Pulse

The Official Newsletter of the Ohio Chapter • American College of Surgeons

Spring 2004

www.ohiofacs.org



From the Executive Office

Ohio Chapter Leaders Attend OSMA Specialty Society Meeting

Chapter News

49th Annual Meeting

Cancer Committee Report

Advocacy

Legislative Update

From the College

ACS Workforce Survey

President's Message

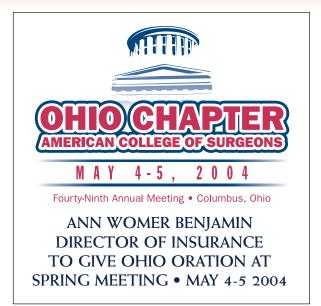
By E. Christopher Ellison, MD, FACS

It has been a busy year at the American College of Surgeons. The efforts of the national office to help the fellows have been and will continue to be noteworthy. It is your College and it is working for you. The PAC at the national level has had great visibility and under the leadership of Andrew Warshaw, MD, FACS, has grown substantially. Our Ohio PAC is growing as well. On behalf of the ACS, I thank all that have donated to the organization and encourage those who have not to consider a contribution. Efforts of the College combined with other branches of organized medicine helped persuade Congress to block the 4.5% decrease scheduled for Medicare reimbursement.

On May 4-5, 2004, we will have our Annual Meeting in Columbus. This will be the first attempt at formatting the meeting for a focus on advocacy. In response to the needs of the membership, we have brought the meeting to Columbus for the next three years. A large part of the meeting will be organized to allow us to meet with our representatives to discuss issues that affect our everyday practice. Our lobbyist, Dan Jones, and the ACS Office will give a legislative update and assist in focusing our visits early in the afternoon of the first day. We will have the unique opportunity to visit the seat of the state government and to meet with the people that can legislate change on our behalf.

The major issue affecting most surgeons is medical liability. The rates for professional liability insurance continue to rise by an estimated 30% per year in Ohio. As a result, we have been designated a red zone area at risk of losing physicians. To argue for reform, we must put the situation into the context of public impact. It will be difficult to argue for relief on the basis of impact on personal income alone. This would be viewed as self-serving. We must take the high road in the debate. My belief is that the main consequence of perpetual increases in medical liability insurance premiums will be a loss of access to care for the people of Ohio. I think that we all want better healthcare and access to healthcare for the people of Ohio. We aspire to make tomorrow better than today. Notwithstanding the aforementioned, the economic consequences must be spelled out, as this will be the driving force that will lead to sufficient dissatisfaction and cause changes in practice or venue.

The economics of medical practice make it impossible for some physicians to remain in business. For example, consider the following situation. A physician is in the practice of general surgery in a moderate size community. He has been in practice for 15 years. He had one claim of medical malpractice against him three years ago that was subsequently adjudicated in his favor. He has no pending claims and no 180 day letters. His cost for medical liability claims-made policy was: \$35,000 in 2000, \$50,000 in 2001,



\$65,000 in 2002, \$85,000 in 2003 and \$100,000 in 2004. At current levels of reimbursement, he will need to do 100 cholecystectomy equivalents just to pay his premium. He would bill for about \$280,000 and collect about \$100,000. The average workload of a general surgeon in Ohio will not produce the revenue necessary to remain in practice with this level of premium.

The options for this surgeon are to seek other coverage, reduce his level of coverage, become an employee of a hospital system, move to another state, or retire. If the surgeon were to subsequently become an employee of a hospital system, the tail premium would be estimated at \$180,000 and would require a personal bank loan or a loan or coverage by the hospital system that would employ him.

The Medicare reimbursement scheme does not adequately reflect the cost of medical liability coverage in our state. Hence, reimbursement cannot sustain a surgical practice in the current environment of medical liability. The average workload of a general surgeon in Ohio will not support the cash flow necessary to sustain this level.

