

ACS Leadership Conference spotlights legislative and quality issues

by Diane S. Schneidman, Manager, Special Projects

The ACS Leadership Conference for Chapter Leaders and Young Surgeons took place June 11–13 in Washington, DC. Highlights of the program, coordinated by the College's Division of Advocacy and Health Policy and Division of Member Services, included presentations by political analysts and physician members of the U.S. House of Representatives. Surgeon conferees also had opportunities to meet with their legislators and congressional staff. Approximately 150 individuals attended the meeting, including surgeons, residents, speakers, and College staff.

General sessions

Kicking off the program was a day of concurrent sessions for chapter leaders/administrators and for young surgeons, which focused largely on their daily needs as organizations and surgeons. For example, chapter leaders/administrators participated in sessions on young surgeon membership needs and expectations and on the ACS National Surgical Quality Improvement Program (NSQIP).

Paul Pomerantz, executive vice-president of the American Society of Plastic Surgery (ASPS), explained how that organization used market research to launch a series of initiatives to attract, retain,

and engage young members. In addition, Mr. Pomerantz led a discussion on generational differences and how organizations can serve surgeons at each stage of their careers.

In addition, Kathy Rowell, executive vice-president of QCMetrix, spoke about the NSQIP. Ms. Rowell explained the program's purposes and functions and examined NSQIP effects on surgeons and their institutions, including its potential use in determining pay for performance (P4P).

Meanwhile, young surgeons learned about contracting and leadership skills. The session on contracting included a dis-

cussion of the pros and cons of Medicare participation, led by Frank G. Opelka, MD, FACS. Dr. Opelka, associate dean for health care quality and safety at Louisiana State University, New Orleans, and a member of the College's General Surgery Coding and Reimbursement Committee, also talked about contract provisions as they relate to career progression. Mark Rust, JD, an attorney with Barnes & Thornburg, LLP, reviewed the important components of surgeons' employment contracts.

Meanwhile, young surgeon attendees sharpened their leadership skills in a session mod-

OFFICIAL NOTICE

Annual Business Meeting of Members, American College of Surgeons

In accordance with Article I, Section 6, of the *Bylaws*, the Annual Business Meeting of Members of the American College of Surgeons is called for seven-thirty o'clock in the morning of Thursday, October 12, 2006, at the McCormick Place Lakeside Center, E354b, Chicago, IL.

This session constitutes the annual business meeting of the

Fellows, at which time Officers and Governors will be elected and reports from officials will be presented. Items of general interest to the Fellows will also be presented. Each Fellow is respectfully urged to be present.

John O. Gage, MD, FACS
Secretary
American College of Surgeons
August 1, 2006

erated by Terry Buchmiller, MD, FACS, Chair of the ACS Committee on Young Surgeons. During this panel discussion, John M. Daly, MD, FACS, dean of Temple University School of Medicine, spoke about conflict resolution in the office, operating room, and other business settings. Bruce Gewertz, MD, FACS, chair of the department of surgery at the University of Chicago, outlined strategies for running a safe and successful operating room. ACS Executive Director Thomas R. Russell, MD, FACS, responded to young surgeons' queries.

Welcoming/opening remarks

ACS President Kathryn D. Anderson, MD, FACS, welcomed the meeting participants and spoke about the College's efforts to promote an optimal and ethical practical environment. Dr. Anderson explained how the humanitarian ideals that she has sought to advance during her presidential year support this mission. "Our humanity demands that we provide the best care to patients," Dr. Anderson said.

In the meeting's opening remarks, Thomas Ault, principal at Health Policy Alternatives, Inc., a consulting firm, addressed Medicare physician payment updates. He noted that, under the current reimbursement system, surgeons will receive negative annual updates in fiscal years 2007 to 2015.

Mr. Ault said that these payment cuts are the result of Medicare's use of the sustainable growth rate (SGR) in setting spending targets for physician



New Jersey Chapter leaders H. Stephen Fletcher, MD, FACS (left), and Lewis Wetstein, MD, FACS (right), flank Rep. John T. Salazar (D-CO), during a reception on Capitol Hill.

services. According to Mr. Ault, unless Congress enacts legislation eliminating the SGR from the formula used to calculate Medicare payment, "Physicians really are facing a cliff."

