

ACS and AMA:

Different organizations

*working
together*

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For almost 160 years, two Chicago-based physician organizations have significantly affected the medical landscape and developed standards for the provision of quality medical care. Not surprisingly, the American College of Surgeons has been more focused on surgical issues, whereas the American Medical Association (AMA) has addressed broader concerns. For the most part, they have maintained a collegial and collaborative relationship, most recently advocating together for legislation related to patient safety, medical liability reform, and physician reimbursement and value-based purchasing.

College overview

The American College of Surgeons was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. The College was an outgrowth of a Clinical Congress originally convened in 1910 by Franklin H. Martin, MD, FACS, the founder and editor of *Surgery, Gynecology & Obstetrics*. An organizing committee of 11 stalwarts of surgery was appointed at a Clinical Congress in 1912 with the enthusiastic support

of the 2,500 surgeons in attendance, resulting in the official formation of the American College of Surgeons in 1913. John M.T. Finney, MD, FACS, was elected the first President of this organization.

The ACS currently is governed by a 22-member Board of Regents (including the President) that is elected by the geographically balanced and specialty-representative 265-member Board of Governors. The Board of Regents, which is composed of volunteer surgeons in active practice, meets three times a year and is responsible for the management and control of the College's business affairs. As such, it is also the policymaking body of the organization (with input from the Board of Governors and 12 surgical specialty Advisory Councils).

The Governors act as a liaison between the Board of Regents and the Fellows, and as a clearinghouse for the Regents on general assigned subjects and on local problems. Every ACS chapter has at least one Governor, and the Board of Governors meets annually at the Clinical Congress.

AMA policymaking process

In contrast to the ACS, the AMA is governed by a Board of Trustees (BOT) elected by the House of Delegates (HOD). Thirteen trustees and eight officers comprise the membership of the financially compensated BOT, which is responsible for the broad oversight and management of the AMA, such as implementing policies and directives adopted by the HOD, as well as hiring an executive vice-president. Michael Maves, MD, MBA, FACS, currently serves in this capacity, and Fellows of the College who are on the Board of

1912 Organizing Committee

George Brewer	Rudolph Matas
W. W. Chipman	Charles Mayo
Frederic Cotton	John B. Murphy
George Crile	Albert Ochsner
Edward "Ned" Martin	Emmet Rixford
Franklin Martin	

Trustees include Duane Cady, MD, FACS (chair of the board); John Armstrong, MD, FACS (Young Physicians Section trustee); Peter Carmel, MD, FACS; William Hazel, Jr., MD, FACS; and William Plested III, MD, FACS (president-elect).

AMA policy is determined by the HOD, which is composed of state medical society and national specialty society representatives. A total of 541 delegates are in the HOD (with a corresponding number of alternate delegates if filled by their respective societies). Delegates meet twice yearly to adopt resolutions and reports and conduct elections for officers, trustees, and council members. Reference committees provide a forum for hearings on resolutions and reports, giving any AMA member the opportunity to voice opinions about the issues facing medicine. Once reference committees complete their hearings, they write a report that the HOD acts on that includes recommendations reflecting testimony from the hearings.

Review of the past

The AMA was conceived on May 7, 1847, when 250 delegates from 28 states attended a founding meeting. At that time, they elected Nathaniel

ACS/AMA comparison

ACS	AMA
Founded 1913 (93 years ago)	Founded 1847 (159 years ago)
70,377 members; 51,150 active Fellows	244,530 members
27.71% of U.S. surgeons	27% of U.S. physicians
Annual budget: \$50 million	Annual budget: \$175 million
Annual dues: \$440	Annual dues: \$420

Chapman, MD, to serve as the organization's first president. Present at this meeting was Nathan Davis, MD, a 30-year-old Illinois physician who went on to be AMA president (1864-1866) and the first editor of the *Journal of the American Medical Association* when it was founded in 1883. Business at the founding meeting included adoption of the first code of medical ethics and the first standards for both preliminary medical education and medical degrees.

With a growth in membership and an increase in activities affecting the medical profession and public health, the AMA reorganized in 1901 and officially created the HOD. In the ensuing years, delegates from state medical associations continued to meet to address myriad issues. To help with specialty-specific issues, 23 specialty section councils were formed in 1971. Seven years later, the AMA reorganized once again, and specialty societies were granted delegate representation in the HOD.

Role of surgery

Since the organization's establishment, surgeons have provided critical leadership to the AMA. Leaders of the surgical profession and ACS Fellows who made their mark on the AMA include John B. Murphy, MD, FACS; Hunter McGuire, MD, FACS; Charles Mayo, MD, FACS; William Mayo, MD, FACS; Frank Lahey, MD, FACS; E. Starr Judd, MD, FACS; James Mason, MD, FACS; and Fred Rankin, MD, FACS. After the College was formally founded, both the ACS and the AMA sought to develop a collaborative relationship in addressing issues of interest to

the profession, fully recognizing that they would "agree to disagree" on matters on which they had divergent opinions.

