluding CRNAs was because the prescriptive authority legislation required a written protocol with a physician of the same specialty and it excluded schedule II drugs. Both of these restrictions were regressive for CRNA practice. Therefore, CRNAs decided to withdraw from inclusion in prescriptive authority legislation and instead continue to practice under the old protocol language found in the Medical Practice Act at OCGA §43-34-26.1. Take note that there are two (2) different protocol provisions in the Medical Practice Act under which APRNs may practice. APRNs who want to write a prescription are governed by OCGA §43-34-26.3, or the new protocol law. CRNAs and possibly other APRNs who do not want to write a prescription may practice under OCGA §43-34-26.1, or old protocol law.

With the passage of prescriptive authority, the Composite Board of Medical Examiners ("CBOMEs") adopted Rules governing the practice of prescriptive authority for APRNs. Several revisions have already been made to these Rules. There are continuing efforts by APRNs to lessen the restrictions imposed by these Rules. For example they are currently seeking the ability to write for schedule II drugs.

On the other hand, Rules were never adopted relating to OCGA §43-34-26.1, old protocol. Since the passage of prescriptive authority, however, non-CRNA APRNs have learned that it serves them better to practice under OCGA §43-34-26.1, rather than prescriptive authority, OCGA §43-34-26.3. Making this determination has brought to the forefront that Rules are nonexistent for OCGA §43-34-26.1. The CBOMEs is currently in the process of drafting proposed Rules which will be published in the near future. You will be able to see a copy of these proposed Rules on the CBOME's web site at www.medicalboard.georgia.gov. According to the regulatory process, there will be a comment period prior to the adoption of these Rules. GANA will review any published proposed Rules and provide comments and respond if the need exists.

SPREAD TOO THIN?

As you can see from most of the articles in this edition, the GANA leaders want you to get involved with your professional association. Everyone who has made that leap provides testimonials of the rewards gained by jumping in and being involved. It all sounds good, and it is the right thing to do, but many of you just do not have another minute in your day to give, let alone volunteer some of your left over precious minutes.

If you want to be active in the GANA, there are many levels of participation. You do not have to hold an office on the Board of Directors and attend meetings throughout the year. That level of involvement may be too much for your schedule and your

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Join us in Hilton Head!

Program Description

A Continuing Education Program designed to update the CRNA practitioner in a variety of contemporary topics of practical interest. The program will offer core didactic lectures which will explore questions related to Business and Anesthesia Economics, Obstructive Sleep Apnea, Diabetic Pharmacology, Future Predictions for Anesthesia Practice, New Regulations for OR Management, Managing Patients with Endocrine Disease, Recognizing Intraoperative Pitfalls, Applications of New Anticoagulants, Preventing Operating Room Fires and Improving Anesthesia Safety, Managing Difficult and Unusual Cases, Recognizing Mechanisms of Injury and their Anesthesia Implications, and the Clinical Applications and Pharmacology of Sugammadex. There will be ample opportunity for questions and answers during open forum sessions scheduled daily.

Program Accreditation

This program has been approved by the American Association of Nurse Anesthetists for 20 CE Credits,
Code Number 31477, Expiration Date: October 4, 2009
IPGE designates this activity as meeting the criteria for 5 credits in Pharmacology/Therapeutics
IPGE is accredited by the California BRN to provide continuing education for Registered Professional Nurses. Provider Number 2374

Tuition Fees*

Until September 22.....	\$525.00
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SRNA's.** – \$100.00 until September 22, \$120.00 after September 22

**student applications available from your Program Director. Credit Card payments are now accepted from students

*Fee includes all lectures and discussions, Syllabus on CDROM, Friday evening reception, Continental Breakfast on Saturday and Sunday, Luncheon on Saturday, Refreshment breaks and AANA credit recording.

**For secure credit card registration, visit www.gana.org.
To pay by check go to www.gana.org to download and
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GANA Fall Meeting October 2-4, 2009 Hilton Head, South Carolina



Accommodations The Hilton Oceanfront Resort 23 Ocean Lane • Hilton Head Island, SC

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Room Rate for GANA registrants:

\$169.00* (single or double) + tax

*when reserved in the GANA Room Block through ICS Travel, Inc.

