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# GSASC GAZETTE

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## President's Message

This has been a busy and challenging year for the ambulatory surgery industry in Georgia. I have been privileged to serve as President of the Society during the year. It has been encouraging to see the number of people in this society who are willing to give their time and talent to the goals of the group. As a Society, we are still committed to providing the highest quality, most efficient, and most cost effective healthcare to the patients of Georgia. It is extremely important that we all continue to emphasize this concise message.

The strength of the Society is in its members and we must continue to grow. Over the year, the board and other members of the society have made it a priority to recruit new members. We have successfully added new membership during the year and have been very successful in maintaining our present membership. Please don't miss a chance to promote the society to new or existing centers in your area. As a group, we should be proud to have become the voice of the ambulatory surgery industry in Georgia. Let's continue to grow and benefit our patients!

The work of the legislative committee has become one of the most important aspects of the society. The landscape is continuously changing and the society is constantly working to maintain the ASC's ability to provide high quality and efficient healthcare. I hope everyone saw the recent legislative update. Several rules changes being considered by the Department of Community Health could significantly and negatively impact healthcare delivery in the ASC's of Georgia. The GSASC played an active role in preventing those changes from being implemented without further

discussion. Your society was present to provide written and verbal comments at the recent public hearing prior to the DCH board meeting. Our input makes a difference! This is a very active time in the state legislature and the coming year may prove to be one of the most important for the ambulatory surgery industry. Please take the time to read the comments of Dr. Melvin Deese (President Elect of the Society) in this issue. We have had some successes this year but they are to be built upon as we move ahead. This is no time to relax our efforts.

The challenges ahead for the ambulatory surgery industry are exciting. There is great potential to improve the ASC's ability to provide high quality and efficient healthcare. I encourage everyone to be active in the process. The continued success of the society depends upon the efforts of our members. I look forward to seeing you at the next conference at the Renaissance Waverly in Atlanta on February 18-19, 2005.

Houston Payne, M.D.

President

## 9<sup>th</sup> Semi-Annual GSASC Conference & Tradeshow

February 18-19, 2005  
Renaissance Waverly Hotel • Atlanta, GA



Join us for the 9<sup>th</sup> Semi-Annual GSASC Conference & Tradeshow "Put The Pieces Together With GSASC". The Conference will prove to be a huge success, offering continuing education for physicians & nurses and an excellent agenda, so don't miss out! Topics and speakers will include:

- 1 "Maximizing Efficiencies in an ASC" – Joe Zasa of Woodrum/ASD
- 2 HIPAA Security...Compliance and Common Sense" – Michael Fleischman of Gates Moore and Company
- 3 "Setting Up Benchmarking in your ASC" – Suzy Broadwater of ASCOA
- 4 "ASC Reimbursement and Billing" – Caryl Serbin of Surgery Consultants of American, Inc.
- 5 "Healthcare Lawsuits...What's going on?" – Victor Moldovan of Phears and Moldovan
- 6 Legislative Update from GSASC Legislative Director, Lasa Joiner.
- 7 And much more!!

The 9<sup>th</sup> Semi-Annual GSASC Conference & Tradeshow will be held at the Renaissance Waverly Hotel in Atlanta, GA. **Conference registration and hotel reservations can be made directly on the GSASC website at [www.gsasc.org](http://www.gsasc.org).** For more information on the conference log onto the website, call the GSASC office at 888/526-9450, or email Leigh Ann Bradley at [leighann@executiveoffice.org](mailto:leighann@executiveoffice.org).

### Please note GSASC's change of address:

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GSASC Administrative Director – Leigh Ann Bradley



Ambulatory Surgery Centers were the center of attention for both GSASC and the regulatory unit, the State Health Planning Agency of the Department of Community Health during the summer and fall of 2004. Now with the opening of the 2005 Session of the Georgia General Assembly only days away, the focus will shift to the legislature. The challenge for the ASC community is to make our issues political priorities over the winter of 2005.

The Department of Community Health posted their intent to develop new rules for Certificate of Need in the late summer. Major concerns arose over the section defining indigent and charity and the section dealing with ASCs that have *letters of non-reviewability*. The indigent and charity care sections were removed before the Rules were submitted for public comment (essentially before the formal process began) and are still being reviewed by a special task force of the State Health Strategies Council.

The rules sections governing ASCs were included in the rules that were put out of comment, and boy, did we comment! Many thanks to all of you who contacted members of the Board of DCH, the Commissioner and his staff and even the Governor. It worked! As a result, this section was pulled out for reconsideration the day the Rules were formally adopted by the DCH Board. An ad hoc committee of the DCH Board comprised of Dr. Chris Stroud (Albany), Dr. Frank Rossiter (Savannah) and Mr. Richard Holmes (Atlanta) will meet on January 5, 2005 to listen to interested parties, discuss, and review further the many concerns over this section. It is expected that they will make a recommendation to the DCH Board regarding this section – in other words, we get another bite at the apple.

Members of the GSASC Board and I have met with the Medical Association of Georgia staff and representatives of the Georgia Orthopedic Society to prioritize our concerns. Following is a list in priority order of our objections to language in the proposed Rule:

1. It is unnecessary to require 16 different forms for gathering information in application for an LNR – 2 forms are sufficient. The process should be streamlined to comply with the legislative intent of the exemption for physician owned single specialty ASCs.

