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# Leadership conference prepares surgeons for the future

by Diane S. Schneidman, Manager, Special Projects, Communications

The American College of Surgeons presented the 2008 Leadership Conference for Young Surgeons and Chapter Leaders immediately before the Joint Surgical Advocacy Conference described in the article that begins on page 26. Approximately 100 ACS chapter officers, council members, executives, and young surgeon representatives participated in this event, which took place March 9 at the Doubletree Hotel in Washington, DC.

## **What is leadership?**

ACS Executive Director Thomas R. Russell, MD, FACS, delivered the keynote address. His presentation on leadership was largely improvised and, in his words, “from the heart,” having been called upon at the 11th hour to substitute for Wiley “Chip” Souba, MD, ScD, FACS, who was snowbound in Columbus, OH.

According to Dr. Russell, “Leadership boils down to one thing—the ability to resolve conflict.” Some conflicts involve individuals; others emanate from environmental and cultural changes. More specifically, Dr. Russell noted, some surgeons oppose the transformations that are occurring in health care and are devoted to protecting the past, whereas others believe it’s time to “figure out where we’re going and how surgeons are going to fit into this very complex

system.”

Today’s surgical leaders need to lead a cultural change that will help to overturn the public’s negative view of the profession. “Surgeons are thought of as ‘hardly ever right but never in doubt.’ We need to shed that reputation,” Dr. Russell added.

In addition, Dr. Russell said, surgeons need to lead by example and “walk the talk.” They should be supportive, truthful, forward-thinking, competent, worthy of respect, and inspired. Referencing Jim Collins, author of several books on leadership in American business, Dr. Russell said that leaders should behave as follows:

- Do the right thing at the right time and for the right reasons
- Demonstrate will and humility
- Out-listen the other people in the room
- Perform more like plow horses than show horses
- Be kind
- Don’t talk about people behind their backs
- Give credit graciously and generously
- Celebrate other people’s successes
- Never do anything today that they would not want to see on the front page of the paper tomorrow

On the other side of the spectrum are “toxic leaders [who]

inebriate their followers” and use their power to destroy, Dr. Russell said. “Today, the temptation is to use the power of medicine for personal reasons,” he added. “Be careful of doctors in white who are following the green.”

In addition to providing his insights, Dr. Russell presented some of the concepts that Dr. Souba had intended to discuss. According to Dr. Souba, “A leader motivates and empowers.” Behaviors that have the opposite effect—that inhibit individuals’ creativity and ability to perform—are disrespect, keeping hidden agendas, unwillingness to compromise, and hostility.

Dr. Souba also believes that today’s leaders need to promote collective thinking, confront reality, “embrace the heat,” and define and create a healthy culture.

The topic of leadership was explored further during a panel discussion for young surgeons moderated by Mark Savarise, MD, FACS, Vice-Chair, ACS Committee on Young Surgeons. John H. Armstrong, MD, FACS, and Chad A. Rubin, MD, FACS, explained how their volunteer experiences have enabled them to become significant players and leaders in health policy. Drs. Armstrong and Rubin both represent the College in the American Medical Association’s

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House of Delegates. In addition, Dr. Rubin serves on the ACS General Surgery Coding and Reimbursement Committee and is President-Elect of the South Carolina Chapter.

### **Strategic planning**

John T. Preskitt, Sr., MD, FACS, an ACS Regent, led a session on strategic planning for chapter leaders and executives. Dr. Preskitt said that vibrant chapters have sustainable leadership, a supportive administrative structure, enthusiastic member involvement, and worthwhile member services. Chapters can cultivate these attributes through strategic planning, which Dr. Preskitt defined as “a systematic process through which an organization agrees on and builds commitment among key stakeholders to priorities that are essential to its mission and responsive to the environment.”

“It is not a prediction of the future. It is not a substitute for judgment. And it is definitely not smooth and linear,” Dr. Preskitt added.

