



GSASC, Leading the Way to Success

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Georgia Society of Ambulatory Surgery Centers

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# GSASC GAZETTE

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## President's Message



J. Melvin Deese, Jr., MD, GSASC President

### DOCTORS ARE THE SOLUTION, NOT THE PROBLEM!

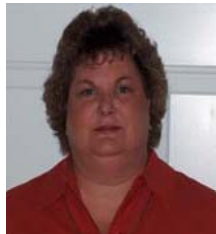
When discussing the new state healthcare proposal from United Healthcare, A Georgia State Senator was recently quoted as saying "We know the reimbursement is low but our doctors will take the low payment in order to see their patients". You know what, he is right. In large part, most physicians of Georgia will take lower payments so their patients won't feel ashamed to ask for free care or have to travel long distances to find a participating physician. Just like most physicians treat uninsured and indigent patients for no reimbursement. Wake up, Mr. Senator! Every year we accept less to provide more care while non-caregivers (insurance companies) charge more.

Physicians donate thousands of hours per year to providing care to the indigent and uninsured for absolutely nothing. Not for a percentage of cost reimbursement, or tax deduction or any other benefit. We just do it. So why is there any perception that reducing what physicians are paid can contribute any meaningful amount to reduction of healthcare costs? Insurance premiums go up 15 – 40% per year while provider reimbursement goes down. Who gets the spread?

Non- Profit Hospitals charge and collect more every year, yet continue to scream for protection through CON laws, state and federal subsidies, aggressive collection tactics against

patients and payment several times greater than the same services provided in ASC's and independent facilities. Laws and regulations like Stark and Anti-Kickback rules have failed to control healthcare expenditures. Why? Because, the doctors were not the problem, but they can be the solution! Small business owners listen up! You can't afford healthcare because big insurance companies control your premiums and hospitals control your costs. (By the way, Blue Cross just announced that they are launching their own bank. At least they are finally admitting that they are not a healthcare company but a financial institution)

When business leaders team-up with the true providers of healthcare – doctors – then we can effect a real change for improved access to all patients, lower costs and more stability in the delivery of care. To allow dictator-like dominance of the healthcare system by hospitals and insurance companies will insure continued exponential rise in insurance costs. Remember, doctors are the only part of this puzzle that can actually deliver care. Doesn't it make sense that we should be part of the solution?



## Q&A Column

Gayle Evans, RN BSN CNOR MBA CASC  
GSASC Secretary/Treasurer

### Q. Is a consultant pharmacist needed for the surgery center?

Recent surveys have **recommended** that a consultant pharmacist be used to oversee the drug administration process of the center. This is not a formal standard. The pharmacist can be requested to visit the site quarterly, biannually, or annually. It is up to the center to determine the frequency and the responsibilities of the consultant. The consultant may review the following:

- Formulary and utilization of medications
- Narcotic administration and accountability
- Expiration date process.

### Q. What should be included in fire drill evaluations?

During accreditation surveys the surveyor when performing the staff interviews may ask the staff what their role is in the event of a fire. Many centers perform drills by discussion only. This makes it difficult for the manager to determine the staff's understanding of their role in the drill. It is suggested that drills be performed when there is activity in the center (first arrival of patients in the morning is a good time) or use labels that define where the fire is or represent patients. As an example place a piece of paper in a trash can with the word "fire" so that a staff member will find it and initiate the evacuation. Place papers with "patient, staff, visitor" in areas such as bathrooms, supply rooms, etc. This will allow staff participating in the drill to effectively participate in the drill.

Thank you to those who participated in the Georgia ASC Day!  
All members make sure to take part next year.

- Advanced Surgery Center ▪ Summit Sports Medicine ▪ Professional Eye Associates ▪
- Southern Surgery Center ▪ Albany Endoscopy Center, Inc. ▪ Roswell Surgery Center ▪
- Orthopaedic South Surgical Center ▪ Medical Eye Associates ▪ East West Surgery Center ▪

Thank you to the following 10<sup>th</sup> Semi-Annual GSASC Conference Sponsors And Exhibitors for your support!