Congressmen meet with President-Elect Barry Cranfill, CRNA, as they evaluate healthcare in Georgia



(L-R) U.S. Representative Nathan Deal (R-09), Barry Cranfill, CRNA, and U.S. Representative Lynn Westmoreland (R-03)

Representatives Westmoreland and Deal visited The Surgery Center in Columbus, GA (a freestanding multispecialty Ambulatory Surgery Center) to meet with physicians, staff and patients to discuss Federal Health Reform legislation. Their goal was to gather feedback and information from healthcare workers "in the trenches" in an effort to better represent their constituents on National Health Reform issues.

Report from the Executive Director

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busy life. There are many other opportunities that demand less time and yet allow you to participate in your professional association and more importantly in your profession as a CRNA. Several examples are: serve on a GANA committee; participate in career day at a local middle or high school to promote a career in nurse anesthesia; visit your legislators once or twice each year; make a donation to the GANA-PAC; attend a GANA Board meeting; attend the GANA Fall Meeting; attend a meeting of the Georgia Board of Nursing or the Composite Board of Medical Examiners; share your practice concerns or issues with a GANA Board or committee member; write an article for the *To & Fro*; and many many more. If you have even the slightest inclination to participate in any of the aforementioned activities or even something not mentioned, give it a try and see what happens. According to all of the testimonials, it will be very rewarding and enjoyable for you.

CALLING ALL GOLFERS

Come to the GANA Fall Meeting a half day early and join us for a round of golf. Hilton Head is a golfer's paradise, so do not miss this opportunity to relax before the meeting and make a few strokes and putts (hopefully not too many). Golf registration forms can be found in this edition of the *To & Fro*, on the web site under the link for Fall Meeting or in your IPGE meeting mailer. Return the form to GANA office before September 18th. Make your check payable to the GANA-PAC as this event is a PAC fundraiser. See you on the links. ■

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Opportunity Knocks?

by Barry Cranfill, CRNA



Congress has adjourned for the August recess and HR 3200, the American Affordable Health Choices Act of 2009, narrowly passed out of the House Energy and Commerce Committee as a result of a compromise with a contingent of hold out “Blue Dog” Democrats. The key anesthesia objective in this legislation has been an attempt to amend the public plan option that proposed to pay Medicare rates plus 5%. This appears to have been addressed at this time. The compromise resulted in ambiguous language that proposes payments not less than Medicare and not greater than the average rates paid by private plans in the Health Insurance Exchange, therefore giving hope that the reimbursement rate for the public plan will be acceptable and appropriate for the services rendered. Of course the devil is always in the details and the resultant bureaucratic implementation. So hold onto your socks, it should be a wild ride!

Our elected servants will now retire to their respective constituencies and may seek public opinion on the proposed legislation. Be sure to voice your opinion! Regardless of your political affiliations and beliefs, this legislation will

... regardless of your political affiliations and beliefs, this legislation will most likely impact you and your family on a very personal level ...

most likely impact you and your family on a very personal level. I certainly know that I have my own personal biases and grave reservations about this type of plan. In any case, please recognize that the AANA and the GANA are working diligently to position CRNAs as the anesthesia provider of choice in this new environment and your input as a healthcare provider to your elected representatives is absolutely essential. Please take a moment to review the ASA position paper entitled “Nurse Anesthetists and Health Reform.”

Regardless of your status as a CRNA practitioner, the looming reimbursement changes will certainly affect you. Whether you bill independently or have signed over your billing rights to an employer, reimbursement drives your compensation. The payor mix (and the resultant blended, per unit collections) of a given practice will almost certainly be negatively impacted with any public payor plan. This will most likely reduce a practice’s average per

unit reimbursement for anesthesia services. As collections fall, practices will be forced to increase efficiency, cut services, decrease compensation and/or demand subsidization from their facilities.

That’s where CRNAs have an opportunity! As anesthesia practices realize financial losses and as facilities are forced to provide more financial supplementation, alternative practice models must be examined that will provide quality anesthesia services in the most economically efficient manner. CRNAs should seek to find ways to increase productivity, decrease costs and increase revenue. Learn all you can about the industry, think outside the box and add help value to your system! As a shameless advertorial, please be sure to join us in Hilton Head at the GANA Fall Meeting as we provide continuing education on these very issues!