Options for payment reform include establishing individualized spending targets based on the unique nature of the services surgeons and other specialists provide, a concept the College endorses, Mr. Ault noted. He added that the Medicare Payment Advisory Commission (MedPAC), which recommends changes in reimbursement policies to Congress, has suggested that Medicare adopt a P4P methodology.

If Congress continues to avoid passing major changes in the Medicare fee schedule because of the high costs associated with such reforms, the

Centers for Medicare & Medicaid Services (CMS) could make some administrative adjustments, according to Mr. Ault. These fixes, however, would result in increased beneficiary copayments and premiums.

Although all physicians have experienced payment reductions in recent years, surgeons have been particularly hard hit. "The American College of Physicians says that primary care is on the verge of collapse. Isn't it time to think about the collapse of surgery?" Mr. Ault concluded.

Outside influences

Dr. Russell moderated a session featuring representatives from several national organizations that are interested in linking Medicare payment to quality.

Janet Corrigan, PhD, MBA, president and chief executive officer of the National Quality Forum (NQF), explained that the NQF was created in 1998 for purposes of improving quality measures. NQF became operational in 2000 and this year began a strategic repositioning process. NQF membership is open to the range of stakeholders and includes public and private purchasers of care, as well as medical organizations, such as the College, Dr. Corrigan said.

Because gaps in quality measures are prevalent at this time, the NQF would like national goals set to guide measure selection, Dr. Corrigan said. She noted that the Institute of Medicine (IOM) has called for more rapid development of measurement sets that reflect shared accountability for outcomes. The IOM also is seeking longitudinal measures of resource use, she said.

In addition, the NQF is attempting to develop a smoother process for moving quality measures into the marketplace and is looking forward to greater collaboration with all member groups in the future. "We really are embarking on a period of rapid and fundamental change in both the environment of care and the health care setting," Dr. Corrigan noted.

Carmella Bocchino, executive vice-president of America's Health Insurance Plans, spoke on behalf of the Ambulatory Care Quality Alliance (AQA). Ms. Bocchino noted that the IOM has released reports on medical errors, quality, and



Drs. Warshaw (left) and Russell (right) spoke with Rep. John Boozman (R-AR) and his wife Cathy during the Capitol Hill reception.

access and that a RAND study shows that evidence-based care is used in only approximately half the cases.

P4P actually was developed in response to these problems, Ms. Bocchino said. The current system encourages misuse of resources, and employers who offer health insurance benefits complain about the cost associated with wasteful efforts, such as redundant testing. P4P developed from the premise that the health care providers and professionals should reward quality, not quantity, of care, she added.

The major function of the AQA is to introduce quality measures to the marketplace. "AQA does not develop quality measures. AQA brings them into the public sector," Ms. Bocchino said.

Michael Rapp, MD, JD, FACEP, director of Quality Development Measurement

and Health Assessment Group, Office of Clinical Standards and Quality at CMS, noted that Medicare and Medicaid pay for approximately half of all the health services delivered in the U.S. Like employers, these public payors are looking to reimburse participating providers on the basis of quality, not volume, of care.

Another major initiative for CMS is encouraging "transparency" in the system through quality and cost reporting. A voluntary program for physicians just started this year, Dr. Rapp noted.

As the government and other stakeholders attempt to reform the health care system, the focus must be on the needs of patients. "Some of us in this room are physicians, but all of us are patients," Dr. Rapp observed. Hence, a primary goal is to make the system more patient-centered.

View from Capitol Hill

Brett Loper, chief of staff to Rep. Jim McCrery (R-LA), Chair of the House Ways and Means Subcommittee on Health, offered a political and legislative outlook. (Representative McCrery was scheduled to speak but cancelled because of health problems.)

