

# From my perspective

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In this column, I generally write about the pressing issues that affect us as we attempt to practice our profession and take care of our surgical patients. Some of the topics that I have addressed include reimbursement and the Medicare fee schedule, the medical professional liability crisis, and the burdens associated with regulatory acts and agencies. The College, independently and as a member of several coalitions of surgical and medical organizations, works persistently to address these issues and to create meaningful change. As frustrating and futile as these efforts may seem at times, they are important in ensuring that we have a seat at the table when policymakers deliberate over these matters, which significantly affect all surgeons and their patients.

Payment, malpractice insurance, regulatory hassles, and other modern-day “challenges” are ongoing, specific problems that affect each of us as we work to deliver the best care for our patients. Hence, the College will continue to address these concerns with devotion and diligence.

## *Facing the future*

While these types of immediate problems demand a great deal of attention, all of us need to be cognizant of the broader issues that will become increasingly relevant as the health care system transforms. Thus, we need to focus not only on the issues that affect us today, but on what is likely to play out in the future.

The next generation of surgical care will very likely emphasize quality care and the reduction of errors through improved patient safety. Hence, as we move into the future, the question we need to be thinking about is this: What types of skills and knowledge will competitive surgeons need to possess in the coming years, and what can surgical organizations like the College do to help prepare them for impending changes?

The shifting emphasis toward quality of care concerns has arisen largely in response to increased scrutiny of errors in medicine and in our hospitals. Fueling this reaction was the Institute of Medicine report, *To Err Is Human: Building a Safer Health System*, which indicated that tens of thousands of deaths occur each year in hospitals due to medical error.



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## *Outcomes analysis*

For many years, we’ve been hearing about plans to analyze outcomes, to use the data drawn from these evaluations to determine which procedures and medical interventions are effective, and to issue report cards for physicians and other providers. There now seems to be increased movement in this area. For example, the federal government, through the Centers for Medicare & Medicaid Services, has endorsed the concept of developing a reporting system to evaluate medical institutions and, eventually, physicians. The government’s first venture into this arena centers on the evaluation of nursing homes and is being promoted through national television.

In the private sector, confederations like the Leapfrog Group have started looking at outcomes and, as a result, are directing their subscribers to high-volume institutions and facilities that meet certain criteria, such as having an intensivist on staff in the ICU. Unfortunately, these types of efforts are based on weak outcomes data and inad-

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equate analysis of all the systems that are involved in the delivery of care. To help ensure that outcomes analysis is conducted in a sound way, I believe that the College needs to make a long-term commitment to assessing the effectiveness of surgical procedures and providers.

As outcomes analysis becomes a more integral part of our health care delivery system, surgeons will need to become more involved in the concept of practice-based learning. Moreover, the evaluation of one's own outcomes is going to be a significant component of improving quality. Surgeons will need to work from a qualitative perspective and be able to prove to their patients and other interested parties that they offer beneficial care. Conceptually, moving ahead in this area is simply an extension of continuing one's medical education and ongoing professional development. It's about confronting and responding to problems within one's own practice.

#### *College's assistance*

The College wants to assist in every possible way as the concept of practice-based learning continues to evolve. As many of you know, we have formed a partnership with the National Surgical Quality Improvement Program (NSQIP), which takes the knowledge attained through the Veterans Administration's quality assessment program and applies it to the private sector. More specifically, NSQIP looks at surgical outcomes in a risk-adjusted way and determines outcomes based on an observed-to-expected ratio.

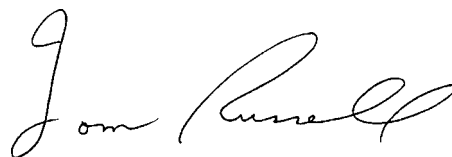
In addition, we have two databases at the College—the National Cancer Data Base and the National Trauma Data Bank™—which will hopefully generate the information we need to gain further insight into best outcomes and best practices in these two important areas.

Finally, we are expanding our efforts to conduct clinical trials that are aimed at eliminating some of the uncertainty with regard to cancer treatments that are most effective. In 1998, we launched the American College of Surgeons Oncology Group (ACOSOG), which administers clinical trials in cancer care.

Currently, ACOSOG has 13 open trials, and more than 3,000 health care professionals—including surgeons, medical oncologists, pathologists, radiation oncologists, nurses, and others—participate

in the program. ACOSOG offers a marvelous opportunity for surgeons of various backgrounds (academic and community-based) to enter patients in trials that will yield evidence with respect to what constitutes best practices in oncology. The College envisions an expansion of activity in this arena to include clinical trials in other areas, such as trauma.

Many of the projects mentioned in this column are clearly long-range in nature. Their ultimate objective will be to produce a better health care system—one that is safer for our patients and that applies the best scientific evidence available to medical decision making. There is no question that the science of medicine and surgery is evolving markedly. We believe that these efforts will allow surgeons not only to keep abreast of, but to be ahead of, the curve regarding such changes.



*Thomas R. Russell, MD, FACS*

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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at [fmp@facs.org](mailto:fmp@facs.org).