Many of you know of surgeons, obstetricians, or gynecologists that have left Ohio or have limited their practice simply because they cannot afford the insurance. Perhaps this has changed the way you practice. Perhaps you are considering leaving the state. Why are insurance premiums lower in Indiana and Michigan? Is it because they have better doctors and better outcomes? No! It is more likely the result of a runaway tort system in Ohio. The legal profession has argued that much of the current crisis is attributed to poor business decisions by the carriers in economically depressed times, but then why are there states that seem to be safe harbors in the 'perfect storm' and have affordable insurance premiums and are retaining or

2003-2004 Executive **COMMITTEE**

President E. Christopher Ellison, MD The Ohio State University Hospital 1654 Upham Dr., Ste. 327 Means Hall Columbus, OH 43210-1228 ellison.2@osu.edu (614) 293-8701 Fax: (614) 293-3654

President-Elect Michael E. Stark, MD 2000 Regency Crt., Ste. 100 Toledo, OH 43623 mestark@sev.org (419) 841-6600 Fax: (419) 841-6677

Secretary (term expires 2005) Gary B. Williams, MD 75 Arch St., Ste. 405 Akron, OH 44304 williamg@summahealth.org (330) 253-5335 Fax: (330) 253-6233

Treasurer (term expires 2006) Linda M. Barney, MD WSU Dept. of Surgery, Miami Valley Hospital One Wyoming St., **CHE 7000** Dayton, OH 45409 linda.barney@wright.edu (937) 208-2177 Fax: (937) 208-2105

Immediate Past President Robert E. Falcone, MD Second Floor -Administration Grant Medical Center 111 S. Grant Ave. Columbus, OH 43215 rfalcone@ohiohealth.com (614) 566-9978 Fax: (614) 566-8043

From the Executive Office



Ohio Chapter Leaders Attend OSMA Specialty Society Meeting

By Brad L. Feldman, MPA, Ohio Chapter ACS Executive Director

On February 11, 2004, Dr. Michael Stark, Ohio Chapter President-Elect, and I attended the Ohio State Medical Association's Specialty Society Presidents Meeting.

In attendance were representatives from the Ohio Society of Anesthesiologists, Ohio Chapter - American College of Emergency Physicians, Ohio Chapter - American College of Physicians, Ohio Psychiatric Association, OH/WV Hematology Oncology Association,

Ohio Dermatological Association, and Ohio Urological Society. The Ohio State Medical Association had in attendance their president (and our member) Dr. William Sternfeld, past president, president-elect. executive director and director of government relations.

Although held a couple of times a year, this was the first meeting for both Dr. Stark and me and we found it very beneficial for all parties in attendance.

Not only did we gain invaluable information on the focus of OSMA's legislative priorities but we also were able to hear some of the issues that the other specialty societies are facing with their members and organizations.

Some of the issues that the specialty societies are dealing with include drug costs, PLI, tort reform, Medicare, access to clinical trials, stigma of mental illness, scope of practice, escalating overhead, and the ability to stay in practice. Other issues include economic credentialing and struggling membership numbers.

CALL TO ACTION

Working together with the other specialty societies and the OSMA can prove extremely important for the success of all in the medical profession. As a component of our efforts to work together, we are going to survey our members (along with OSMA surveying their members) to collect credible quantitative and qualitative data on how the professional liability insurance crisis is jeopardizing patient access to quality care. Please watch your email or fax for this survey.

The next action step relates to the message that we send to those outside the profession. Access to care is an issue that is a result of many of the factors described above. This is a real concern and we need to bring this issue to our patients' level. It does us little good to express concerns about our malpractice insurance rates and how it impacts our pocket book when the perception of the public can be quite the opposite. However, it hits home when the surgeon has to close his/her office and leave the area due to excessive insurance premiums. We also need to talk about all of the patients that have nowhere to go for their treatments or surgeries. That sends a message that we have a real problem with our healthcare system. Our action item here is to make sure we all deliver the message that the issue of access to care is a patient issue.

SUPREME COURT RACES

The Supreme Court races are extremely important for this profession and the entire medical field and requires our focus for the next ten months. With retirements and terms ending, it is important to focus on three races - the seats for Chief Justice Moyer, Justice O'Donnell and the

retiring Justice Sweeney.

