

KANSAS BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR



KATHLEEN SEBELIUS
GOVERNOR

February, 2006

OFFICE- BASED SURGERY SURVEY

The Kansas Board of Healing Arts is implementing new regulations regarding office-based surgery performed in Kansas. More information about these regulations may be found at our website, www.ksbha.org. (Click on Rules and Regulations, see 100-25 Office Requirements.) We are interested in the kinds of surgery you perform outside of a hospital or licensed ambulatory surgery center. Please answer the questions that follow and return the survey within 14 days of receipt. Your participation is greatly appreciated.

1. Do you have an *ACTIVE* or *EXEMPT* Kansas license to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery? YES _____
NO _____.
2. Do you have a *PRACTICE LOCATION* in Kansas that is not a medical care facility? (A medical care facility is a hospital or state-licensed ambulatory surgery center.) YES _____
NO _____.

IF YOU ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2 ABOVE, YOU MAY STOP AND MAIL THIS SURVEY BACK TO US. OTHERWISE, PLEASE CONTINUE.

The following questions relate **only** to your practice location that is *not a medical care facility*:

3. Do you perform any minor surgery, which means surgery that is not expected to have any complications and can safely and comfortably be performed with no anesthesia or with only local or topical anesthesia? YES _____ NO _____.

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Addressee

4. Do you perform any office-based surgery, which means surgery that requires any anesthesia, parenteral analgesia, or sedation and that is performed by or upon the order of a physician in an office? (This does not include minor surgery). YES _____ NO _____.
5. Do you use sedation, which means your patient has a depressed level of consciousness but can still maintain on their own adequate cardiorespiratory functioning, an airway, a regular breathing pattern, protective reflexes and respond to commands? YES _____ NO _____.
6. Do you perform any special procedures, which means a patient service with any potential painful contact for the purpose of diagnosis or therapy that requires any anesthesia to prevent or reduce pain? (For example endoscopy, invasive radiology, manipulation under anesthesia, and pain management when performed using more than local anesthesia.) YES _____ NO _____.
7. Do you perform any surgery, which means a manual or operative method that involves any alteration of tissue by any means, including by use of lasers, for the purpose of preserving health, diagnosing or treating disease, repairing injury, correcting deformity or defects, prolonging life, terminating pregnancy, relieving suffering, or for aesthetic, reconstructive, or cosmetic purposes? YES _____ NO _____.

Thank you for your responses. If you have any questions, please call or e-mail Lawrence T. Buening, Jr., Executive Director, Kansas Board of Healing Arts, at 785-296-7413, or lbuening@ink.org.

Please mail your completed survey in the enclosed, self-addressed envelope to:

**Kansas Board of Healing Arts
Attn: Survey
235 S.W. Topeka Blvd.
Topeka, KS 66603-3068**