"It's not a great environment for Republicans right now, primarily because of Iraq," Mr. Loper said. "The anxiety it creates seeps into other areas as well." He noted that political dynamics are particularly acute in election years, such as this one. Less gets done because no one wants to offend his or her constituencies.

Nonetheless, Congress is making progress on a few fronts, Mr. Loper said. A supplemental spending bill was near completion at the time of the meeting. Congress intends to address the physician payment issue in the near future because, as Mr. Loper added, "The path we've been on is unsustainable."

Representative McCrery is in a good position to replace retiring Rep. Bill Thomas (R-CA) as Chair of the Ways and Means Committee if the Republicans retain control of the House next year, Mr. Loper said. If he attains that post, the congressman is likely to ensure that the committee addresses Medicare, Social Security, and tax reforms.

More general health care reforms are also likely as the result of concerns that "American business cannot compete worldwide because of health care costs," Mr. Loper said. He

noted that national legislation similar to the Massachusetts law requiring everyone to have some form of health insurance may be introduced with bipartisan support.

Also speaking on Representative McCrery's behalf was Laura Bozell, his health legislative assistant. Issues that the Ways and Means Health Subcommittee is set to address include liability reform, health information technology, and voluntary outcome reporting and measures, Ms. Bozell said, applauding the College's contributions to the quality discussion.

Quality improvement efforts

Information about how the College is tackling the quality issue was provided during a panel discussion that Dr. Russell moderated.

According to R. Scott Jones, MD, FACS, Director of the ACS Division of Research and Optimal Patient Care, the practice of medicine has become "an adversarial enterprise that is driven by money." As a result, the system pits hospital against hospital, physician against physician, physician against hospital, and so on, he said.

Dr. Jones called upon surgeons to put aside their financial grievances and focus on improving the quality and safety of patient care. "We need to promote the interests of the sick and the public. We need to earn and keep the public's trust," he said.

"Quality surgical care is easy to define," Dr. Jones added. It's about making the correct diag-

nosis and providing the proper outcome. The bigger question is, "What processes need to be in place to ensure quality care is offered?" he said.

The College is engaged in several activities that examine processes of care, including the ACS NSQIP, Dr. Jones said. In addition, the College's National Cancer Data Base is undergoing a major overhaul and information collected through this repository is being submitted to the NQF for approval. So far, the NQF has approved quality of care measures for breast and colon cancers that the College has submitted.

Furthermore, the College is examining the 1,700 guidelines for surgery in existence to determine their scientific validity. Dr. Jones said it is likely that surgical residents and other young surgeons will be involved in this process.

Dr. Jones encouraged the meeting participants to "live by the scientific method and do what we went into surgery to do," which is to provide safe, quality care to patients.

"Quality problems are everywhere," Dr. Opelka added. Hence, recent efforts to reform the health care system are "all about value." "Currently, we operate in a zero-sum value system" mired in "dysfunctional competition," he added.

Dr. Opelka chairs the surgical panel for the AQA. "Our common purpose [on this subgroup] is to create patient value. It is critically important that we develop surgical quality measures," he said.

Election outlook

Charlie Cook, editor and publisher of *The Cook Political Report*, provided insights into current political trends and the upcoming congressional elections.

“The macro way of looking at elections would suggest that it’s going to be really bad for Republicans,” Mr. Cook said. According to recent polls, 61 percent of Americans believe the nation is on the wrong track, and Congress’ job approval rating is at approximately 27 percent to 32 percent. As a result, Mr. Cook added, “Republicans will probably lose seats in the Senate but will retain control” because the Democrats don’t have any strong challengers. Republicans may lose their majority in the House, however.

With regard to possible Republican presidential candidates in 2008, Mr. Cook named the following individuals: Arizona Sen. John McCain; former New York City Mayor Rudolph Giuliani; Tennessee Sen. Bill Frist, MD, FACS; former Speaker of the House Newt Gingrich of Georgia; and New York Gov. George Pataki. However, most of these individuals cannot bridge the gap between “secular Republicans” (fiscal conservatives) and “sacred Republicans” (social conservatives). Republicans who may have crossover appeal include Virginia Sen. George Allen and Massachusetts Gov. Mitt Romney, Mr. Cook said.