The OSMA is holding physician fundraisers and creating an awareness campaign addressing the issues impacted by your votes. Along with the OSMA, the Ohio Chapter will help this effort on all fronts by informing you of fundraisers in your area, securing locations for fundraisers, and providing awareness campaign literature for your distribution and education. We

strongly encourage you to educate your patients when appropriate on the importance of voting in general, and the significance of these races. Allow them to see how these Supreme Court seats directly impact the quality of their healthcare in Ohio.



IMPORTANCE OF YOUR MEMBERSHIP

We have approximately 1,000 members of the Ohio Chapter. We have another 1,000 potential members in the state. The Ohio Chapter wants to help you regarding your issues. We want to support the medical profession and its needs. However, the only way we can do this effectively is to get ALL 2.000 surgeons in the state to become members of the Ohio Chapter. We understand that times are tough and the pocketbook is getting tighter than ever before. That is precisely why it is so important for you to be a member of the Ohio Chapter and to encourage your colleagues to do the same. With dues at only \$175 (the price of a nice dinner for two), we would have membership revenue of \$350,000 to apply toward our efforts to get our message heard and issues resolved. Until then, we can only do the best with the limited resources that we have. So. I encourage you to allow us to get more involved in representing you at the state level, with the policy-makers and at meetings with other specialty societies and coalitions like this meeting at the OSMA. Allow us to use the full weight of your membership numbers in Ohio to resolve these matters. By renewing your membership now, encouraging others to join the Ohio Chapter, and/or committing to keep your membership with us during the tough times, we can help you.

Thank you for allowing Dr. Stark and me to attend this meeting. It is a privilege to represent the Ohio Chapter, American College of Surgeons at events such as this one.

Let us know what you think, email me at ocacs exec@ohiofacs.org.

Chapter News Pulse . Spring 2004 . 3

Cancer Committee Report

By V. Moysaenko, MD, FACS, Chair, Cancer Committee

FROM THE CHAIR

Please allow me to introduce myself as your new Cancer Chairman and as Chairman of the Ohio State Cancer Liaison Program. I am a Cancer Liaison Physician for Upper Valley Medical Center, a small hospital in Troy, Ohio, with approximately 120 acute care beds, accruing approximately 500 analytic cancer cases per year. I have been a Cancer Liaison Physician for 18 years. I am a general surgeon and have been in private practice since 1982 and in solo private practice since 1992. Dr. Michael Stark, who has been Chairman of the Ohio Chapter Cancer Committee and State Chairman of the Ohio Cancer Liaison Program, has been an effective leader and role model for the Ohio Cancer Liaison Program for the last six years. I will do my best to continue his excellent work.

In the summer 2003 issue of Pulse, Dr. Stark succinctly outlined the scope of cancer work done by the Ohio Chapter of the American College of Surgeons. I hope to periodically provide the Pulse updates on the Commission on Cancer, on the activities of the Ohio Chapter Cancer Committee within Ohio and the Ohio Division of American Cancer Society.

Over the last three months, I have tried to provide, via e-mail, the Cancer Liaison Physicians in Ohio with suggestions on compliance with the new role that the Cancer Liaison Physician will play in his/her Cancer program. If you have not been receiving these e-mails, please provide me and the Commission on Cancer with your current e-mail address. I am hoping to provide Ohio Cancer Liaison Physicians a resource that will help in the execution of their responsibilities. I am also hopeful that Ohio Cancer Liaison Physicians will be able to network and exchange ideas and information that will maintain the high standard of cancer care in Ohio. Please feel free to contact me for any reason at <code>vmoysaenko@hotmail.com</code>.

Please keep the following activities and dates in mind: Annual Meeting of Ohio Cancer Liaison Physicians: May 4, 2004 at 9:00 am -11:30 am, in Columbus, Ohio, at the Hyatt on Capital Square.

All Cancer Liaison Physicians should participate in the web conference program, "The Role of the Cancer Liaison Physician." The upcoming date for this conference is Tuesday, April 13, 2004 - 4:00 pm to 5:00 pm, CST.

