



**The future of  
the  
American College  
of Surgeons:**

*Uniting  
two  
perspectives*

*by*

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...The great thing in the world is not so much where we stand, as in what direction we are moving.

—Oliver Wendell Holmes\*

**Authors' note:** In this article, the authors attempt to provide insights into the future of the nation's health care system and the American College of Surgeons' role in shaping it from two perspectives—that of a young, practicing surgeon and that of an older surgeon responsible for administering the operations of this organization. Dr. James has been a member of the American College of Surgeons since joining as an intern in general surgery. During this time, he has served on various committees and worked with some of the leaders of this Fellowship. Dr. Russell became a Fellow of the College as a young colorectal surgeon and, after serving on various committees and the Board of Regents, filled the position of ACS Executive Director in January 2000.

Since its inception in 1913, the College has enjoyed many proud achievements. It was a leader in the hospital standardization movement. In fact, The Joint Commission (previously known as the Joint Commission on the Accreditation of Healthcare Organizations) has its origins in the ACS' Hospital Standards Program.

The College also pioneered the innovative technique of using medical motion pictures to educate surgeons-in-training. The organization played a major role in the development of the American Board of Surgery and its Residency Review Committee and set the standards for the administration of surgical education research, using cancer and trauma as its model.<sup>†</sup> Many of the College's early initiatives are still critical and relevant today.

However, today's surgeon faces new challenges and harsh realities, such as the possible implementation of pay for performance, new requirements for maintenance of certification, the nation's ongoing medical liability crisis, and con-

tinuing threats of Medicare reimbursement cuts. Given the ever-changing environment of modern medicine, one wonders how the noble mission of the American College of Surgeons—to improve the care of the surgical patient and to safeguard standards of care in an optimal and ethical practice environment—will be achieved.

Like any good leader, the College must provide vision and direction, set new standards, and empower its members. The challenge facing the future of the American College of Surgeons is how to reach surgeons who are experiencing difficulties in their practices and provide them with the tools and resources needed to assist them in addressing their concerns. Although the task may be daunting, we believe the current and imminent challenges that the evolving health care system presents offer vast new opportunities for the College to play a leadership role and to develop practical resources for young surgeons and surgeons-in-training.

## Leadership in quality

Quality has become the buzzword in health care policymaking. Readers are no doubt familiar with how both private sector and national advisory organizations, such as the Leapfrog Group and the Institute of Medicine, respectively, have had major influence in the determining the course of health system reform. The issues of quality assurance and public reporting of outcomes are no longer matters of discussion but rather imminent realities heavily supported by third-party payors and public interest groups.

Cardiac surgeons in New York have had their outcomes aired in the public forum since 1991 when the Supreme Court of New York State ruled that *Newsday* could print cardiac bypass mortality data.<sup>‡</sup> Similar "report cards" for individual surgeons and treatment facilities are certain to become increasingly commonplace. Voluntary outcomes reporting programs, such as the Physician Quality Reporting Initiative that the Centers for Medicare & Medicaid Services launched this month, and pay for performance are likely to be cornerstones of the future value-based health care system.

<sup>‡</sup>Zinman D. State takes docs' list to heart. *New York Newsday*. December 18, 1991:7.

\*Respectfully Quoted: A Dictionary of Quotations. Available at: [www.bartleby.com/73/5.html](http://www.bartleby.com/73/5.html). Accessed June 12, 2007.

<sup>†</sup>American College of Surgeons Archival Collections: History of The American College of Surgeons. Available at [www.facs.org](http://www.facs.org). Accessed June 4, 2007.

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Despite the many controversies concerning the reliability of outcomes data and review and debate over whether they are accurate measures of quality, the reality is that surgery and medicine as a whole will be much more regulated in the near future. What individual surgeons are allowed to do in the operating room will be predicated on their previous training, outcomes data, and ongoing analysis of their performance. In order for surgeons to practice in such an environment, they are going to need lots of “tickets” documenting what they have learned and what they can deliver. The College can be a wonderful place to obtain those tickets.

The College will need to continue to develop educational courses that allow surgeons to attain certification at certain levels of expertise. The College has the potential to emerge as the central organization for collecting outcomes data on individual surgeons’ practices and processes of care. In this way, the data can be easily and seamlessly transferred to the state licensing boards, national specialty boards, hospital privileging bodies, and so on. Also included on the list of entities wanting access to this information would be third-party payors who would want to know that Dr. X provides value-based care. Surgeons will need to support their claims of being providers of value-based care with high-level data, the relevance and accuracy of which have been verified through research. We are obviously moving into an era of increasingly greater accountability in surgery and away from the past practice of judging surgeons’ skills and abilities on the basis of empirical information.

The surgical community will need to play an active role in ensuring the veracity of the quality metrics so that appropriate benchmarks and guidelines can be developed. If surgeons don’t help to develop and promote these quality initiatives, legislators and policymakers in Washington, most of whom have no medical background, will force their measures on us. In light of this reality, the College is thoroughly engaged in quality and outcomes research through the ACS National Surgical Quality Improvement Program and the data-collection and analysis capabilities afforded through the National Cancer Data Base and the National Trauma Data Bank®.

As we move forward in the realm of public reporting, the College seeks to position itself not only as a resource for verifying the credentials of individual surgeons but as an accrediting organization of educational programs and centers of care. Last year, the College launched the ACS Program for the Accreditation of Education Institutes to verify regional skills-development centers. In addition, the College accredits trauma, cancer, and bariatric surgery centers. There will be more in the future.

