



ACS Health Policy Steering Committee *sets the course for surgery*

by

Cynthia A. Brown, Director,
Division of Advocacy and Health Policy,

and

Josef E. Fischer, MD, FACS,
Boston, MA

As various entities that affect surgical practice continue to expand and extend their influence in new and intrusive ways, the College, like other national health care organizations, has sometimes struggled to keep pace. As a result, the College's limited resources often have been consumed by efforts aimed at solving the problems created by others. Such reactive posturing has been a source of frustration to the Fellowship, as well as to College leaders and staff, because it has interfered with our ability to generate and pursue new ideas of our own that stand to benefit the surgical profession and its patients.

Purposes

The Health Policy Steering Committee was created by the Board of Regents to help address this situation. As a resource to the Division of Advocacy and Health Policy, the panel's work complements efforts that have long been conducted by the Patient Safety and Professional Liability Committee and the General Surgery Coding and Reimbursement Committee.

The Board of Regents approved a plan to establish the Health Policy Steering Committee in January 2001 to help identify, prioritize, and develop action plans for public policy issues affecting surgeons and their practices. In more practical terms, the committee provides the College with a formal structure to:

- Analyze emerging socioeconomic trends and develop policies and proposals to either capitalize on those circumstances or mitigate problems in a proactive way.
- Sort through and prioritize the many issues that compete for a share of the College's financial and staff resources.
- Serve as a stable of individuals with diverse talents who can be called upon as a "rapid response team" when guidance is needed on new proposals that are on the legislative or regulatory "fast track."

Strength in diversity

The committee is composed of a diverse group of surgeons who are broadly representative in terms of specialty, geography, and practice type.

This diversity, combined with the members' policy expertise, allows us to consider issues that pertain generally to the surgical profession and to surgical patients. (See table, p. 17, for list of members.) The advantages of this approach go beyond developing appropriate responses to far-reaching and rather obvious issues of concern, such as cuts in Medicare reimbursement and patient access to specialty care. For example, it is not unusual for new and troublesome developments to affect one specialty before spreading to others. Such issues may be raised by a representative of the affected specialty and assessed by the entire group so that an appropriate response may be developed before the situations get out of hand. Further, the committee's heterogeneity helps the College put into practice a theme that is emphasized frequently by the leadership and by Executive Director Thomas R. Russell, MD, FACS—that the College is an all-inclusive organization engaged in matters that are important to all surgical specialties, as well as to general surgery.

Work groups

To further develop the expertise of its membership so that more thoughtful and innovative policies may be developed, the committee itself divided into five work groups that meet frequently by telephone conference call. These groups address the following topics: (1) health system reform; (2) physician reimbursement; (3) quality and safety; (4) surgical workforce; and (5) regulatory reform.

Currently, the *health system reform work group* (composed of Drs. Fischer, Eddy, McAninch, Miller, and Oblath) is reviewing the complexities of the nation's health care delivery and financing mechanisms and creating a vision for how the system might ultimately be improved. Essentially, the members of this panel seek an answer to the question, "What do we want the health care system of the future to look like?" In the process, the group is identifying the incremental policy steps that may lead us toward the goal of a rational and equitable system. While the proposal is a work in progress that must ultimately be reviewed by the Regents, some general principles that now guide the group's deliberations include the following:

- The money and resources currently in the system are probably adequate to meet our population's health care *needs*, if not all its *wants*.

- Money that is now being wasted or diverted to the extraordinarily high profits of some payors and industries could be put to good use in providing necessary health care services. Reliance on evidence-based medicine to make benefit and coverage decisions is one of the central components of an efficient and equitable health care system. Medical liability reform is another essential component.

- The notion of individual responsibility for health care choices and health care financing must be incorporated into the system.

The *quality and safety work group* (comprising Drs. McGinnis, Browner, Gardner, Mathes, Miller, Muraszko, Rodgers, and Schild) has been reviewing and providing input into the many quality measurement, reporting, and improvement efforts under way in the public and private sectors. Private sector groups involved in quality assessment include the Leapfrog Group, the National Quality Forum, and others, while federal agencies include the Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality. The work group is coordinating its efforts with the College's Division of Research and Optimal Patient Care. More recently, the group began working with the *reimbursement work group* (composed of Drs. Opelka, Gardner, Oblath, and Rodgers) to assess various "pay for performance" options that are being proposed by policymakers in all these arenas.