The audience participation instructions have been provided in the COC "Flash" e-mailing. If you have not obtained the instructions, they are available on the American College of Surgeons website, www.facs.org, in the Commission on Cancer Department, Cancer Liaison Physicians Section.

CANCER INITIATIVES FOR 2004

At the Commission on Cancer (COC) meeting on October 20, 2003, in Chicago, the commission presented the following initiatives for this year:

The role of the cancer liaison physician has changed. Previously, it was diffuse and involved every aspect of the cancer program. Although the cancer liaison physician should still be a resource for the cancer committee regarding program standards, the new clearly defined role is focused on community outreach and cancer control. To help cancer liaison physicians understand their new role, the Commission on Cancer

is providing regularly scheduled web conferences, "The Role of the Cancer Liaison Physician."

The Facility Information Profile System, which is the result of a collaboration of the American College of Surgeons Commission on Cancer and the American Cancer Society, provides the public information about COC approved cancer programs. Cancer programs are not fully utilizing this resource as a means of getting information to the public about the extent of their services, areas of excellence and caseload. Cancer liaison physicians are being asked to encourage their cancer programs to fully utilize this resource.

The National Cancer Data Bank (NCDB) is requesting that all Commission on Cancer approved cancer programs regularly submit the requested data sets and that all programs screen and edit their data prior to submission. The NCDB data set is large and includes all categories of COC cancer programs. It has sufficient duration for meaningful survival analysis. It has state and regional breakdown. The cancer sites are AJCC staged. These virtues make it an ideal comparative resource when a cancer program is evaluating the outcomes of its cancer treatment. The NCDB data also contains breakouts by stage and treatment. This allows the data to be used for evaluating treatment patterns.

On the local scene, Ohio cancer control continues to be active:
Tobacco control efforts continue with the provision of grants from
Tobacco Use Prevention and Control Foundation to regional health
improvement agencies. Bans on tobacco use in college dormitories, public
places, medical facilities are being enacted. Smoking cessation and
adolescent smoking prevention programs are being developed.

The Ohio Chapter of the American College of Surgeons is represented on the Executive Committee of the Ohio Partners for Cancer Control (OPCC), a consortium of organizations that provide cancer care in the state. Under the leadership of Dr. N. Baird, Ohio Department of Health, and D. McClure, the American Cancer Society, the Ohio Cancer Plan was formulated. OPCC is now actively gathering cancer resource information. This information will be used to improve cancer prevention, detection and treatment. There is a special emphasis on providing adequate patient support, pain and symptom control.

The American Cancer Society, Ohio Division, and the Governor's Task Force on Compassionate Care have identified educational needs and resource needs for pain and symptom control in cancer patients. Additionally, it was felt that legislative guidelines defining the delivery of pain and symptom treatment were too restrictive. The Ohio Chapter of the American College of Surgeons is actively represented. These groups will work collaboratively in this arena.

In October 2003, the American Cancer Society, Ohio Division, hosted a meeting for cancer liaison physicians. Drs. Stark and Moysaenko presented information on the new role of the cancer liaison physician. The cancer liaison physicians present also had an opportunity to meet their regional cancer control officers of the American Cancer Society and to formulate community outreach for their institutions.

All the above areas are fertile grounds for cancer liaison physician input and participation.

Message (from page 1)

attracting physicians? When you come to Columbus, be prepared to tell your story and that of others and focus on the patients who come first in this issue. In the end, the people of Ohio lose in the current environment.

Is the state of Ohio going to help in any way? Come to the Annual Meeting this spring

and hear the state Department of Insurance director, Ann Womer Benjamin, present current strategies to help a floundering insurance system.

In addition, we will have a seminar on business related issues in the practice of surgery lead by Dr. Paul Taheri of the University

of Michigan. I invite you to bring your business manager or hospital administrator to the meeting, as much of the information will be useful to these important people with whom you work on a regular basis.

I look forward to seeing you in Columbus on May 4-5, 2004!

