

Report of the Chair of the Board of Governors

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It has been my pleasure to have served as Chair of the Board of Governors for the past two years. In this report, I would like to make some general comments regarding the new direction in which the College and the Board of Governors are headed. I also will address the concerns that the Governors raised in 2002 and the College's response. Finally, I will discuss the issues that Governors indicated were of concern as of the middle of October 2003.

New direction

In the past, the Governors sought the establishment of a political action committee (PAC) that would allow surgeons to have more influence on legislative activity in Washington. The College responded vigorously to this proposal in 2002, founding a 501(c)6 organization called the American College of Surgeons Professional Association (ACSPA). The first task that ACSPA accomplished was the establishment of the ACSPA SurgeonsPAC, chaired by Andrew L. Warshaw, MD, FACS.

The College has been addressing the Governors' concerns regarding socioeconomic issues in a number of other ways as well. For example, I think that including a session highlighting all the work that the College is carrying out with regard to health policy issues at this year's Clinical Congress demonstrated how the organization is using different approaches to resolve our concerns. The program, *It Is Not Your Father's Oldsmobile: It Is Your College*, was moderated by Josef E. Fischer, MD, FACS, Chair of the ACS Health Policy Steering Committee. Someone even described the inclusion of this session as an "epiphany."

Other changes in the Clinical Congress program are noteworthy. For example, I think that moving the Convocation to Sunday night, under the leadership of Edward Copeland III, MD, FACS, incoming Chair of the Board of Regents, and Thomas Russell, MD, FACS, ACS Executive Director, was a substantial move in the right direction.

The Board of Governors also has implemented some structural modifications that I believe will allow this body to function more efficiently and effectively. Specifically, we have consolidated some of the Board's committees, so now there are six instead of eight. Each of these committees has a reworked mission statement and has identified goals and objectives.

Additionally, I thought it was important that we develop a subcommittee structure that would allow the Board and its committees to receive input from Governors who may not be assigned to a specific committee and from surgeons who are not Governors. This system increases the number of people involved in the actual governance of this organization.

Chapter activities are of particular interest to myself and the other Governors, including the evaluation of what chapters do and how they do it. The Committee on Chapter Activities is chaired by Lester Wayne Johnson, MD, FACS. We are considering the development of report cards for the chapters, and Rhonda Peebles, ACS Manager of Chapter Services, is working on that effort. In other chapter business, the College has established a speakers bureau, which the chapters may tap into when they need guest lecturers for their meetings. Furthermore, I believe that the Committee on Chapter Activities should work to improve grassroots advocacy efforts at the state level, because this is where we can have a major impact.

Concerns and responses

So, how did the College respond to our concerns of last year? I am pleased to say the College did quite well. The issues of greatest concern to the Governors were physician reimbursement, Medicare reform, and funding for trauma systems.

The College actively supported provisions in the House version of the Medicare prescription drug bill, which was passed by Congress in November. This legislation would stop the anticipated 4.4 per-

cent cut in reimbursement for services provided under the Medicare physicians fee schedule and, in fact, result in a 1.6 percent increase in payment.

The College also asked Congress for continued appropriations to finance the trauma care systems and planning initiative.

Additionally, the College actively supported medical liability reform and continues to work in that arena. A member of the College's Washington Office staff chairs a coalition of 75 organizations gathered together to achieve liability reform. Postgraduate courses on professional liability issues were common at this year's Clinical Congress, and the College has provided new tools to assist surgeons in their communications with the public and legislators about medical liability reform.

In terms of graduate medical education, the College continued its efforts to help academic medical centers implement the new restrictions on resident work hours and to demonstrate to federal policymakers that we are handling this issue. We do not want the federal government to mandate resident work hours. We need to take care of that issue within the house of surgery.

The College also remains committed to safeguarding funding for graduate medical education programs, achieving health system reform, and working with government agencies on credentialing procedures and processes. In addition, the College also has actively participated in efforts to improve the quality of surgical care.

This year's report

Another change that the Board of Governors made in the past few years pertains to the submission of the Governors' reports. We consolidated some of the topics, decreasing the number of subjects considered from about 50 to 17. Additionally, this year the reports were submitted in an electronic format. About 75 percent of the Governors submitted their reports this year, a 7 percent increase from the number of responses we received last year, and it is only the second year that we have used this mode of reporting. The benchmark for the number of Governors is about 88 percent. We are shooting for that same response rate.


This year's report shows that professional liability is now the Governors' number one concern. Remember, physician reimbursement was their number one concern last year, but it has moved

down the scale. The Governors further report that the liability situation is getting much worse and is an issue of much greater concern.

Tort reform was second on the list of Governors' concerns, with 92 percent giving it great weight, a significant increase from last year.

Physician reimbursement has dropped to third on the list of the Governors' primary concerns. Nonetheless, it continued to be of grave concern to the Governors, and 69 percent said it was worse in 2003.

Finishing fourth on the Governors' rankings was an issue of particular interest to me—graduate medical education. Eighty-four percent of the Governors thought it was a very important issue and that the situation was worsening.

With that comment, I would like to close this report and to thank the American College of Surgeons for the privilege and the honor of having served as Chair of the Board of Governors. 

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