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# Legislative Update

Like Kevin in the movie "Home Alone," my first reaction to the second Monday in January is to clamp my hands over my face and scream **AAhhhhh!!!!** Unlike Kevin we don't need to be ever more creative to defeat the "bad guys." Good old-fashioned constituent contact will keep them at bay.

I encourage each of you to participate in some way—meet with your legislator, invite him/her to lunch or dinner, attend a fund raiser, write a campaign check. Invite them for a behind-the-scenes tour of your Surgery Center – not quite *ER* but almost as entertaining for the uninitiated legislator.

And please sign up for *GSASC @ The Capitol*. Choose a Tuesday, Wednesday or Thursday to come to the Capitol and be a lobbyist for a day. I guarantee you an interesting time watching laws being made. Call me at 404-299-7700 or email [lasaj@jlh-consulting.com](mailto:lasaj@jlh-consulting.com) to sign up. The only way to win is to get in the game. More information on the Capitol visits on the opposite page.

While Certificate of Need continues to be a hot topic in the hospital and ambulatory surgery communities, it is unlikely that legislation abolishing CON will be entertained in the 2006 General Assembly. Watch for a bill regarding the designation of general surgery as a single specialty for the purpose of obtaining an LNR to receive a good bit of attention and create a lot of buzz about amsurg centers.

At its third meeting, the State Commission of the Efficacy of the Certificate of Need heard from members of the nursing home and home health communities. The next meeting was devoted to the issue of general surgery not being recognized as a single specialty under the CON Rules. General Surgeons turned out in force and made persuasive arguments that they too should be eligible to apply for an LNR to open a center. The next meeting of the CON Commission will be December 14<sup>th</sup> at 1:00 p.m. in

Atlanta. We will report to you happenings of the December 14th meeting.

At a November meeting of the Health Strategies Council, a decision was made to review the documents and information from the Ambulatory Surgery Technical Advisory Committee (TAC) of 2003. After reviewing the documents, the Council will decide whether to act on the recommendations, study the issue further, or leave it on hold until the CON Commission finishes its work at the end of 2006. Please look at the Council members listed at the bottom of the page (there are some recent additions) and find an opportunity to discuss CON with them. If there is anyone on the list with whom you are familiar, please let us know if you can make an introduction for us. We want to get our message out to as many decision makers as possible.

A recent report by Charles Bullock, a political scientist at the University of Georgia, indicated how divided government has changed the practice of lobbying. According to the report, divided government, which produces new leaders & committee chairs, has spurred additional legislators to be active, aggressive and influential. Though the Republicans have the majority in both chambers, the margins between Democrats and Republicans in the Senate and House are close, so anything can happen when a bill gets to the floor for a vote. Grassroots lobbying is critical to the success of any effort.

If you care about your profession & your patients, you must become involved. Come to the Capitol, make sure your voice is heard!

Lasa Joiner, GSASC Legislative Director

## Health Strategies Council

- Charles T. "Chuck" Adams, Royston, GA, Rural Hospital Representative
- William G. Baker, Jr., MD Atlanta, Health Care Needs of Low Income Persons Representative
- Harvey R. Bauguess, Atlanta, Health Care Providers - Nursing Homes Representative
- Elizabeth P. Brock (Vice Chair) Atlanta, Health Care Needs of Small Business Representative
- Tary Brown, Albany, Health Care Providers - Primary Care Centers Representative
- W. Clay Campbell, Thomasville, GA, Home Health Agency Representative
- Susan Chambers, RNC, Lilburn, GA, Registered Nurse Representative
- Nelson B. Conger, DMD, Dalton Health Care Providers - Primary Care Dentist Representative
- Janet P. Deal, Douglasville, GA, Disabled Health Care Needs Representative
- Katie Foster, Ellenwood, Health Care Needs of Organized Labor Representative
- John F. Freihaut, DDS, Marietta, GA, Dentist Representative
- Vernon E. "Trey" Googe, III, Atlanta, GA, At-Large Representative
- Michael E. Greene, MD, Macon, GA, Primary Care Physician Representative