2004 Annual Meeting

We would like to personally invite you to attend the 2004 Ohio Chapter, American College of Surgeons Annual Meeting. This year's most anticipated event has moved to the Hyatt on Capitol Square in downtown Columbus. That's right, not only will you get to hear expert speakers and network with colleagues, but you will be literally right in the middle of Ohio legislative decision-making.

Let us tempt you just a little more. FREE BONUS - We will hold a Legislative Reception for elected officials on Tuesday evening after you have returned from visiting with your legislator. If that is not enough, how about sessions on The Business Aspects of Health System Management and an Ohio Oration discussing malpractice insurance, exhibitors and poster research presentations.

So interacting with colleagues is really why you want to come to the Annual Meeting? That is why we have given you ample time for it: full breakfast, lengthy lunch and breaks, legislative reception, etc. For those new to the Ohio Chapter Annual Meeting experience, we guarantee you will walk away with valuable information and contacts for future reference and utilization.

There really is something for everyone at this Annual Meeting - so see you there!

ADDED BENEFITS

- Time with Elected Officials
- "Nuts & Bolts" Focused Program
- Ohio Committee on Trauma Presentation

APPROACH

This Annual Meeting is designed to allow individuals like yourself to gather in an informal and relaxed atmosphere where you can share ideas and solutions with peers. This Annual Meeting will allow you to gain knowledge of the legislative process, influence key statewide legislative decision-makers and learn more about issues impacting the profession. The goal of our Annual Meeting is to provide you with pertinent, useful, timely information in a meeting format that respects your busy schedule.

WHO SHOULD ATTEND

Ohio Chapter Member Surgeons Ohio Chapter Non-Member Surgeons

Residents Initiates

Retired Members Administrators Physician Assistants

Registered Nurses Lead Office Staff Office Managers

Business Managers

Billing & Accounting Managers



Fourty-Ninth Annual Meeting . Columbus, Ohio

The Practitioner's Role in How Hospitals Work

SCHEDULE AT A GLANCE

Tuesday, May 4, 2004

9:00 am	-	5:30 pm	Registration
9:00 am	-	11:00 am	Committee Meetings
11:00 am	-	1:00 pm	Ohio Chapter Council Meeting
1:00 pm	-	7:00 pm	Exhibits/Posters Open
1:30 pm	-	3:00 pm	General Session
3:00 pm	-	5:30 pm	Legislative Visits at the Statehouse
5:30 pm	-	7:00 pm	Legislative Reception/Posters & Exhibits Open

Wednesday, May 5, 2004

7:00 am	-	3:00 pm	Registration
7:00 am	-	3:00 pm	Exhibits/Posters Open
7:00 am	-	8:30 am	Ohio Committee on Trauma
			Breakfast & Presentation
8:30 am	-	9:00 am	Ohio Chapter Business Meeting/Finalists'
			Poster Presentations
9:00 am	-	12:00 pm	The Business Aspects of Health
			System Management:
			The Practitioner's Role in How Hospitals Work
12:00 pm	-	1:00 pm	Ohio Oration & Lunch
1:00 pm	-	4:00 pm	The Business Aspects of Health
			System Management:

SPECIAL EVENTS

First Annual Legislative Reception

Tuesday, May 4, 2004 5:30 pm - 7:00 pm

Taking Action to the State House

Tuesday, May 4, 2004 3:00 pm - 5:30 pm

Ohio Committee on Trauma Breakfast

Wednesday, May 5, 2004 7:00 am - 8:30 am State of the Union: Ohio Trauma Care Trauma Reimbursement Update Resident Research Forum Trauma Paper

Business Meeting

Wednesday, May 5, 2004 8:30 am - 9:00 am

Ohio Oration

Wednesday, May 5, 2004 12:00 pm - 1:00 pm

Medical Liability Insurance in Ohio

The Director of the Ohio Department of Insurance (ODI) Ann Womer-Benjamin will provide Ohio Chapter members with an update on the current status of medical liability insurance in Ohio.