Strategic planning, Dr. Preskitt said, occurs in the following seven stages:

- Working with leadership to decide whether this is an activity that the chapter needs and is ready to do
  - Defining and articulating the organization’s mission, vision, and values
  - Assessing the internal and external environment in which the chapter operates
    - Setting goals and priorities
    - Writing and reviewing the plan

- Implementing the plan
- Continuously evaluating and monitoring the strategic plan and its effectiveness

“Strategic planning is a process for visionary leaders. You are the visionaries of the future and of today,” Dr. Preskitt concluded.

Bruce J. Waring, MD, FACS, Governor of the College’s Colorado Chapter, explained how that organization developed a needs assessment survey in 2007 to guide its strategic planning efforts. Spurring the decision to conduct the study was the fact that only 5 percent of the group’s members were attending its annual meeting. “We needed to determine a course of action for the future of our chapter,” Dr. Waring said.

The survey was sent statewide to all members, and chapter leaders participated in regional face-to-face interviews, Dr. Waring said. The study results indicated that Colorado Chapter members wanted the organization to be more involved in payment/insurance issues, surgical advocacy, medical liability reform, political action, the provision of services aimed at practice viability and sustainability, and patient advocacy.

Furthermore, the survey revealed that only 40 percent of the Colorado Chapter members believe that presenting an annual meeting is the best use of the organization’s time and resources, given that they can get continuing medical education credits elsewhere. In light of these findings, the chapter decided to become

more responsive to socioeconomic issues and to serve as the political advocate for surgeons and patients in the state, Dr. Waring said

Kevin Lally, MD, FACS, Governor and Past-President of the South Texas Chapter, said that, by 2005, “We had become the worst chapter of the ACS.” The same individual had served as Secretary of the South Texas Chapter for many years and did not have a system for managing the organization’s accounts. Indeed, the chapter was operating without a budget or membership database. Hence, when the organization undertook strategic planning later that year, “Our goal was to not be the worst chapter in the country,” Dr. Lally said.

To initiate this effort, the South Texas Chapter called upon Dr. Preskitt to serve as a facilitator and to lead a preparatory session. The chapter also examined its strengths and weaknesses and developed a mission statement. Since then, the pieces are starting to fall into place and the chapter is making better use of its assets, including the large number of ACS members, training programs, and academic faculty in the area, Dr. Lally said.

### **Advocacy**

Linda M. Barney, MD, FACS, President of the Ohio Chapter, said that the organization’s 2000 mission statement indicated that one of its key purposes was to “be an advocate for its members and the patients they serve.” Hence, she said, the Ohio Chapter set out

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to increase its ability to shape policy, influence the legislative process, and gain access to decision makers.

The chapter developed a one- to two-year timeline for enhancing its political presence. The first step was retaining a lobbyist. Next, the chapter updated its Web site to include public policy information, a member chat room, and patient information on how policy affects access to care.

Key components of the Ohio Chapter's advocacy improvement process included developing a cadre of dedicated physician volunteers, a support staff, funding, and a communications platform, Dr. Barney said. The chapter also created a grassroots action plan, which involved building relationships with legislators, identifying key decision makers, developing connections with the Ohio insurance director's office, and contributing to campaigns.

In addition, John Kilkenny, MD, FACS, Chair of the Legislation Committee for the ACS Florida Chapter, presented what he called "Some Thoughts from the Land of the Hanging Chad." According to Dr. Kilkenny the elements of successful advocacy include the following:

- Identifying movers and shakers
- Building coalitions
- Knowing the facts about the issue
- Understanding the opposition
- Obtaining evidence to refute negative responses
- Finding a champion for the cause

- Being aware of the obstacles

- Getting a foot in the door and continuing to come back

- Knowing when to compromise

- Setting reasonable timeframes

In addition, Dr. Kilkenny emphasized the importance of mobilizing and motivating individuals to take action and reinforced the message that "advocating is good medicine."

Melinda Baker, State Affairs Associate, ACS Division of Advocacy and Health Policy, noted that the College offers a number of services to help chapters become more involved in the legislative process. For example, through the Surgery State Legislative Action Center, individuals send letters to their state lawmakers. The College's state affairs staff also coordinates a State Advocacy Representative (StAR) program. StARs participate in occasional conference calls to exchange information with the College and other members of the program, Ms. Baker noted.

