

SCSA Newsletter

The presence of a physician anesthesiologist in surgery prevented 6.9 excess deaths per 1,000 cases in which an anesthesia-related or surgical complication occurred. Independent study published in the peer-reviewed journal Anesthesiology®



AACORNER

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President, SCAAA

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SC General Assembly Reconvenes for
Year 2 of the 2021-2022 Session on
January 13, 2022

AA CORNER

-By Koty Price, C-AA

South Carolina now licenses 28 CAAs across the state and continues to grow. In addition to expansion of the profession in the Charleston area, the latest addition is the Prisma Health System, the largest healthcare provider in South Carolina. With nearly 30,000 team members, eighteen acute and specialty hospitals, 2,947 beds and more than three hundred outpatient sites with nearly 2,000 physicians, Prisma Health serves more than 1.2 million unique patients annually in its 21- county market area that covers 50% of South Carolina. The Prisma anesthesiology department is comprised of 150 physicians and 350 anesthetists across the upstate and midlands. Greenville recently added 9 FT and 2 PT CAAs and is looking to hire more at their upstate market locations listed below.

- Prisma Health Greenville Memorial Hospital
- Prisma Health Patewood Memorial Hospital
- Prisma Health Baptist Easley
- Prisma Health Oconee Memorial Hospital
- Prisma Health Patewood Outpatient Surgery Center

CAAs that have joined Prisma have positive feedback regarding the staff, facilities, work environment, quality of patient care, and work - life balance. Upstate, SC is located on the I-85 corridor between Atlanta and Charlotte and is one of the fastest growing areas in the country. Ideally situated near beautiful mountains, beaches, and lakes. Greenville supports a diverse and thriving economy which in turn supports a strong healthcare system, quality of life, and cultural and educational opportunities.

If interested in joining the Prisma team, relocating to South Carolina, or have any questions or concerns involving South Carolina please join the SC Academy of Anesthesiologist Assistants (SC-AAA.org) or contact me at President.SCAAA@gmail.com.

While Prisma Health is doing the bulk of the new hiring in SC, let us not forget that several practices stuck their heads out early to bring CAAs to SC. We thank and recognize the practices in Rock Hill, Hilton Head and Myrtle Beach for taking the early heat!



EXECUTIVE DIRECTOR'S REPORT

-By Margarita Pate, PhD, Executive Director, SCSA

As we prepare for the return of the General Assembly next month, we need to continue to reach out to all the legislators in both the Senate and the House. The second year of the session is often when the members of the General Assembly get serious about getting things done. That can be good or bad, depending on what the priorities are for the Speaker of the House and the Majority Leader of the Senate. This year is going to be about redistricting and getting ready for the 2022 elections. Controversial bills and bills without overwhelming support are not likely to move anywhere.

All bills that are not passed and signed by the Governor by the end of the session (May) are dead and have to go back to square one.

Read Graham Tew's message later in this newsletter for more information.



When Seconds Count... We Must Be There

Thomas Phillips, MD, SCSA President

PRESIDENT'S REMARKS

It is so refreshing to update everyone as I come off the heels of in-person meetings of the SCSA in Myrtle Beach and of the ASA in San Diego. We have all been dealing with many of the same difficult issues and feeling the camaraderie and enthusiasm from colleagues during the two recent annual meetings just cannot be replicated via video conferencing. It was invigorating. The immense, uncertain, and immediate concerns on our collective plates have a way of subjugating every aspect of our lives. The battles continue despite the chaos, and it is our shared experiences and understanding that we all need.

Your SCSA has continued to be engaged and active on a myriad of issues on your behalf. Consideration of certificate of need issues, protection of physician provision of pain management medicine, addressing truth in advertisement and transparency for our patients, both SC Medicaid and CMS Medicare payment rate adjustments, Safe VA care, insurance company tactics and surprise medical billing legislation, the ever-present scope-of-practice assault against the anesthesia care team, and the progression of hiring certified anesthesiologist assistants in our state, to name some of our irons in the fires. These issues have in no way been ignored while COVID-19 commanded so much of our attention and resources. Anesthesiologists have never been so abruptly forced into the unknown, and like all of us, I am hoping that we are seeing the light at the end of the tunnel.

PRESIDENT'S REMARKS CONTINUED...

Times of strain are often met with increased collaboration. Coming out of our SCSA and ASA meetings I am happy in the knowledge that the house of medicine has never been so well aligned. The SCSA has been working closely with the South Carolina Medical Association, as well as county medical societies. We have been formally joined by over fifteen other specialty medical associations in professional cooperation like never before. Together with the SCSAPAC, MEDPAC, direct assistance from the ASA & AMA, patients, and so many others interested in protecting the excellence produced by physician-led care, we are buoyed in our watchfulness of our patients.