OHIO CHAPTER, ACS 2004 ANNUAL MEETING REG	gistration Form • May 4-5, 2004
	Please copy for your files. Please duplicate this form as needed
Name of Organization	
Primary Contact Person	
Mailing Address	
City	
State	
Zip Code	
Daytime Phone	
Fax Number	
Email Address	
Emergency Contact Name and Phone	
Participant Information	
Full Full	Second Participant
Name Profession/	Name Profession/
Position	Position
Spouse/ Guests	Spouse/ Guests
Dietary/ Special Needs	Dietary/ Special Needs
Please check the Events that you will be attending Tuesday, May 4, 2004 1:30 pm - 3:00 pm □ Advocacy Session 3:00 pm - 5:30 pm □ Statehouse Visits 5:30 pm - 7:00 pm □ Legislative Reception	Please check the Events that you will be attending Tuesday, May 4, 2004 1:30 pm - 3:00 pm
Wednesday, May 5, 2004 7:00 am - 8:30 am □ OCOT Breakfast 9:00 am - 4:00 pm □ Educational Sessions 12:00 pm □ Ohio Oration & Lunch Spouse/Guest Fee - \$55	Wednesday, May 5, 2004 7:00 am - 8:30 am □ OCOT Breakfast 9:00 am - 4:00 pm □ Educational Sessions 12:00 pm □ Ohio Oration & Lunch Spouse/Guest Fee - \$55
# of Guests Please provide your legislators' names if known	# of Guests Please provide your legislators' names if known
Registration Fees (Please check) Both Days	Registration Fees (Please check) Both Days
□ Member \$200 □ Non-Member \$300 □ Retired Member \$125 □ Initiates \$100 □ Residents FREE	□ Member \$200 □ Non-Member \$300 □ Retired Member \$125 □ Initiates \$100 □ Residents FREE
Wednesday Only ☐ Member \$100 ☐ Retired Member \$65 ☐ Nurses \$100 ☐ Physician Assistants \$100 ☐ Administrators \$100 ☐ Office Personnel \$100 ☐ Residents FREE	Wednesday Only ☐ Member \$100 ☐ Retired Member \$65 ☐ Nurses \$100 ☐ Physician Assistants \$100 ☐ Administrators \$100 ☐ Office Personnel \$100 ☐ Residents FREE

Third Participant	t		Registration Fees (PI Both Days			
Profession/ Position			☐ Member☐ Retired Member☐ Residents	\$200 \$125 FREE	□ Non-Member□ Initiates	\$300 \$100
Spouse/ Guests			_ Wednesday Only			
Dietary/ Special Needs			□ Member □ Nurses □ Administrators □ Residents	\$100 \$100 \$100 FREE	☐ Retired Member ☐ Physician Assista ☐ Office Personnel	\$65 ants \$100 \$100
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Wednesday, May 7:00 am - 9:00 am - 12:00 pm-	5, 2004 8:30 am 4:00 pm 1:00 pm	□ OCOT Breakfast□ Educational Sessions□ Ohio Oration & Lunch				
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Signature:						
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Online

Secured registration online at www.ohiofacs.org.

Fax

If you are paying for your registration with a credit card, fax the registration with payment information to (614) 221-2335.

Mail

Send your completed registration for with complete payment to:

OCACS Payment Processing Center P.O. Box 71-3055 Columbus, OH 43271-3055

Confirmations

All registrants will receive written confirmations/receipts of registration in the mail.

Advocacy Pulse . Spring 2004 . 7

Ohio Chapter Legislative Update

By Dan Jones, Legislative Agent

MEDICAL CLAIMS REVIEW PANEL LEGISLATION HOUSE BILL 215

State Representative Jean Schmidt (R-Loveland) has introduced legislation to create a medical claim review panel for medical malpractice claims in Ohio. House Bill 215 (HB 215) would create a system for all medical malpractice claims to be reviewed by a panel of medical experts prior to the claims going to trial. The goal of the process is to reduce the number of claims. By reducing the number of claims that actually go to trial, the bill would reduce the legal expense for physicians who must defend themselves from otherwise frivolous or unwarranted claims.