As reimbursement inevitably shrinks, the 4:1 medical direction model may become a thing of the past. Even former ASA president Mark Lema, MD, PhD, has stated in a presentation to the ASA Practice Management Conference that “We must be both medically and financially prepared to expand our ACT supervision to an ICU-type medical direction (10:1)”

The problem lies in how you get to the 10:1 ratio as Dr. Lema has suggested. CRNAs, (unlike AAs) can bill for their services as “non medically directed.” The transition to this type of staffing ratio, in many cases, could be accomplished without any financial penalty. This opportunity does not exist within the context of AA practice. Therefore in a practice where the anesthesiologists and the CRNAs are employed by the same entity, a practice could immediately switch to this staffing ratio today without losing a single dollar of reimbursement. Think of the cost savings this could provide as compared to the 4:1 ratios mandated when a practice chooses to bill for services as “medically directed.” Additionally, this type of billing forces intolerable operational constraints on the facility as full compliance requires that the physician providing

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Need Malpractice Insurance?
Contact AANA Insurance Services at
1-800-343-1368 or obtain insurance
information from the AANA website.

The Students' Corner

by Chase Middleton, SRNA
President, Georgia Association of Nurse
Anesthetist Students



Things are heating up this summer with the GANAS. On June 6th, we had a great time participating in the PBS Telethon. It was great to be part of this event. At Mercer, we have also been involved with the National Youth Leadership Forum (NYLF). The NYLF is a program where high school students visit Mercer University and are enlightened on the field of medicine. This is the second year the nurse anesthesia program has participated in this event. To give the participants real insight into the field of anesthesia, our SRNAs set up a room with epidural kits, anesthesia equipment and intubating mannequins. The students were able to practice the art of intubation and learn more about nurse anesthesia. It was very refreshing to see the excitement in the students' eyes when they were able to pass the endotracheal tube and see chest rise! This program has given us the opportunity to introduce young minds to the field of nurse anesthesia.

The SRNA's are looking forward to several exciting upcoming events. The national convention in San Diego, California will be in August and the state convention in Hilton Head, South Carolina will follow in October. The GANA-PAC and the GANAS are planning a golf tournament during the state convention in Hilton Head. We are currently looking for sponsors and golfers to make this tournament successful. Please contact me or Steve Smith about sponsorship opportunities or for registration information. The tournament will be held at the George Fazio course at Palmetto Dunes on Friday, October 2, 2009. The tournament will begin at 8:00 am and the entry fee is \$115.00. We hope everyone will come out and support the GANA-PAC!

I am pleased to announce the GANAS Board for the upcoming year. Please join me in welcoming the new GANAS Board:

President: Maegan Brass (MCG)
President Assistant: Marni Daniel (MCG)
Vice-President: Kyle Jones (Mercer)
Vice-President Assistant: Seth Claxton (Mercer)
Secretary: Deanna Anselmo (MCG)
Treasurer: Ashli Bartlett (MCG)
Community Service Directors: Korie Agudelo (Mercer) and
Harmon Weitzman (Mercer)
Director of Legislation: Mary Ellen McMellon (MCG)

I would like to thank all of the junior students that accepted positions on the GANAS Board and the current GANAS Board members for their hard work this past year. Without your dedication, there would not be a GANAS. I would also like to thank the GANA Board for all of their support during my time as President of the GANAS. It has been a great learning experience.

I want to congratulate the senior SRNAs from both programs. We are nearing the end of this long journey. This is a monumental accomplishment in each of our lives. We are very fortunate to be part of this great profession. I encourage everyone to stay active at the state and national level after graduation. We need to support our organizations to help keep our profession strong.

Good luck on the final exam. I know each and everyone of you will make great CRNAs! ■

Report from the President-Elect

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medical direction services must meet all 7 medical direction requirements to include being physically present for induction and emergence. Consequently, failure to meet these requirements 100% of the time when billing for medical direction services is considered fraudulent.

The new healthcare reform environment may also create increased opportunities for independent, CRNA only services. The GANA and AANA have long maintained that high quality CRNA services are an economically efficient alternative for the healthcare system. However, this does NOT mean that CRNA reimbursement for anesthesia services should be lower than services provided by physicians. The standards and expectations are the same regardless of the type of provider. Rather it means that CRNAs, in general, have lower total compensation requirements than physician providers. Thus, facilities that find themselves in an environment with marginal payor mix ratios and lower case volumes will not be able to generate enough anesthesia professional revenue to satisfy the salary requirements of an anesthesiologist. But that same revenue may be more than sufficient to cover the salary requirements demanded by a CRNA. Smaller hospitals, ASCs and physicians' offices may become ripe opportunities for independent CRNA practice.