- Charlene M. Hanson, Ed D, FNP, Statesboro, Health Care Practitioners - Nurse Practitioners Representative
- C. Thomas Hopkins, Jr., MD, Griffin, GA, Specialty Physician Representative
- Donna W. Hyland, Atlanta, GA, Child Health Care Representative
- Gary G. Oetgen, Savannah, GA, Private Insurance Industry Representative
- James Peak, Bainbridge, GA, Health Care Needs of Populations with Special Access Problems
- Kelly Penton, Augusta, GA, Health Care Providers - Urban Hospitals Representative
- Jessie L. Petrea, Savannah, GA, Elderly Health Care Representative
- Louise Radloff, Norcross, GA, County Government Representative
- Daniel W. Rahn, MD, Augusta, GA, At-Large Representative (Chair)
- Sheila M. Ridley, Tifton, GA, At-Large Representative
- Toby D. Sidman, Healthcare Needs of Women Representative
- Mark H. Wilson, Valdosta, GA, Large Business Personnel Representative

The Georgia General Assembly convenes Monday, January 9, 2006, and as you are all well aware, we have our work cut out for us this year. To involve more physicians, administrators, and staff in the legislative process, we have created a calendar for GSASC members to sign up to be an on-duty representative for the Society one day during the session.

Below you will find the sign up calendar with several openings January through April. Each week, when the assembly is in session, they convene on Monday at 1:00 p.m. and adjourn on Friday at 12:00 p.m. Your support will be needed most Tuesday, Wednesday and Thursday in the mornings and afternoons. ***If you can spend just 1/2 a day at the Capitol, you WILL make a difference.***

Please send the date and time you would like to volunteer to Michelle Holcomb by:

**Phone: 404.299.7700**  
**Email: [mholcomb@jlh-consulting.com](mailto:mholcomb@jlh-consulting.com)**  
**Fax: 404.299.7029**

We urge you to select at least one of these days to join us at the Capitol to fight for our patients and the Society. Legislators need your expertise. GSASC needs your voice and a small amount of your time. ***Patient safety is in your hands – join the fight!***

~ Sign up today! ~

### January 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9 GA Legis. Convenes	10 Need a Volunteer	11 Need a Volunteer	12 Need a Volunteer	13	14
15	16 MLK Day Adjourn	17 Budget Hearings	18	19	20	21
22	23	24 Need a Volunteer	25 Need a Volunteer	26 Need a Volunteer	27	28
29	30	30 Need a Volunteer				

### March 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Need a Volunteer	2 Need a Volunteer	3	4
5	6	7 Need a Volunteer	8 Need a Volunteer	9 Need a Volunteer	10	11
12	13	14 Need a Volunteer	15 Need a Volunteer	16 Need a Volunteer	17	18
19	20	21 Need a Volunteer	22 Need a Volunteer	23 Need a Volunteer	24	25
26	27	28 Need a Volunteer	29 Need a Volunteer	30 Need a Volunteer	31	

### February 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Need a Volunteer	2 Need a Volunteer	3	4
5	6	7 Need a Volunteer	8 Need a Volunteer	9 Need a Volunteer	10	11
12	13	14 Need a Volunteer	15 Need a Volunteer	16 Need a Volunteer	17	18
19	20	21 Need a Volunteer	22 Need a Volunteer	23 Need a Volunteer	24	25
26	27	28 Need a Volunteer				

### April 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4 Need a Volunteer	5 Need a Volunteer	6 Need a Volunteer	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

\* On occasion, the General Assembly will adjourn for a break. We will do our best to notify you of these breaks, although we will not have any information until approximately three to five days prior to any break.