As anesthesiologists, we must always be active. Not only clinically in advocacy for our patients, but also socially and politically, advocating for our profession. I encourage every one of us to be members of our county medical societies, the SCSA and ASA, as well as SCMA and AMA. These organizations are geared to keep us current clinically and relevant professionally. We all evolve throughout our careers and there are always disputes over conflicting ideas and choices. I have certainly had my disagreements with political positions taken by a member organization. The reality is that no candidate aligns perfectly with every opinion, but we can trust that our organizations are quite skilled at representing us in the political game and affecting change that is in the best interest of physicians and our patients.

BME CORNER

The SC Medical Board met Nov 1-2 for their usual quarterly meeting. During this meeting, we were given information on the activities of LLR, its finances as it relates to the medical board, and updates on any staffing changes. During this meeting we had a presentation from DHEC and DEA about the process for investigating physicians and clinics when suspicions arise concerning storage or prescribing of schedule drugs. One good lesson that needs sharing is that if schedule drugs are kept at offices or ambulatory facilities that are purchased under your name, if you leave that practice or facility, you cannot leave those drugs behind. There are mechanisms to either dispose of the drugs or to use power of attorney to transfer responsibility. If you have any questions or concerns, you can contact DHEC drug control.

For the first 10 months of the year there have been 355 reported complaints, of which 305 have been closed. The complaints usually fall into one of three categories: substandard patient care, unprofessional conduct, or prescribing irregularities. At the conclusion of this latest board meeting and all the disciplinary cases that have come before the board, my main take away is that DOCUMENTATION is key. If you prescribe a drug for any reason, the clear establishment of a physician patient relationship must be documented, the reasons for the medication must be clear, and if it is a schedule drug you must document that the PMP inquiry was made, and these records must be available. Also, if you change the location where you have your license registered, you must notify the board ASAP. If you have any questions or concerns, please do not hesitate to reach out to me, 803-528-7566

Respectfully submitted,

Jennifer Root, MD, FASA

District 2 BOME

NEWS OF NOTE

South Carolina's oldest and most powerful state lawmaker, Sen. Hugh Leatherman, passed away at the age of 90. Senators Harvey Peeler and Thomas Alexander are expected to move up in leadership roles due to Senator Leatherman's death.

BCBS of NC Letters - Insurance Companies are not waiting on the rules making to strong arm physicians

BlueCross BlueShield of North Carolina is sending letters to anesthesia and other physician practices threatening contract termination unless providers agree to immediate rate reductions from 5% to 35%. The letters suggest that the insurer is using this tactic to improve their negotiation position against providers in the flawed independent dispute resolution (IDR) process outlined in the interim rule of the No Surprises Act.

MEDICAL STUDENT ATTENDS ASA ANNUAL MEETING WITH SCSA DELEGATION

Hello, my name is Robert Laney, I am a current M3 at the University of South Carolina School of Medicine. My passion for anesthesia led me to seeking membership with the ASA earlier this year and I have had the privilege of holding the ASA delegate position for my school ever since. As a medical student delegate, I was excited to learn that I would have the opportunity to travel to the national ASA conference to interact with not only other student delegates from across the country but also a plethora of attendings including residency program directors. After a late arrival Friday night, my Saturday consisted of multiple seminars from various anesthesiology residents and program directors discussing their perspectives of the road from medical student to anesthesia intern. These discussions involved the qualities program directors often look for in candidates and ways in which they believe students can best prepare themselves for a successful match. As an M3 with ample time to build upon the components of my CV, personal statement, and the especially crucial recommendation letters, I found these discussions vastly rewarding. It was also refreshing to be able to network with other students from across America who share my passion for anesthesia and participate in voting for leadership positions for the student component of ASA. I also was glad to attend the Southern Caucus later that afternoon, it gave an incredibly unique window into the current leadership of the profession and the types of discussions they are having. Overall, the trip was an excellent and rare opportunity to become fully immersed in the specialty that I am very intent on pursuing as a career in medicine.



REPORT FROM THE ASA ANNUAL MEETING IN SAN DIEGO

Jennifer Root, MD, ASA Director from SC



Greetings SCSA members! Another year of a rocky ride, but the Anesthesiologists across the state have stepped up to the plate as they always do and worked hard on behalf of the citizens of South Carolina. I thank you all for your hard work and sacrifices this year. Unfortunately, I do not think we will ever look at public health the same again and we will have to look towards adjusting our practices permanently to be ready for the future. But that is what we do every day.... We plan for every contingency for our patients. We hope we do not need anything but plan B but if so- then we are on it.