In the Art of War, Sun Tzu proclaimed that "opportunities multiply as they are seized." So go out and find your opportunity to be all you can be!

Enjoy the rest of your summer and join us in Hilton Head! ■



Healthcare Reform

by Martha Dukes Kral, CRNA

On Friday, July 31, the House Energy & Commerce Committee approved HR 3200 as amended (mostly) by a 31-28 party-line vote. All but a handful of moderate Democrats voted in favor (Barrow D-GA, Boucher D-VA, Matheson D-UT, Melancon D-LA, and Stupak D-MI voted “no”) and Republicans united against.

Barrow, a Savannah lawmaker is one of the fiscally conservative Blue Dogs. And he’s one of seven on the House Energy and Commerce Committee, which had to sign off on the bill before a vote by the full House of Representatives. Some of the provisions of the proposed bill may have negative impact on rural areas, many of which Barrow represents. Barrow also believes that small businesses should pay no more for coverage than large corporations and that we also need to do away with discrimination based on pre-existing conditions.

The Energy and Commerce Committee was the third of three House panels to act on the legislation affecting one-sixth of the nation’s economy.

Under the bill, insurance companies would be required to sell coverage to all seeking it, without exclusions for pre-existing medical conditions. The federal government would provide subsidies for lower-income families to help them afford policies that would otherwise be out of their reach.

The bill would set up so-called exchanges, in effect, national marketplaces where consumers both with and without subsidies could evaluate different policies and choose the one they wanted.

The main expansion of coverage would not come until 2013 — after the next presidential election.

Several amendments were adopted throughout the day. Most significant among them for CRNAs were:

An amendment among “Blue Dog” moderates and the Democratic chair Waxman D-CA changing the “public plan” option from one paying “Medicare +5” rates to one that more predominantly negotiates rates with providers. In general the provider community perceives that this would yield rates closer to private payment (for CRNAs, \$50-ish per unit is a common private rate guesstimate) than to Medicare (\$20/unit), but the details in implementation will

matter and those are well down the road.

An amendment by Whitfield R-KY and Stupak D-MI placing a moratorium on interventional pain management payment cuts. Problematic portions of a previous version of the amendment that would have denied Medicare reimbursement to CRNAs for pain management services, and restricted Medicare pain management payments to facilities accredited by organizations approved by the HHS Secretary, were struck by the sponsors at AANA’s request prior to its consideration in committee.

This may not be over in this committee, however. At the conclusion of the markup, the Committee chair and ranking member noted some 60+ members’ amendments still pending, and the possibility that either (a) the Energy and Commerce Committee would reconvene a day in September to hear more filed amendments, or (b) any remaining amendments would go before the Rules Committee or to the House floor.

The AANA continues to work with coalition partners to promote nondiscrimination language, on which an amendment was not offered in committee, and on Graduate Nursing Education, which was thought to not have sufficient support in committee on

account of its cost. On both issues the AANA is continuing work in both the House and the Senate. Over the August congressional break and into September, the House will prepare to merge the Energy & Commerce, Ways & Means, and Education & Labor Committee versions of HR 3200, and formally in the Rules Committee, for House floor consideration in September. Provisions that AANA favored in the bill, and requested to be

included at some point, are referenced in AANA’s July 29 letter to Ms. Pelosi, and in an AANA general one-pager, which identifies our issues, particularly non-discrimination language in policy.

The Senate Finance Committee has set for itself a deadline of Sept. 15, 2009, to report a health reform bill to the full Senate. At this point, six Finance Committee Senators continue meeting to attempt to write the only bipartisan health reform legislation in Congress.

Sen. Max Baucus, D-Mont., chairman of the Finance Committee, said preliminary estimates from congressional budget experts showed the cost of the emerging Senate plan was below \$900 billion and would result in an increase in employer-sponsored insurance.

