

From my perspective

As the nation seeks to build a safer, more effective, consumer-based health care system, it will no longer be enough for surgeons and other physicians simply to say that they provide quality care. They will need to support such claims with data.

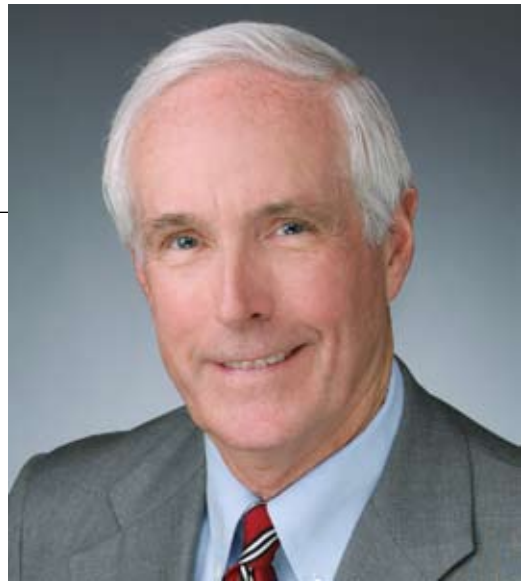
To ensure that surgeons have the necessary and appropriate information available to them, medical and surgical organizations are being asked to engage in a new spectrum of activities. More specifically, we are moving into an era where surgical practice is expected to be more transparent. What surgeons do, how we do it, and how well we perform is information that payors and patients expect us to provide so that they can make value-based health care decisions. Hence, the College now finds that it must lead and participate in efforts to accumulate, evaluate, and apply outcomes and quality data relevant to surgical practice.

All of the College's efforts in taking a leadership role to create a more data-driven, quality-based health care system will require increased use of both our financial and our human resources. However, our resources will be well spent because we must make certain that we can continue to develop programs that generate accurate outcomes data and quality measures.

New expectations for the ACS

The Centers for Medicare & Medicaid Services (CMS) and other government agencies are looking to the College and to other medical and surgical organizations to develop accurate and meaningful quality measures. These groups intend to use this information to reward physicians and other providers who apply evidence-based medicine to improve patient care. As a result, the College is participating in a number of activities to generate outcomes data and to establish quality measures as well as guidelines for surgical care.

To these ends, we have been bringing the ACS National Surgical Quality Improvement Program (ACS NSQIP) into the private sector. At this point, the ACS NSQIP, the only validated, risk-adjusted tool for assessing surgical outcomes, is now being applied in more than 100 hospitals. An emerging challenge for the College will be to develop defined modules of ACS NSQIP, so that medical centers can focus their outcome measures on specific types of surgical care.



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In addition, we are working with a number of consortia that are vetting quality measures, including the American Medical Association's Physician Consortium for Performance Improvement, the AQA (formerly the Ambulatory Health Quality Alliance), the National Quality Forum, and the Hospital Quality Alliance. Because these coalitions are looking at quality measures across the spectrum of health care services, we recently formed the Surgical Quality Alliance (SQA). This group is composed of more than 20 surgical specialty societies, all working together to generate metrics of quality care specific to this profession.

We also need to make the most of our National Cancer Data Base and National Trauma Data Bank®. These repositories hold the types of information that will be useful in developing quality indicators and measures, which can then be provided to the various agencies and panels that are studying quality improvement.

Furthermore, we need to adopt a more academic orientation, having more surgeon researchers working within our divisions to evaluate the information we are amassing and to report our findings. To encourage young surgeon participation in these activities, we have launched a clinical scholars program. Presently, two surgical residents are working full-time at the College within the Division of Research and Quality Improvement as part this effort.

Another area that is critical to our viability in a transformed health care system is our clinical trials programs. We will need to evaluate not only treatments for cancer patients, but for individuals experiencing other conditions that involve operative care as well. In order for these clinical trials to succeed, we will need the support and active involvement of surgeons, calling upon them to enroll patients in these promising efforts to improve patient care.

Resources needed

Needless to say, it takes resources to conduct all these significant projects. Just as importantly, we want to keep our dues at their current level. Hence, we are actively exploring alternative sources of revenue beyond our traditional dues and fee structure to offset these inextricable costs.

Currently only approximately 30 percent of the College's operations are supported by dues. Other sources of funding include the educational grants and meeting sponsorships that corporations provide, the clinical trials funding we receive from the National Institutes of Health, and our endowment fund earnings.

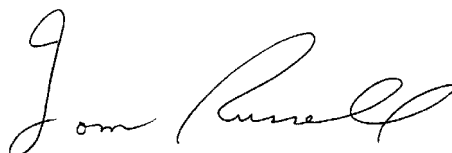
One way to develop the new financial resources we foresee being necessary to fund our widening sphere of activity would be to seek further corporate and foundation support. However, in this era of increased public scrutiny, we must avoid even the perception of conflicts of interest.

Hence, we will be very carefully exploring all appropriate funding sources, including those companies and other organizations that will benefit from the work we are doing. Because the quality-based, data-driven work we are doing will be of value to employers, insurance carriers, and government agencies seeking to reduce their health care costs, we might consider seeking investments from these entities. As we pursue new revenue sources, we

will do so in an uncompromisingly ethical and transparent manner.

In addition, we anticipate that the recently formed American College of Surgeons Foundation will prove to be an effective vehicle for acquiring new funding while nurturing the growing spirit of philanthropy among Fellows. The brainchild of the late Oliver H. Beahrs, MD, FACS, the Foundation provides numerous opportunities for Fellows to give back to our wonderful profession. Because its operating costs are supported by the College, every dollar contributed through the Foundation is applied directly to fund the program or project for which it is accepted. To learn more about the individual giving opportunities available through the Foundation, go to www.facs.org/acsfoundation/.

The College is currently in the unique position of being able to play a leadership role in helping surgeons navigate the new health care delivery system. Please feel free to contact me to confidentially discuss how you can leave a legacy that will enable the College to maintain and strengthen its leadership role in the years ahead.



Thomas R. Russell, MD, FACS

If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.