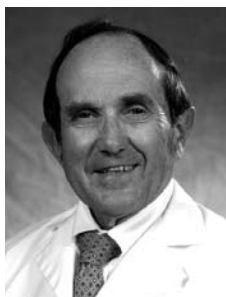
However, after each specialty society was granted a delegate in 1978, the College participated

ACS representation at the AMA HOD

Richard Reiling, MD, FACS, *Charlotte, NC*,
delegation chair
Charles Logan, MD, FACS, *Little Rock, AR*,
delegate
Amilu Rothhammer, MD, FACS,
Colorado Springs, CO, delegate
Chad Rubin, MD, FACS, *Columbia, SC*,
alternate delegate
Thomas Whalen, MD, FACS,
New Brunswick, NJ, delegate
Patricia Turner, MD, *Washington, DC*,
Young Physicians Section delegate
Jacob Moalem, MD, *North Brunswick, NJ*,
Resident and Fellow Section delegate



Dr. Reiling



Dr. Logan



Dr. Rothhammer



Dr. Rubin



Dr. Whalen



Dr. Turner



Dr. Moalem

for only one year. John Beal, MD, FACS, served as the College's delegate, and Hiram Langston, MD, FACS, as the alternate. After one year of service, Dr. Beal resigned from his position, and in February 1980, the Board of Regents declined to nominate an ACS delegate.

At the Board of Governors' request, G. Tom Shires, MD, FACS, then-Chair of the Board of Regents, provided an informational report to the Governors at their October 22, 1980, meeting. In this report, Dr. Shires described the factors that went into the Board of Regents' decision that the "arrangement served no useful purpose and had serious disadvantages." In part, these factors reflected a clash of organizational cultures and a sense of the "organizational inappropriateness of a single token representation for a group of more than 40,000 surgeons worldwide in an administrative component of a national general medical association to which at least 10,000 Fellows of the College and a full half of the U.S. physicians do not belong." AMA's increased focus on socioeconomic issues and differing views on efforts to restructure the Medicare physician payment system widened the distance between the two organizations during this period.

Although the College did not return to the HOD until 1992, surgeons continued to participate in the group, serving as delegates from their state medical associations or their respective surgical specialty societies. To provide a forum at each session of the HOD for discussion and recommendations concerning professional and socioeconomic issues of particular interest to surgeons, the Surgical Caucus of the AMA (SCAMA) was formed by a core group of surgeon delegates in 1989.

ACS returns to the HOD

During the College's absence from the HOD, members of the Board of Governors would occasionally recommend that the College return to the HOD. Finally, in late 1991 the Board of Governors recommended, and in 1992 the Board of Regents approved, the College's resumption of its seat on the HOD. Thus, in 1992, George Block, MD, FACS, was nominated to serve as the College's delegate. LaMar S. McGinnis, Jr., MD, FACS, participated as alternate delegate, and moved into the delegate slot in 1994 upon Dr. Block's death. Richard Reiling, MD, FACS, joined

AMA pay-for-performance principles

Pay-for-performance programs must:

- Ensure quality of care
- Foster the patient/physician relationship
- Offer voluntary physician participation
- Use accurate data and fair reporting
- Provide fair and equitable program incentives

Resources for further information

ACS:

<http://www.facs.org/about/about.html>

http://www.facs.org/fellows_info/bulletin/2003/hanlon1003.pdf

AMA:

<http://www.ama-assn.org/ama/pub/category/1914.html>

Dr. McGinnis as the new alternate delegate, with Dr. McGinnis chairing the College's delegation until the November 2005 meeting of the HOD.

Since returning to the HOD, the College's delegation has grown to four delegates and one alternate. In addition, the College sends a delegate to the Young Physicians Section and to the Resident and Fellow Section. As the College's influence has continued to grow, it has been able to successfully represent surgical concerns. To that end, the ACS took on the responsibility of staffing the Surgical Caucus in 2004, and, more recently, the College achieved a first in sponsoring a candidate for election to the AMA Council on Medical Education. Dr. Reiling was elected in June 2005 to this important council and serves as the only surgeon member.

November 2005 interim meeting of the HOD

During the interim meeting of the AMA's HOD in November 2005, the College's delegation represented surgery's perspective on a host of issues and policy decisions. At the top of the agenda was pay for performance/value-based purchasing, with the HOD strongly supporting previously adopted AMA principles for these programs and opposing legislative or other related initiatives that

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contradict these concepts. It also took a strong stand on payment for care mandated by the Emergency Medical Treatment and Active Labor Act (EMTALA), calling on the AMA to incorporate language into any existing or future legislative efforts regarding EMTALA that will require all insurers to assign payments directly to any health care provider who has provided these services regardless of network participation.

Future interactions

The current relationship between the College and the AMA is built on a foundation of mutual respect and common goals. Although the two or-

ganizations still find that they “agree to disagree” on occasion, opportunities to work together to solve the difficult issues facing medicine and surgery—such as physician reimbursement, patient safety and quality improvement, and professional liability reform—are strengthening their collaborative spirit. The College will continue to support its delegation to the AMA HOD and will expand its involvement in this policymaking process as appropriate.

Fellows with questions, comments, or suggestions relating to ACS participation in the AMA House of Delegates should contact Jon Sutton, jsutton@facs.org Ω