President Barack Obama’s treasury secretary said Sunday, August 2, that he cannot rule out higher taxes to help tame an exploding budget deficit, and his chief economic adviser would not dismiss raising them on middle-class Americans as part of a health care overhaul.

Most constituents (you and I) are confused and trying to figure out what all these plans may mean for us as providers as well as consumers. Polls indicate that the public is wary that the Democratic proposals could raise their costs and restrict their benefits. Whatever

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Report from the Federal Political Director

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Congress decides, we will have to “play the game” in order to have our own health insurance coverage and also to get paid for our services.

Over the August recess, there will be town hall meetings held by members of Congress, which CRNAs should attend, and make your voices heard, as well as try to gain a better understanding of the bills.

When the healthcare reform takes place, it will behoove us to know the rules to the complex system in place, so that we can best provide affordable and accessible healthcare for our patients and ourselves.

Be informed and VOTE. Contribute to your AANA PAC so that our organization can help make positive healthcare policy.

And also remember that change is inevitable, and what [policy] has been changed once can be changed once again, so continue to strive for the change you wish. It doesn't always come easy, but let us continue in the spirit of our country's forefathers (and sisters), and assure the United States a country of health and opportunity. ■

Report from the President

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increased participation and less apathy among our members. As a member of a professional organization that is constantly under fire from those that would like to control us, it is your duty to contribute in some way. Please, give back to your profession if only by PAC contributions or letters to your legislators when called upon.

I owe many thanks to many people. It would have been difficult to say the least over the last three years without the support and direction of Martha Kral, Matt Kervin, Cheryl McRae-Bergeron, Leslie Jeter, and in particular this year, President-Elect Barry Cranfill, AANA Region 2 Director Janice Izlar, and the day to day work of our Executive Director/Legal Counsel, Christy Dunkelberger. One last big thank you goes out to all students from both schools. Many of the GANA events that have taken place during my tenure would not have been possible without the support and participation of our students.

Finally, my future plans are to stay actively involved in the GANA. As a member of a great profession, I hope all of you will consider doing your part in supporting the GANA and the AANA in the future. I know for a fact your profession has been very good to you. Every single one of you is able to practice virtually without limitations if you so choose. Now is the time to give back. It is not enough to give a great anesthetic. Be a professional and donate to the GANA and AANA PAC, and the AANA Foundation; consider running for a Board position or becoming a committee member of the GANA; attend state and national meetings; participate in letter writing to your legislators when asked; and make sure to spread the word that CRNAs are safe, high quality, and cost effective anesthesia providers. ■

Position Statement Number 2.14 Securing Propofol

The American Association of Nurse Anesthetists (AANA) has a history of supporting well-being and professional self-care for the Certified Registered Nurse Anesthetist (CRNA). AANA Position Statement 1.7 states that the AANA “is aware of the occupational risks for substance abuse development in anesthesia providers and the professional implications substance abuse may have for the practitioner.”¹ The AANA Wellness Program and the AANA Peer Assistance Advisors have served as valuable resources to CRNAs on this issue for many years.

Since its introduction into the healthcare market, the misuse of propofol through self-administration has increased among anesthesia providers and healthcare professionals. Propofol produces dose-dependent sedation. At sub-anesthetic doses feelings of elation and euphoria have been reported.^{2,3} Unfortunately, too often the first sign of propofol misuse or addiction is the practitioner's death.

The ease of access to propofol may contribute to the incidence of abuse, addiction, and death among anesthesia providers and other healthcare professionals.⁴ AANA recommends that those facilities which maintain propofol on formulary begin the development and

implementation of methods (i.e., placement of propofol in a secure environment) that may reduce the likelihood of propofol diversion and abuse. Further investigation is needed to determine the most effective methods to prevent substance diversion and abuse in general.

References:

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Adopted by the AANA Board of Directors June 2009



Join us at the GANA PAC Golf Tournament

When?: Friday Morning October 2, 2009 at 0800

Where?: George Fazio Golf Course - Palmetto Dunes - Hilton Head Island

Who's Invited? : All GANA Meeting Registrants and Guests

How Much?: \$115.00

18 Hole Tournament to benefit the GANA PAC

Yes, I want to play in the tournament:

Name _____

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City _____ **State** _____ **Zip** _____

Contact Telephone Number (____)-____-_____

My handicap is _____

I want to be paired with the following individuals:

(Attempts will be made to accommodate pairings)

Please make your check payable to: GANA-PAC and mail with this application to:

Georgia Association of Nurse Anesthetists

1832 Highway 54 West

Fayetteville, GA 30214

Registration form and payment must be received no later than September 18th.