### ***Young surgeon sessions***

Meanwhile, the young surgeon attendees had the option of attending two other presentations. Bruce Harms, MD, FACS, professor of surgery at the University of Wisconsin-Madison, spoke on personal wellness as a foundation for leadership and successful surgical practice. Peter Muscarella, MD, FACS, a member of the ACS Committee on Young Surgeons, moderated.

Dr. Harms' presentation was followed by a panel presentation on the Health Policy Scholarship program, which Patricia Turner, MD, FACS, a member of the Committee on Young Surgeons, moderated. Two recent recipients of ACS Health Policy Scholarships—Frederick A. Boop, MD, FACS, and Richard Freeman, MD, FACS—reported on their experiences and advised young surgeons about the best routes for engaging in health policy.

### ***Leading policy issues***

The leadership conference also included a review of current health policy issues. Perry Shen, MD, FACS, Chair of the Committee on Young Surgeons, moderated the panel discussion.

According to Dr. Russell, some of the most significant issues affecting surgery are expanding access to care, reforming the Medicare payment system, developing quality measures, and the expanding scope of practice for nonsurgically trained health professionals.

The College supports the idea of ensuring that all patients have access to care and has issued a statement on the matter (ST-45, Statement on Universal Health Care). Noting that the government already pays for approximately 50 percent of the health services delivered in this nation Dr. Russell said, "We don't need to spend more money, but we do need to figure out how to redistribute the money."

With regard to Medicare physician payment reform,

the College has advocated for eliminating the sustainable growth rate (SGR) from the formula used to calculate reimbursement updates, Dr. Russell said. The College is calling for replacing the SGR with six separate spending targets for categories of services. Provisions that would establish this new methodology were included in the Children's Health and Medicare Protection Act, which the House of Representatives passed last year. The Senate version, however, omitted the Medicare payment provisions. The College and its allies intend to continue calling upon Congress to pass these reforms, Dr. Russell said, adding, "It's not going to be done by the ACS alone."

In addition, the surgical community must devise measures for assessing quality of care, he said. The College has been attempting to examine surgical outcomes through the ACS National Surgical Quality Improvement Program and is in the process of making this instrument more usable and meaningful for smaller hospitals, Dr. Russell noted.

Furthermore, the College has established a Health Policy and Research Institute, which will enable the organization to analyze and disseminate information about a range of quality-related subjects. The ACS' efforts to generate a fair and reasonable payment system and to assess quality are designed to ensure that "surgeons are doing surgery" now and in the years to come, Dr. Russell said.

"The good news is that Con-

gress knows the [Medicare payment] system is broken," said Cindy Brown, then-Director of the ACS Division of Advocacy and Health Policy. But to achieve meaningful reform, "We're going to have to gore a lot of oxen," she said.

The purpose of establishing the separate categories is to isolate areas that experienced flat spending growth, such as major operative services, Ms. Brown explained. Under the existing fee schedule, Medicare has "borrowed from docs to pay docs," she said.

Sustaining the financial viability of the Medicare program is of utmost importance to Congress at this time. However, the Administration is making it difficult to find reasonable solutions. "The current President will veto anything that cuts Medicare Advantage," Ms. Brown noted.

In addition, she said, sur-

geons are becoming increasingly politically energized. For example, last year 3,000 surgeons called the Senate to urge their legislators to pass Medicare payment reforms. This was the largest grassroots effort the College has initiated.

The College also intends to address the surgical workforce issue before it develops into a crisis. Indeed, growing concerns about this problem have inspired the ACS Health Policy and Research Institute to make this subject its first priority. "The canary in the coal mine" is emergency care, Ms. Brown said. "People are not taking emergency call."

The program concluded with Ms. Baker giving an overview of state legislative activities—noting that the College is tracking 120 new bills this year—and an open forum with Dr. Russell.

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