2. Utilizing data from the Board of Medical Examiners to certify the medical specialty designation of applying physicians is **not** appropriate – physicians should be able to designate their specialty by signed affidavit with the application. The BOME does not require licensees to provide this data and for those that do, it is not updated on a regular basis.

3. Prior notification of hiring or termination of physicians is not necessary – notification 60 days after the fact is sufficient.

4. Definition of “close proximity” should not expressly prohibit the ASC from being in a different building if the additional building is convenient or easily accessible — *for example*, across a parking lot or on contiguous land.

We continue to voice our concerns with the definition of “associated with” and “simultaneously developed” in the Rules that were adopted December 8.

We at JLH Consulting, look forward to working with you in 2005 to secure a favorable ASC environment for you and your patients. Please help boost our efforts by calling and emailing your legislators to discuss these concerns. Even though the battle is currently being waged at DCH, there is no doubt that the General Assembly will take up these issues when the General Assembly convenes January 10, 2005.

Stay tuned.

Let me take this opportunity to wish each of you a Happy New Year! I hope you and your family had a wonderful holiday.

control, credentialing, etc. to staff in the ASC and then have them report to the governing body their findings. Keep the reporting simple so the ASC does not lose sight of the intent.

**How often should I update policies and procedures?**

Policies and procedures should not be updated just during the year for accreditation. They should be updated annually at the least. Policies should also be reviewed also at the least annually and updated when standards or processes change within the ASC. One example of recent national policy change is the wrong site surgery program that has been implemented in 2004. Even though this is a JCAHO mandate and the ASC may not be JCAHO accredited this has received national publicity. Therefore, the standard is being set for all ASCs to implement some program for identifying the correct site. Keeping up the standards such as this is critical to the ASC. Policies support the risk management programs of the ASC.

**Q&A Column**

Gayle Evans, RN BSN CNOR MBA CASC  
GSASC Secretary/Treasurer and Legislative Committee Co-Chair

**Why do I need so many committees when I am a single specialty surgery center?**

Many surgery centers feel it is necessary to have multiple committees when structuring the governing body and activities for oversight in the ASC. This is far from the truth. Unless the surgery center is a multispecialty or multi group facility, the center can use the term “committee of the whole” to oversee everything from governing body to infection control to safety. In developing the “committee of the whole”, the governing body, which may consist of 3-4 individuals, can review ASC activities and act upon these activities as necessary. Delegate responsibilities such as quality improvement, infection

**Legislative Committee Update**

J. Melvin Deese, Jr., M.D.,  
GSASC President Elect and Legislative Committee Co-Chair

The past ninety days have been active on the legislative front and GSASC has been very involved. *Improved patient access and cost reduction in healthcare spending* is our mantra and it seems to be getting attention.

The governor and new Republican controlled state legislature tell us that they must control the cost of healthcare for the state, as well as develop a strategy that helps Georgia business. The challenge comes as they try to provide care for more people with less money. Ambulatory surgery centers have a long track of providing care that is compassionate, convenient and cost effective. Our statistics (especially when compared with traditional hospital numbers) are too good to ignore any longer.

Recently, the Department of Community Health held hearings on the proposed changes to the regulations, which govern CON's and LNR's. The proposed changes would make further development of ASC's all but impossible. They also expand the reporting criteria for new or expanding developments, suggest that ALL procedures be listed, submitted and approved for each ASC and that each specialist be listed and approved by the Board of Medical of Examiners.

If adopted, these changes would make successful challenge of new and possibly existing (!) centers, by hospitals very easy.

Representatives from GSASC, Georgia Orthopedic Society and MAG attended the hearing. We had approximately 15 participants present with many speaking from prepared statements to the DCH panel.

According to one of the panelists, this was the largest turnout ever for such a hearing.

We succeeded in having the LNR regulations removed from the discussion regarding the regulatory changes associated with CON (great news) but still have much work left to make the existing regulations reasonable. The CON ASC's still face an uphill battle as the hospital associations and their lobbyists pressure the administration to protect their monopoly on healthcare. (By the way, the AJC had an editorial on Dec. 9, 2004 suggesting CON has outlived its usefulness.)

GSASC, through its board, legislative committee and other physician organizations works on a daily basis to represent our patients and colleagues in the right to improved access and cost savings through the services of ambulatory surgery centers. But, it isn't easy! We must have your support. Support comes from increased membership and active member participation. We need for you to call your local legislators to voice your strong support for patient access to the most cost effective means of healthcare delivery available –ASC's.

Please contact a board or legislative committee member to let him/her know when you can be available to visit or call a legislator. We will help you make contact and focus on the message. Every single voice is important.

The next legislative session begins in January. We think some great opportunities lie ahead if, we can just get enough folks involved. Please call today. Let's win this battle for our patients!

**Suppliers, don't miss out on a great opportunity to reach every ASC in Georgia by advertising in the GAZETTE! For more information call the GSASC office at 888/526-9450.**

**A Special Thank You to the following 2004 Annual Clinical Conference Sponsors and Exhibitors for supporting GSASC!**

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**Do you have the business skills to make your ASC successful?**

The new book, *Solving Partner-Level Challenges in Ambulatory Surgery Centers: Strategies for Physician Owners* by Gayle Evans, GSASC Board Member, acts as a reference to help ASC physician owners and administrators understand and handle critical issues they face with running a center—things you never learned at medical school such as:

Governance, Problem Partners, Adding Partners, Compensation, Legal Issues, Productivity, Performance, Earning Partnership, And more!

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