As introduced, the legislation calls for a panel of three medical experts: one appointed by the plaintiff, one appointed by the defense and a third mutually agreed-to member. The medical panel appointed to each case would hear the medical evidence surrounding the standard of care provided in the claim. The panel would make findings as to the medical care provided to the claimant. Regardless of the panel's finding, a claimant could still take the case to trial.

HB 215 is currently receiving strict scrutiny by the Association of Trial Lawyers, the Ohio State Bar Association. These groups have been meeting frequently with the Chairman of Insurance, Representative Geoffrey Smith, and his staff. The discussions have been moving away from utilizing a medical review panel prior to litigation toward some sort of case certification prior to litigation. These discussions have also included providing a "loser pay" provision meaning that the loser of the lawsuit would have to pay for the other parties court costs and attorney fees.

The Chairman's office has not finalized a draft on the new HB 215 language. However,

the Ohio Chapter is on the list to receive the new language immediately after it is drafted. We will continue to keep you apprised of any developments on this legislation.

Below is a link to the "as introduced" version of HB 215: http://www.legislature.state.oh.us/bills.cfm?ID =125_HB_215

STATE MEDICAL BOARD AND COSMETOLOGY BOARD TO REVIEW ROLE OF PHYSICIAN SUPERVISION OF ESTHETICIANS

The Ohio State Medical Board and the State Cosmetology Board will begin discussions of jurisdictional issues involving estheticians working in physician offices. The Ohio Chapter has been asked to comment on these discussions as it pertains to plastic surgeons and dermatologists who work with estheticians in their office that provide skin removal services to their patients. Estheticians, under their scope of practice, are limited in their skin removal techniques to the upper level of the derma. Complaints filed by salon owners allege that some physicians who have standing orders with estheticians to provide more advance skin removal techniques including microderm abrasion, chemical peals and light based medical devices should be licensed as salon operators. The issue will likely be decided as to what extent the physician provides personal visitation and orders treatment for the patient. Absent any personalized contact with the patient, the transaction is likely to be treated as a salon visit and subject to the Board of Cosmetology licensing requirements.

Any Ohio Chapter member who is interested in this issue and is willing to provide feedback during the public comment period is asked to contact the Executive Office, ocacs@ohiofacs.org.

PHYSICIAN IMMUNITY LEGISLATION BEING HEARD IN THE SENATE

Due to the overwhelming number of medical malpractice lawsuits in Ohio, Senator Ron Amstutz (R; Wooster) has introduced Senate Bill 124 (SB 124). Referred to as "physician immunity" legislation, SB 124 is billed as an effort to increase the number of doctors willing to provide free care to indigents. Specifically, the bill pertains to current immunity laws dealing with operations and childbirth. SB 124 allows minor procedures to be performed in designated settings as long as the operation does not require any of the following:

- (1) The administration of a general anesthetic;
- (2) The support of a surgical facility.

 Further, if the operation is a procedure that is not typically performed in an office, then such operation would not be covered by SB 124. Finally, SB 124 does not cover operations/ procedures performed by a physician if the operation is beyond the scope of practice of the physician.

Katie Clark, nurse coordinator for the Columbus Medical Association's Physicians Free Clinic, testified on February 18, 2004, stating she has seen many instances that called for immediate minor surgical intervention. She said the current immunity law does not cover an operation or delivery of a baby unless there is a medical emergency. "The treatment of an ingrown toenail often requires the removal of the nail and this procedure can be done safely at the clinic under the skillful hands of our volunteer physicians," Ms. Clark said.

As you know, under current law operative procedures can only be performed in a life-threatening situation. If passed, SB 124 would extend immunity to physicians performing non-life-threatening procedures under certain circumstances. SB 124 is a step in the right direction for volunteer physicians doing minor invasive procedures.

From The College

Dear Colleague:

The College is acutely aware and deeply concerned about the current difficulties facing surgeons, their practices, and their patients. If we are to best present your concerns to federal and state policy makers, we need your input. Thus, we are asking for a few minutes of your time to help us by completing an online survey.