Telephone: 770.487.3900 Facsimile: 770.632.1625

CRNAs in Action ...



Janice Izler and Alyssa Fuell (UT-Chattanooga SRNA); Janice served as a mentor to Alyssa during the MYA



Steve Smith, Lara Duncan, Janice Izlar and Barry Cranfill at the AANA Washington, D.C. office



Leslie Jeter and Taushera Westbrook (MCG SRNA); Leslie served as a mentor to Taushera during the MYA meeting



Carol Bouchard, Janice Izlar, Barry Cranfill, Ann Thompson, Jada Coleman, Courtney Kennedy, and Lee Anne Miller

Manning the phones at the PBS Telethon ...



MCG students being silly



Sonia Magambo and her husband, Chase Middleton and Taushera Westbrook



*Lisa Stephens, Courtney Kennedy, Jada Coleman, Lara Duncan
(Legislative Assistant for Representative Linder), Steve Smith, Barry Cranfill and Martha Kral*



On May 16, 2009, CRNAs Martha Kral, the GANA Federal Political Director and Janice Izlar, Region 2 Director, attended a fundraiser in Savannah for Senator Johnny Isakson. Martha and Janice had the opportunity to discuss healthcare reform and CRNAs with Senator Isakson.



Ashley Goolsby and Liz Hansford at the Capitol



*MaryEllen McMellion and
Deanna Anselmo*



CRNAs, SRNA, family and friends

Donna M. Sieber Awarded AANA Foundation's GANA Scholarship

Donna M. Sieber is a senior student in the Mercer University/MCCG CRNA program. She received a BSN from The University of Tennessee at Chattanooga in 1998 where she was a member of Sigma Theta Tau International Honor Society of Nursing. Donna began her nursing career in the ICU at Erlanger Medical Center in Chattanooga, and then continued to practice at Emory University Hospital and Atlanta Medical Center before entering anesthesia school. She has been serving as the 2008-2009 GANA Student Association secretary and the PAC student representative. Donna would like to thank the members of the GANA and the AANA Foundation for this scholarship and to thank her husband, John Sieber, for helping make this achievement possible.



Lisa Stephens (MCG faculty), and the MCG Senior class



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Recovery (AIR)
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www.aana.com/peerassist.aspx

A pain-free way to improve health care

*by Jay Horowitz, Herald-Tribune Guest Columnist
Reprinted with author's permission*

Published: Saturday, June 6, 2009

As someone who has worked in health care for over 30 years, I have gained expertise and insight into how the health care system "functions." While Washington struggles to move forward, things can be done now -- federally and locally -- to reap benefits from cost savings and efficiencies.

For example, the Clinton administration wrote into the Federal Register a rule to remove the requirement that certified registered nurse anesthetists (CRNAs) be supervised by a physician, stating: "We have found no compelling scientific evidence that a ... physician supervision requirement for CRNAs leads to better outcomes ..."

This rule would have corrected the perception among surgeons that they are liable when working alone with CRNAs. (Liability is determined by control and is the same whether a surgeon is working with a nurse anesthetist or an anesthesiologist.) Yet this perception has led to overstaffing with additional anesthesiologists and an inefficient system for delivery and reimbursement for services.

Unfortunately, the Bush administration removed this rule, instead allowing states to "opt out" of supervision.

Fourteen states -- mostly rural -- have done just that, and the results are highly positive. Thirty-six states, including Florida, are still trudging down the same path of health care inefficiency.

One way Washington can immediately promote real health care change is to develop, propose and publish another rule lifting the supervision requirement. If those steps were taken:

No longer would surgical facilities perceive a need to follow the arcane, inefficient anesthesia billing rules that have led to facilities (and, by extension, taxpayers) paying anesthesia groups millions in stipends.

No longer would an anesthesia provider shortage exist, as anesthesiologists erroneously bound to a supervision model would be free to actually provide anesthetics.

No longer would the federal government pay for anesthesia time while waiting for an anesthesiologist to become available to start a procedure when a fully qualified CRNA is present.