Leading the list of contenders for the Democrats are New York Sen. Hilary Clinton

and former vice-presidential candidate John Edwards of North Carolina. However, because most Democrats believe Senator Clinton would lose a general election, the odds of her receiving the party’s nomination are limited, Mr. Cook said. He noted that most of the Democrats elected president have been from the South because voters, most of whom are centrists with a slight lean to the right, tend to assume that southern Democrats are more moderate than their northern counterparts.

Communicating with officials

Ilona Nickels, congressional scholar for the Center on Congress at Indiana University, instructed participants in effective communication with representatives and senators.

“The most important thing is to be timely,” Ms. Nickels said. “It’s really hard for them to focus on anything for more than a week at a time,” she added. Hence, surgeons should meet with legislators in Washington when issues of concern are on Congress’ radar screen. Surgeons seeking to build a relationship with a legislator or to provide a more comprehensive overview of a topic should visit the individual’s home office, where he or she is less likely to be distracted.

Ms. Nickels said it is important that individuals who are trying to influence members of Congress understand their elected officials’ perspectives and to create two-way communication. She also advised surgeon advocates to “local-



Dr. Gadacz, this year’s Arthur Ellenberger Award for Excellence recipient.

ize the issue” to every extent possible. “Every member of Congress knows who drives elections. They answer to the majority of those who vote,” she said.

In addition, Ms. Nickels offered her perspective on the upcoming elections. “Democrats have raised 85 percent of what the Republicans have in campaign contributions,” she said, noting that this financial disparity puts them at a disadvantage. She also noted that despite concerns about the way President Bush and congressional Republicans have handled both domestic and foreign policy issues, including the war in Iraq, voters still believe they are better able to protect the U.S. from attack. “9/11 created the poli-

tics of fear. National security became the dominant issue, particularly for women," Ms. Nickels noted.

ACSPA SurgeonsPAC

The organization that is helping surgeons gain more influence in Washington, DC, is the American College of Surgeons Professional Association political action committee (ACSPA SurgeonsPAC). Andrew Warshaw, MD, FACS, PAC Chair, provided an update on the group's activities.

Topping the list of issues that the ACSPA SurgeonsPAC is addressing is reimbursement. "Physician payment was threatened and will continue to be threatened" until the SGR is changed, Dr. Warshaw said. Increasing the likelihood that the Medicare payment system will be reformed in a way that ensures surgeons will be treated equitably is the fact that two Fellows of the College have been appointed to the Medicare Payment Advisory Commission, Dr. Warshaw said, adding that progress on this battle front is "little by little, hill by hill."

In addition to seeking payment reform, the ACSPA SurgeonsPAC is attempting to secure the passage of tort reform legislation. "Access is the message" in this effort, which poses the question, "Will a surgeon be there?" Dr. Warshaw said.

Although the PAC is making progress, "We are underperforming," Dr. Warshaw said. "Unless you act, nothing's going to happen. You have to be part of the process," he added,



Representative Burgess



Representative Boustany

encouraging surgeons to contribute to the PAC.

State Affairs

This year's Arthur Ellenberger Award for Excellence in State Advocacy was presented to Thomas R. Gadacz, MD, FACS, of the Georgia Chapter. Dr. Gadacz was honored for his efforts to change the state's certificate of need program to recognize general surgery as an individual specialty. "It's somewhat surprising that someone would get an award for stirring up trouble," Dr. Gadacz said. He noted that the fight in Georgia to modify the certificate of need language continues, and he believes "we're taking the high ground on this."

Melinda Baker, State Affairs Associate, ACS Division of Advocacy and Health Policy, updated participants on state-level activities. She explained

that the College's Health Policy Steering Committee has directed State Affairs staff to monitor specific issues, including regulation of office-based surgery, trauma planning and development, provider taxes, liability reform, and scope of practice.