So, what is happening at the ASA/Federal level? First, membership is hanging in there. We are losing too high a percentage of our residents as they move out from residency because they just are not being taught the importance of supporting their professional societies and the absolute requirement of making sure that we collectively work together to keep the profession thriving. The work in the statehouses and DC does not happen by accident, the work on payment and policy formation requires our input, the scientific advances and dissemination of that education and research is mandatory to keep all tens of thousands of Anesthesiologists (and their team members) up to date on all the best for our patients. The expectation when a person finishes their residency or fellowship is that they remain ASA members and work hard to maintain our profession. This needs to be said loud and clear to your new graduates that come into your practices. Here in South Carolina, we will have ongoing scope and payment issues that will need active and informed boots on the ground. We have FAR TOO MANY ostriches with their heads in the sand and eventually creates our largest barrier for the specialty.

Other issues with the ASA include the legislative and regulatory battles (Medicare payments/cuts, out of network payment regulation creation, VA Scope issues, and more), and working to provide more resources for residents and early career physicians. Much of this information can be gleaned by the website or signing up for the ASA Grassroots Network. Also new over the last 14 months is the ASA Community! Finally, if you have a question about patient care... concern about facility policy... or just want to participate in a discussion covering the many aspects of being a physician, we have a nice platform for physicians to discuss pt care, share ideas, and debate policy. I have learned some helpful things that I can apply directly to my practice by going weekly to the ASA Community. (For full disclosure, I also chair the member advisory panel for the community).

We had a wonderful in person ASA meeting in San Diego and I hope that more of you consider going next year to New Orleans. I want to thank our delegates that gave so freely of their time- it is no small thing to leave your practice for 5 days. At the ASA Annual and board meetings all South Carolina physicians present are invited to participate with the Southern Caucus. It is where we gather, network, share governance materials, discuss the policies, and work products of the ASA, and work together to provide input to the ASA Leadership. If you come to New Orleans be sure and put the Southern Caucus meetings on your agendas.

Lastly, if any of you need help you can always reach out to me. I may not always have an answer, but I will work to do what I can. It is an honor and a pleasure to serve as your representative to the ASA and if you want to become more active in Organized Anesthesiology, please let me or Margarita know. It is not about who you know or impressive credentials. I simply showed up and raised my hand twenty years ago and that is all that it takes. A willingness to become informed, participate, and then lead. Who will lead us in this next Generation?



Some excellent axe throwing skills displayed by our very own Chris Yeakel. Chris is the President-Elect of the SCMA and an invaluable member of the SCSA. His SCSA and ASA bonafides are too numerous to list! Now we have to add bulls eye champ too!!!

This was a fun networking opportunity in Greenville as part of the SC Senate Republican Caucus Fall Retreat. Thomas Phillips, MD, FASA, Joshua Smith, MD, FASA and my husband Andrew Pate, MD, FASA attended along with myself and two of our lobbyists, Graham Tew and Jason Puhlasky.

Message from Graham Tew, SCSA Lobbying Team Leader

Hoping everyone had a wonderful Thanksgiving. As we approach the start of the new year and a new session of the SC General Assembly, it would be helpful to look at where we stand regarding H3682 and S639 , the CRNA's effort to expand their scope of practice and eliminate MD supervision. Last session,2021, S639 received one hearing in Senate Medical Affairs subcommittee with no vote taken. We have been working with Senators to fully inform them that S639 is bad public health policy and that the Senate should refrain from having any further hearings on the matter. So far, we have been encouraged by the responses we have received and are very appreciative of the time and effort many of you have taken to talk to your Senators. It is important that this effort continues and that more of you participate in educating the Senate. Nothing is more effective than a Senator hearing directly from you. Last session in the House of Representatives, H3682 was given an abbreviated hearing in a 3M subcommittee with very limited testimony taken. Unfortunately the bill was voted out of subcommittee and currently could be heard in the full 3M Committee at anytime during the upcoming session which begins in January. We have been working continuously to educate House members that H3682 presents a serious threat to patient safety without any corresponding benefit to public health. We have developed a number of influential House allies and with your continued outreach and support we are hopeful that we can prevent the passage of H3682 by the full House of Representatives. Again, it is crucial to be aware that the CRNAs are very active in reaching out to members of the House and Senate for support of their legislation. And there are a lot of them! Our voices must match theirs if we are to successfully protect the current system we work in which maximizes patient safety. Thank you for your continued support. We have a wonderful story to share with our legislators. We are providing a comprehensive list of Senators and Representatives for you to contact starting immediately. Working together we can provide reliable professional information that will ensure the continuing primacy of patient safety for years to come.

