

Serving as an ACS delegate to the AMA

by LAMAR S. MCGINNIS, JR., MD, FACS,
Atlanta, GA

For the past 13 years, I have had the privilege of serving as one of the American College of Surgeons' delegates to the American Medical Association (AMA). As the article by Jon Sutton on page 18 notes, the College and the AMA had a troubled relationship in the latter part of the twentieth century.

Background

The AMA first began to recognize medical specialties in 1971 with the formation of 23 specialty section counsels. In 1978, specialty society delegates were requested, and the College was represented by John Beal, MD, FACS, of Chicago, IL. For a variety of reasons, as mentioned in Mr. Sutton's article, our relationship with the AMA became tenuous, and, in 1980, the College withdrew from the AMA House of Delegates (HOD). As a result, surgery had no official representation in the politically powerful AMA, and the void was widely noted. In 1990, the ACS President, M.J. Jurkiewicz, MD, FACS, and Director, Paul A. Ebert, MD, FACS, met with the surgical caucus that had formed in the HOD, and in 1991, the Board of Governors recommended to the Board of Regents that the College resume representation in the HOD.

The Board of Regents looked favorably on this recommendation, and in 1992 appointed George Block, MD, FACS, of Chicago as delegate and me as alternate delegate. Thus, after more than

a decade of absence at the AMA, one might say that the house of surgery resumed a presence in the historic house of medicine.

Welcome back

As Dr. Block and I would soon discover, our College is a centrist organization, led most ably by our Board of Regents. The AMA, on the other hand, is a representational democracy (the HOD) led by an elected Board of Trustees; the organization's political activity is supported by allegiances and alliances of byzantine complexity with activities rooted in a century and a half of evolved relationships, carefully monitored by delegates with long tenures and who deeply protect and treasure the entrenched system. Dr. Block and I were thrown into this cauldron with little preparation and low expectations. When we asked Dr. Ebert how we should represent our College, his instructions were straightforward: "Think and act like a surgeon."

The first meeting we attended was the December 1992 AMA interim meeting at the Opryland Hotel in Nashville, TN. This vast hotel was extensively decorated for the holiday season and heavily visited by scores of elderly persons, effusing at length about each decoration, making transit through the venue most difficult. As I was checking into the hotel, there was a tap on my shoulder. As I turned, Dr. Block greeted me with a handshake and remarked, "Welcome to hell." Our initial AMA meeting required patience, persistence, and understanding on a number of levels.

Our return to the AMA was greeted with warmth and cordiality. Surgeons were especially forthcoming with their support and made it evident that the College's absence had been deeply felt. Although we sensed a high level of acceptance, familiarity with the complexity of the full scope of activities was slow in coming. Unfortunately, just as we were evolving a rhythm in the process of becoming reacclimated, Dr. Block became quite ill and ultimately passed away. His death resulted in surgery's loss of a superb leader and my loss of a great friend.

After Dr. Block's death, I was appointed to serve as the College's delegate, and Richard Reiling, MD, FACS, then of Ohio, joined me as alternate delegate. We immersed ourselves into this furor of AMA activity with the goal of representing our College and surgical interests at the AMA in a way that would advance quality surgical care for

patients and maintain a favorable environment for the practice of surgery. We early on disavowed any interest in enmeshing ourselves or this organization in the AMA's political intricacies.

Over the years, the ACS delegation has worked to cement relationships with those of the surgical specialties and with surgeons-at-large in the HOD. In addition, we have actively sought collaboration with other surgery-related organizations, such as the American Society of Anesthesiologists. Colleagues working together may often achieve more success than one organization working in isolation.

Accomplishments

Under the structure of the HOD, each organization is allowed one delegate per 1,000 AMA members from the specialty group. Over the past 12 years, our delegation has grown to four delegates and one alternate delegate.

Our delegates are now elected through the Board of Governors in a process similar to that of other volunteer leadership positions. Delegates serve up to three terms of three years each.