Ms. Baker noted that approximately 90,000 bills are introduced at the state level within a six-month period, making it difficult for a two-person staff to monitor every bill and determine its relevance to surgery. Therefore, she asked the meeting participants to keep her informed about the issues of concern in their states.

Briefings

The College's Washington Office staff provided details about several issues that surgeons should consider addressing during their visits to Capitol Hill

during a session moderated by Christian Shalgian, Manager of Legislative Affairs, Division of Advocacy and Health Policy.

More specifically, Shawn Friesen, Government Affairs Associate, spoke about the problems with Medicare physician payment and the potential development of a P4P approach to reform. Mr. Shalgian spoke about the medical liability crisis and its effects on access to care. Adrienne Roberts, Government Affairs Associate, spoke about cuts in trauma systems development and financing programs, and Geoffrey Werth, Government Affairs Associate, spoke about health information technology and quality issues.

Physician congressmen

Physician members of the House of Representatives addressed the meeting participants before their Capitol Hill visits. Rep. Mike Burgess, MD (R-TX), noted that legislation authorizing trauma systems development is “actually about two or three years overdue” and should be a high-priority item, given that “trauma is one of the leading causes of death” in this country.

Nonetheless, “The most vexing problem on Capitol Hill is physician payment,” the congressman said. Representative Burgess said he believes the most sensible approach would be to move away from use of the sustainable growth rate and toward the Medicare Economic Index as a measure of spending. In addition, the representative said Medicare should consider reinstating balanced billing for some services. If some steps



Representative Price



Representative Gingrey

aren't taken to fix the system, he added, “People at the peak of their skills...are going to drop out.”

Rep. Charles Boustany, MD, FACS (R-LA), addressed some of the lessons learned about emergency response in the aftermath of Hurricane Katrina. “The hurricanes unmasked problems with disaster preparedness,” he said, adding that a major reason for the delays in response was that initiating any action required cutting through layers of bureaucracy at the state and federal levels.

The initiatives that did prove successful, such as the relocation of evacuees to the congressman's hometown of Lafayette, were the result of “individuals pulling together and building from the ground up. We had no plan. We had to do it all on the fly,” Representative Boustany said.

Rep. Tom Price, MD, FACS (R-GA), agreed with Representative Boustany's sentiments, adding, “If you think government is the answer, then you're in trouble.” He went on to state that “the only thing holding the [health care] system together is the altruism of physicians” who are willing to put their patients ahead of their incomes.

To help alleviate some of the problems, “We need to put patients in charge of their health care,” Representative Price said. Noting that approximately 45 million Americans are without health insurance, he said, “We need to move to a system where everyone has insurance.”

Rep. Phil Gingrey, MD (R-GA), talked about medical liability reform and electronic medical records: “I'll be honest, I'm sick of talking about tort reform... I'm not giving up on tort reform.

I think eventually it will pass," but physicians will have to accept some compromises, he said.

Electronic medical records will have a significant effect on health care spending by eliminating duplication and preventing misprescribing, according to Representative Gingrey. He noted that President Bush

wants the nation to completely switch to electronic recordkeeping by 2014.

Hill visits

The conference concluded with opportunities for participants to meet with their elected officials and their health policy staffs. Most of the surgeons rat-

ed this experience and the rest of the meeting as very good to excellent, according to surveys conducted by the ACS divisions that presented the program.

At press time, details regarding next year's ACS Leadership Conference were still being negotiated.

Register for the 2006 Clinical Congress in Chicago

Register today for the 2006 Clinical Congress, to be held October 8-12, in Chicago, IL. The registration form is available in your Program Planner, which you should have received in the mail. You may also go to the College's Web site, www.facs.org, to register.

Registration is open to all

physicians and individuals in the health care field. Registration includes a name badge, program, and entrance to the exhibits and all sessions other than postgraduate courses. Registered attendees may purchase postgraduate tickets based on availability. Advance registration is strongly encouraged.

The advance registration deadlines for international, U.S., and Canadian registrants have passed. Registrations received and postmarked after the deadlines will be billed according to the pricing structure on the registration form. Attendees may also register on-site in Chicago.

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