Many surgeons have contacted us to say that the "hassle" factors associated with surgical practice, the medical liability insurance crisis, and continuing reductions in reimbursement for their services are causing them to change the way they practice-or even are driving them from surgical practice altogether. As a result, the College is concerned that our nation's aging population may soon be confronted with reduced access to important surgical services. Legislators in Washington, DC and in the states need to understand the cumulative impact that the current socioeconomic climate-and their own policy proposals-are likely to have on patient access to care. We cannot advocate for changes unless we have concrete examples of the challenges you face taking care of your patients in your communities.

We are asking that you or a member of your staff complete this confidential survey that will help us assess and inform your legislators about current trends that may be influencing patient access to surgical care. It is accessible through our website at http://www.facs.org/ahp/workforcesurvey/index.html. Under no circumstances will identifiable data about you or your practice be used. And, if you give us your e-mail address, we will be happy to provide you with a summary of our findings after they have been collected and summarized.

Thank you for your help.

Health Policy Steering Committee ACS Division of Advocacy and Health Policy



Ohio Chapter, American College of Surgeons **2004 Membership Application**January 1 – December 31, 2004

Telephone: (614) 221-9814 Toll Free: (877) 677-3227 Fax: (614) 221-2335

GENERAL INFORMATION (Please print or type)

Name:	Da	Date:		
Employer:				
Department (if applicable):				
Email:				
Work Address:				
City:	State:	Zip:		
Work Phone:	*Work Fax:			
Home Address:				
City:	State:	Zip:		
Home Phone:	*Home Fax:			
Preferred Mailing Address: ☐ Home ☐ Work				
Email preference: ☐ HTML ☐ Text Only				
*Fax and/or email may be used for member comm	unications.			
TYPE OF MEMBERSHIP				
□ \$175 Fellow - Must have met all of the require of the American College of Surg □ \$100 Associate Fellow - Must be recognized □ □ \$0 Candidate - Surgical residents and surge American College of Surgeor □ \$0 Retired- Must have been granted retired	eons. by the American College of eons in research or surgica ns requirements for particip	Surgeons as an Associate Fellow. I fellowship programs who meet the ation.		
	-			
METHOD OF PAYMENT (Taxpayer ID # for Voucher Use Only: 23-7039480	educate its members	The mission of the Ohio Chapter of the American College of Surgeons is a educate its members and the public about surgical care within the state Ohio, and to support the mission and goals of the American College Surgeons.		
☐ Check # enclosed (Make checks payable to OCACS.) ☐ Please charge my credit card. Circle one:	or other contributions to the Chapter are not ta ritable contributions for income tax purposes r, be tax deductible as ordinary and necessar extent not allocated to lobbying expenses. The that the non-deductible portion of your dues in			
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Ohio Chapter, American College of Surgeons **2004 Membership Application**

January 1 - December 31, 2004

Telephone: (614) 221-9814 Toll Free: (877) 677-3227 Fax: (614) 221-2335

Name:	
What is your gender?	
☐ Female ☐ Male	
What year were you born?	
If you are a Fellow, what year did you bec	ome a Fellow of the ACS?
If you are an Associate Fellow, what year	did you become an Associate Fellow of the ACS?
What is your primary practice type? (Plea	ase check only one.)
□ Solo Practice□ Group Practice□ Hospital-Based Practice□ Academic□ Other	
Which Ohio county corresponds with you	ır preferred address?
What is your primary practice specialty?	(Please check only one.)
□ Colo-Rectal □ Critical Care □ Emergency Medicine □ General Surgery □ General/Thoracic □ Gyn Oncology □ Gynecology □ Hand Surgery □ Humanitarian □ Medical Administrator □ Neurosurgency □ Non-Surgical □ Obstetrics	 □ Obstetrics & Gynecology □ Ophthalmology/Otolaryngology □ Ophthalmology □ Oral-Maxillofacial Surgery □ Orthopaedics □ Otorhinolaryngology □ Pediatric Surgery □ Plastic Surgery □ Surgical Oncology □ Thoracic Surgery □ Transplantation □ Urology □ Vascular
/hat is the primary geographic area of you	r practice? (Please check only one.)
☐ Urban ☐ Rural	