No longer would anesthesia groups place themselves in peril of committing billing fraud by trying to follow almost unworkable billing rules.

Anesthesiologists, like CRNAs, are competent, compassionate providers. Yet, at a time when anesthesia is safer than ever, placing anesthesiologists in a supervisory role is a waste of manpower, skills, intelligence and passion.

Eliminating the supervision rule would encourage greater flexibility and better access to anesthesia services, including pain management and obstetrical anesthesia.

Publicly funded or privately owned hospitals that use either physician anesthesiologists or CRNAs exclusively are probably giving us a pretty good bang for our buck. If a facility utilizes the inefficient model that requires "supervision" of CRNAs by anesthesiologists, you can be almost certain that the facility is paying a large subsidy to the private anesthesia group.

One simple change cleans up this mess. It does not compromise quality of care or patient safety. It need not change practice paradigms. It requires merely the abandonment of billing (not the actual practice) for medical direction of CRNAs.

This one simple act would allow for greater flexibility in staffing so that all qualified providers administer anesthetics. It also would allow more than one provider to render services if patient acuity called for that.

This one change could generate savings for facilities to use for community outreach, preventive care, new equipment, infrastructure maintenance and upgrades, on-site day care for employees' kids, efficient new technologies like electronic medical records, classes in preventing medical errors and more.

Permitting CRNAs and other "advanced practice nurses" to perform to their full scope of practice, as defined by statute and law, is part of the prescription for cost savings and increased access to high-quality, safe and highly satisfying medical care for patients. ■

Jay Horowitz of Sarasota County is a certified registered nurse anesthetist.

To view this article online:

<http://www.heraldtribune.com/article/20090606/COLUMNIST/906061020/2080/OPINION?Title=A-pain-free-way-to-improve-health-care>

John Francis Garde, CRNA, MS, FAAN

Healthcare Icon Dedicated More Than 50 Years to Nursing Professions

An iconic figure in the healthcare community, John Francis Garde, CRNA, MS, FAAN, passed away on Tuesday, July 21, 2009. The Park Ridge, Ill., resident was among the Who's Who in nurse anesthesia and nursing, dedicating more than 50 years of service to healthcare provider education and patient safety.

Among the many highlights of John's storied career, in 1972 he became the first male president of the American Association of Nurse Anesthetists (AANA), the professional association which now represents more than 40,000 Certified Registered Nurse Anesthetists (CRNAs) across the country. John was instrumental in the association's growth and rise to prominence in the healthcare community, serving as the AANA's executive director from 1983-2001. Active in healthcare even after retiring from the AANA, John returned to the association in February 2009 as interim executive director, where he was serving when diagnosed with cancer. He died quietly at Northwestern Memorial Hospital in Chicago, surrounded by family and friends.

John embarked on this life's journey November 22, 1935, in Jacksonville, Ill., where he was born to the late William and Florence Garde. During his developmental years, he attended Routt High School in Jacksonville, and graduated in 1953.

Upon graduation from high school, John fulfilled his military obligation by serving as a lieutenant in the U.S. Public Health Service in Detroit, Mich. After he was discharged from the military, John enrolled in the Alexian Brothers Hospital School of Nursing in Chicago, and from there began to make his indelible mark on the field of nurse anesthesia, nursing, and healthcare as a whole.

John had a zest for life that revealed itself in boundless ways, especially his relationships and the way he went about his business. Throughout the many roles he fulfilled in his life—teacher, caregiver, executive director, friend—John always saw the potential in people. Never one to get bogged down in minutia, he liked to “keep things moving” (as he always said) and approached every challenge with an optimistic outlook, qualities to which he attributed much of his success. Besides his accomplishments, John may have been best known for his ability to wittily convey his sentiments about an issue or event with one of his many trademark comments, always delivered with a sly smile and playful tone of voice: “If it was easy anyone could do it,” “Chicken today, feathers tomorrow,” “Too much fluff,” and “Do the do” which he was saying long before the phrase was popularized in soft drink commercials.

During his tenure as AANA executive director, John spearheaded the advancement of nurse anesthesia education programs to a graduate framework; the development of AANA public policy and a federal government affairs office in Washington, D.C., which now manages one of the nation's largest PACs;

the attainment of Medicare direct reimbursement for CRNAs; and the formation of the International Federation of Nurse Anesthetists.