### **Leadership in health policy**

The future of surgery will be determined largely through the health system reforms that national policymakers and leaders are crafting now. The College, therefore, cannot afford to sit on the sidelines and be a passive observer of these changes. Rather, the College must grasp the mantle of leadership and assume an active role in shaping the changes in our health care system. To this end, the College is in the process of establishing a Health Policy Institute. This think tank will be run by a surgeon and will be responsible for monitoring, analyzing, and issuing statements on health policies that affect our ability to provide patients with optimal surgical care.

In addition, plans are in the works to move the College’s Washington Office to a new location, closer to Capitol Hill. This building also will be significantly larger than the current structure, and the College anticipates being able to house the Washington staffs of several surgical specialty societies in order to facilitate collaborative efforts in surgical advocacy. The College anticipates that, by developing the Health Policy Institute and improving outreach to the specialty societies, the organization will improve its visibility as an organization dedicated to and effective in surgical advocacy and the political process. The College leadership is particularly interested in learning how the organization can become a leading contributor to making the health system more patient-centered—that is, more focused on safety and quality.

The College has the unique opportunity to act as the main representative body for all surgi-

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cal specialties and all surgeons, regardless of whether they are in academics, private practice, research, or administration. There is strength in numbers, and it will be important for the College to work harder to include all surgical specialties and break out of the general surgery silo. We must realize that in order to advance into the future, we have to start thinking about the whole system, rather than what is best for the general surgeon versus the orthopaedic surgeon versus the urology surgeon and so on.

The College must renew its commitment to building a strong, active organization working on behalf of the needs of all surgeons and their patients. A unified surgical voice is likely to have a tremendous ability to influence health policy. The simple reality is that in Washington, lobbying is a numbers game, and the squeakiest wheel gets the most oil.

Greater collaboration with our nonsurgical colleagues will also be an important step in the future. To this end, the College has continued to reestablish the line of communication with the American Medical Association and has opened its membership to nonsurgeon health care professionals who are part of the operative team. Again, when it comes to lobbying, it's all about power in numbers.

Furthermore, the College anticipates the continued growth and influence of the American College of Surgeons Professional Association Political Action Committee (ACSPA-SurgeonsPAC). Lobbying strength must improve before Congress can be expected to pass legislation that addresses con-

cerns about reimbursement, liability reform, and access to care. Hence, the authors encourage all practicing surgeons to make financial contributions to the ACSPA-SurgeonsPAC.

It is equally important that the College reach out to and support the local surgical community to achieve reforms at the state and local level. Former Speaker of the House Thomas "Tip" O'Neill (D-MA) is perhaps best remembered for coining the phrase "all politics is local," and grassroots activism certainly has a long history of bringing about successful change in our country. In the coming years, the College will need to further its commitment to working with local surgical societies and state ACS chapters in dealing with local issues and struggles with health care and health care reform.

## Community outreach

As important as it certainly is to have presence on Capitol Hill and in the state legislatures, the College must also rebuild surgery's image within the patient community. The College needs to forge new partnerships with patient groups and will need to be seen as an advocate for patient rights and a champion for excellence in care. Furthering patient education activities, addressing the surgical needs of local communities, and ensuring patient safety all need to be future mandates of the College. This increased public visibility will be instrumental in improving and maintaining a healthy relationship between the surgical and patient communities in an increasingly untrusting and litigious environment.

Surgeons need to expand their patient communications skills and attempt to better address our patients' unique needs. As we improve our outreach to patients, we can educate them about the problems and limitations of the current medical system and how patients and surgeons can work together to restore and improve our nation's health care. The College has already made strides in this direction by launching a patient education Web site (<http://www.facs.org/patienteducation/index.html>), as well as through the activities of Operation Giving Back, the volunteerism branch of the College (<http://www.operationgivingback.facs.org/>).



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## Mentoring new leaders

Of course, the next generation of young surgeons and surgeons-in-training ultimately will determine the future of the American College of Surgeons. The College has demonstrated its dedication to identifying and mentoring new leaders through its continued support of the Resident and Associate Society and the Committee on Young Surgeons. It is important to continue the development of young surgeons to act as future leaders in health care decision-making. To this end, the College presently sponsors a scholarship in Health Policy and Management through Brandeis University (<http://www.facs.org/memberservices/acshhealthpolicy.html>), and the Division of Education has started a new resident leadership program (<http://www.facs.org/education/residentsasteachersandleaders.html>). Further training opportunities for residents, either during their residency or after they enter practice, will need to be made available.

We also anticipate that the American College of Surgeons will be a wonderful training ground for future surgical leaders. This organization will continue to provide young surgeons with opportunities to learn about the activities and affairs of the College, to develop a greater understanding of the intricacies of health care policy, and to help generate the metrics that will be used to further promote quality and optimize the efficiency and the effectiveness of surgical care.

## Conclusion

In the future, the American College of Surgeons will continue to carry out its mission to ensure the best quality of care for surgical patients. The College must work hard to achieve this goal and to avoid becoming irrelevant in the emerging era of modern medicine. This organization must continue to develop new strategies and novel approaches to quality assurance, education, outreach, and advocacy. The College has the opportunity and responsibility to affect the future of health care leadership and to become the representing body for all of surgery.

But also, each individual surgeon has an important role to play in shaping the future of the College and helping it succeed in its mission. The authors cannot overly emphasize the impor-

tance of active membership in the College, and for those so inclined, this organization provides many avenues for participation. Let us ensure our future by taking action in the present. □

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