The AMA continues to grapple with the idea of increasing specialty society representation in the HOD, but concerns regarding further increasing the size of the house (541), plus some opposition from state society delegates, have kept this proposal in limbo. If this plan does fall into place, it is conceivable that our College representation could grow to 15 to 17 delegates.

The ACS delegation is the vital link between surgery and the AMA, with responsibility to report to the Board of Governors and to the Board of Regents on a periodic basis.

Delegates attend the HOD's annual meeting in June and the interim meeting in November, spreading ourselves out among the various reference committees and offering testimony and comment, when appropriate, on as many as 300 resolutions plus council and Board of Trustees reports advanced for action before the HOD. We introduce resolutions on subjects of surgical interest and have been successful in gaining AMA action on items of relevance to surgery, such as defining expert witness qualifications, establishing principles for office-based surgery, instituting a study of specialty hospitals and their impact, forming a physician work group to develop solutions for the emergency/trauma care problems, and gaining

consensus for appropriate reimbursement for the use of ultrasound technology.

College staff now provides support for the surgical caucus, which presents excellent, broad educational programs at each meeting on such subjects as pay for performance, disclosure of medical errors, professionalism, competency and surgical practice, and quality improvement.

The College's delegation has become aware of the AMA's significant sphere of influence. The organization's reach is broad, affecting payment and coding through the AMA/Specialty Society RVS Update Committee and the Current Procedural Terminology Advisory Committee; accreditation through the Joint Commission on Accreditation of Healthcare Organizations, certification through the specialty boards, and graduate medical education through the resident review committees and the medical education boards. The AMA also has significant clout with governmental bodies, such as the Agency for Health Resources and Quality, the Centers for Medicare & Medicaid Services, and so on. Indeed, some analysts believe the AMA is the most influential medical advocacy group in Washington.

The AMA councils, such as those on education, science and public health, medical service, and ethical and judicial affairs, produce periodic reports of significant consequence and importance. The ACS delegation believes that surgical input into these activities is essential, and we support surgical candidates for these elective posts. Last spring, Dr. Reiling was elected to the AMA's Council on Medical Education, our first College-sponsored candidate for election. His presence there will be most valuable.

Where we're going

The AMA today, as managed by Michael Maves, MD, MBA, FACS, executive vice-president and chief operating officer, along with a most competent Board of Trustees, is a much improved, more streamlined, more focused, and more effective organization. It has embarked on a massive marketing campaign that is gaining traction by communicating with physicians and with the public. The AMA leadership has been making decisive, forceful moves that are changing and improving the face and the substance of the organization, while moving from an obsession with membership

to one focused on accomplishment.

Our fractious past interaction is now dramatically more collegial, and this collaborative spirit bodes well for the future. ACS Executive Director Thomas R. Russell, MD, FACS, has been an influential advocate for collaboration and effecting this change. Surgical leadership at the AMA includes almost one-half of the past AMA presidents, including 11 of the 28 most recent top officers. These past-presidents include such noteworthy Fellows as John Warren, Samuel Gross, J. Marion Sims, Hunter McGuire, William and Charles Mayo, Frank Lahey, and Fred Rankin. This historic relationship deserves to be nurtured. Individually, the College and the AMA are potent, but, working together whenever possible, we have the potential to be a major force in ensuring the eminence of American medicine and surgery for the benefit of our patients.

Certainly the present times pose unique problems for surgical practice. These problems need solutions forged by medicine as a whole. The College's AMA delegation is poised to represent surgical interests in a collaborative, effective manner and to help find solutions. Surgeons should consider carefully the significance of working with the AMA and should support both organizations through membership and active involvement. Both are powerful professional organizations with similar interests and commitments.

I am most grateful to our College for allowing me the privilege of serving as one of your delegates for these past 13 years and for your support in building a better relationship between the ACS and the AMA. □

Dr. McGinnis is clinical professor of surgery, Emory University Medical Center in Atlanta, GA, and is Vice-Chair of the College's Health Policy Steering Committee and Chair of the Subcommittee on Quality and Patient Safety.