Patient access to care is a central theme in many of the College's advocacy efforts, and the *surgical workforce work group* (Oblath, Browner, Gardner, Opelka, and Warshaw) is examining the issue from the perspective of how current socioeconomic trends are affecting the demand for and supply of surgeons and the consequences for patient access to care. And, finally, the *regulatory reform work group* (Drs. Warshaw, Browner, and Eddy) is charged with helping the Washington Office assess the burdens imposed on surgeons and their patients due to regulations, such as the Emergency Medical Treatment and Active Labor Act.

Health Policy Steering Committee Roster

CHAIR: Josef E. Fischer, MD, FACS, *Boston, MA*
General surgery

VICE-CHAIR: LaMar McGinnis, Jr., MD, FACS,
Atlanta, GA
General surgery

L.D. Britt, MD, FACS, *Norfolk, VA*
General surgery

Bruce Browner, MD, FACS, *Farmington, CT*
Orthopaedic surgery

A. Craig Eddy, MD, JD, FACS, *Missoula, MT*
General surgery

Timothy J. Gardner, MD, FACS, *Philadelphia, PA*
Thoracic surgery

Stephen Mathes, MD, FACS, *San Francisco, CA*
Plastic surgery

Jack McAninch, MD, FACS, *San Francisco, CA*
Urology

Robert Miller, MD, FACS, *New Orleans, LA*
Otolaryngology

Karin Muraszko, MD, FACS, *Ann Arbor, MI*
Neurosurgery

Robert Oblath, MD, FACS, *Encino, CA*
Vascular surgery

Frank Opelka, MD, FACS, *Boston, MA*
Colon and rectal surgery

William Rich III, MD, FACS, *Falls Church, VA*
Ophthalmic surgery

Bradley Rodgers, MD, FACS, *Charlottesville, VA*
Pediatric surgery

A. Frederick Schild, MD, FACS, *Miami, FL*
General surgery

Andrew Warshaw, MD, FACS, *Boston, MA*
General surgery

EX-OFFICIO:
James S. Allan, MD, FACS, *Cambridge, MA*


Other activities

In addition to these ongoing efforts, the committee has brought forth a number of recommendations that the Board of Regents has approved and that have had a significant effect on the way the College conducts its advocacy programs. For example, subsequent to a recommendation made by the committee, the College's efforts in state advocacy were expanded considerably, with the addition of staff and implementation of a Web-based advocacy tool sponsored jointly with more than a dozen surgical specialty societies. The College also has joined the National Quality Forum and is participating actively in reviewing its attempts to develop quality measurement tools.

Further, the Regents themselves have come to rely on the committee as a sounding board for major policy proposals that come before the College. When the Board of Governors recommended that the necessary steps be taken to establish a political action committee to promote the profession's interests, the Regents referred the issue to the committee. Based on the committee's positive recommendation, the American College of Surgeons Professional Association (ACSPA) was formed about a year later and that affiliate was able, in turn, to take a significant step toward establishing a stronger presence for surgery in Washington by forming the ACSPA-SurgeonsPAC.

Finally, another goal of the committee is to foster greater interest and involvement in policy development among the Fellowship, particularly among younger surgeons. Last year, the College and the Society of Thoracic Surgeons jointly sponsored a scholarship program to enable one young surgeon each year to attend an intensive health care policy program that is administered by Harvard's Kennedy School of Government. The first recipient of this award, James Allen, MD, FACS, completed the program this year and was appointed to a one-year *ex officio* term on the Health Policy Steering Committee. Future scholarship winners will be given the same opportunity. In addition, this October, the College's Committee on Young Surgeons will appoint its first young surgeon liaison member to the panel.

The Health Policy Steering Committee is a di-

verse, dynamic, and committed group. The members truly seem to enjoy their role in helping to shape the College's involvement in policymaking and advocacy. The committee welcomes ideas from the Fellows about issues to address or proposals to develop. Written correspondence should be directed to the Washington Office at 1640 Wisconsin Avenue, NW, Washington, DC 20007, or by e-mail to ahp@facs.org. 

Dr. Fischer is chairman, department of surgery, and Mallinckrodt Professor of Surgery, Beth Israel Deaconess Medical Center, Boston, MA. He is a member of the College's Board of Regents and Chair, Health Policy Steering Committee.