After his retirement from the AANA, John continued to share his knowledge of the nursing profession through his consulting business and by serving as interim executive director for various associations in leadership transition, including the National League for Nursing Accrediting Commission, American Psychiatric Nurses Association, and the American Academy of Nursing.

With a career in anesthesia that spanned more than five decades, John began working in the late 1950s as a staff anesthetist at the U.S. Public Health Hospital in Detroit, and later served as division head for the Department of Anesthesia at Detroit General Hospital, director of the Wayne State University Program for Nurse Anesthetists, and as an associate professor and chair of the Department of Anesthesia, College of Pharmacy and Allied Health Professions, Wayne State University.

A native of Illinois, John returned to his home state in 1980 to fill the position of AANA education director, a position he held for three years until becoming the AANA executive director. John's career highlights included receiving the Agatha Hodgins Award (the AANA's highest honor) in 2000 and the AANA Helen Lamb Outstanding Educator Award in 1998; receiving the John C. Thiel award from Association Forum of Chicagoland in 1999; being inducted as a Fellow in the American Academy of Nursing in 1994; receiving the Distinguished Educator Award from Virginia Commonwealth University in 1992; and being named an honorary life member of the Michigan Association of Nurse Anesthetists in 1974.

In his acceptance speech for receiving the Agatha Hodgins Award, John warmly thanked his CRNA colleagues by stating, “Throughout my career as a nurse anesthetist, various groups and individuals have made a big difference in orchestrating my accomplishments. All of you have lifted me. I imagine when the committee and Board of Directors were considering nominees for the award, accomplishments and contributions were considered. But what probably went unnoted was how many people opened doors, gave me a hand, allowed me to lean on them when times got rough, and sometimes even carried me. My greatest accomplishment is being honored in front of all of you...”

A CRNA for more than 50 years, John received his master's degree in physiology from Wayne State University's School of Medicine in Detroit and his bachelor's degree in psychology from the University of Detroit. In addition, he earned his nursing diploma from the Alexian Brothers Hospital School of Nursing and his anesthesia diploma from St. Francis School of Anesthesia in La Crosse, Wisconsin. ■

2009 – 2010 GANA Calendar

GANA Board Meetings:

August 22, 2009 at MCG in Augusta
October 3, 2009 in Hilton Head, SC
February 6, 2010 in Fayetteville
May 8, 2010 at MCG in Macon
August 21, 2010 at MCG in Augusta

GANA Events:

GANA Annual Meeting in Hilton Head, SC
October 2-4, 2009

GANA Retreat at Callaway Gardens
November 7, 2009

National Nurse Anesthetist Week
January 24-30, 2010

GANA Capitol Day and Proclamation Signing
with the Governor on March 25, 2010

Georgia Public Broadcasting – TV Telethon
June 2010 TBA

GANA Annual Meeting in Atlanta
October 1-3, 2010 (location TBA)

AANA Events:

Fall Assembly of States in Tucson, AZ
November 13-15, 2009

Assembly of School Faculty in San Antonio, TX
February 25-27, 2010

Mid-Year Assembly in Washington, D.C.
April 25-28, 2010

AANA Annual Meeting in Seattle, WA
August 7-11, 2010

Proposed Calendar for the To and Fro:

December 2009
April 2010
August 2010

Georgia Association of Nurse Anesthetists PAC

*I am contributing \$ _____ to further
the legislative efforts of the GANA.*

Name _____

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Home Phone # _____ Best time to call _____

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Do you work in ☐ an office based setting? ☐ a rural hospital? ☐ a surgery center? ☐ an urban hospital?

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Are you interested in lobbying with the GANA during the 2010 legislative session? _____

Are you acquainted with any of Georgia's legislators? _____ If yes, who? _____

Please clip and send to: **Robbie Pope, GANA-PAC Treasurer, P.O. Box 887, Tifton, GA 31793**

Forms available at www.gana.org

*Thank you for
your contribution
to this worthy
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☐ Obtain a seat on the Board of Directors

I'd like to become a legislative contact for my legislative district:

☐ State ☐ Federal

☐ I can participate in GANA Lobby Day

☐ I will participate in any area needed

☐ Other: _____

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