

ACCESS:

The key concept for the ACSPA-SurgeonsPAC



by Andrew L. Warshaw, MD, FACS

The American College of Surgeons Professional Association political action committee (ACSPA-SurgeonsPAC) seeks to spread surgery's message to Congress by improving access to our representatives and their legislative aides. The ACSPA-SurgeonsPAC was created in October 2002 with the following goals: (1) contribute to the election campaigns of individuals running for national office who support the ACSPA's legislative agenda, (2) improve surgery's access to high-profile legislators, and (3) build the profession's grassroots and fundraising potential. With these objectives continuing to drive its operation, SurgeonsPAC is able to serve as a facilitator for the broader goals of surgery: to improve surgical health care, its delivery, and the ability of surgeons to provide it. It is political action on behalf of surgeons and our patients.

Patient access to timely, effective surgical care is at the heart of the message. There is a growing crisis in the provision of surgical services as the effective number of surgeons declines as a result of a fixed number of training slots, greater narrowing of the scope of surgical practice with subspecialization, earlier retirement of surgeons, and the influence of lifestyle issues on career choice. The result has been a steady relative decline in the number of surgeons available to serve a growing population, stress on emergency call schedules, and the closing of trauma centers. (See Figure 1, page 13). Contributing to the problem of an insufficiency of surgeons has

been the simultaneous increase in the cost of liability insurance in our litigious society and the significant decline in compensation for surgical services under the Medicare fee schedule.

Reimbursement under the Medicare fee schedule remains a major, ongoing problem for surgeons. The flawed formula governing payments—the sustainable growth rate (SGR)—holds total Medicare payments to a fixed total tied to the gross domestic product by bundling major surgical services, which are not increasing, with the cost of nonsurgical services (evaluation and management services, office visits, chemotherapy drugs), which are growing rapidly. As a result, surgeons have been facing an annual cut of approximately 5 percent. (See Table, right.)

Political action has staved off these cuts up to the present time, but the temporary fixes leave us facing a 10 percent cut in January 2008 and 5 percent more per year for at least seven years. The estimated cost of fixing the SGR outright would exceed \$250 billion, a pill that Congress has been unwilling to swallow. Nonetheless, bills have been introduced that could bring about a significant, long-term improvement instead of the yearly legislative brinkmanship of the recent past. One important solution currently being entertained would give surgeons a separate conversion factor for Medicare services so that we would no longer be affected adversely for growth in other medical sectors over which we have no control. Surgeons need to be on the scene to move these fixes forward; we cannot afford to be passive spectators while competing interests work against us.

Surgeons need to speak out about numerous other issues as well, including sustained funding

Figure 1:
Physicians per 100,000 population

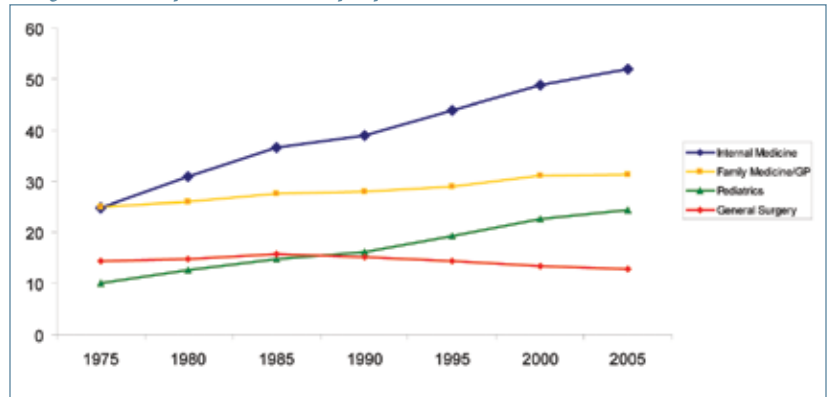


Table: Impact of the resource-based relative value scale with inflation

Procedure	% Change, 1989–2007
Cataract	-69.3%
Total knee	-50.7
Total hip	-56.6
Carotid artery endarterectomy	-50.1
Transurethral resection of the prostate	-46.6
Partial mastectomy	-25.2
Colostomy	-25.8
Laminectomy	-62.4
Hernia	-37.3
Coronary artery bypass graft	-54.0

for graduate medical education, increased training positions to ensure that patients will continue to have access to surgical care, and support for a health care system that affords near-universal coverage. Manifestly, we must continue to emphasize the oppressive costs of the current tort system for resolving liability questions—costs that are passed on to the patient in large part and are driving many surgeons out of practice.

SurgeonsPAC is a critical tool for informing legislators about these problems and securing

a seat at the table to craft and influence solutions for addressing them. Congressional offices are bombarded by lobbyists and special-interest groups, some of which are antithetical to or at least competitive with our aims. Since the institution of the ACSPA-SurgeonsPAC four years ago, our access to congressional offices has markedly improved. Our message is reaching legislators' ears with increasing ease and frequency—a very real and important measure of success. We have helped to elect five ACS Fellows to Congress, and the rate of success for all candidates we have supported has been 85 percent.

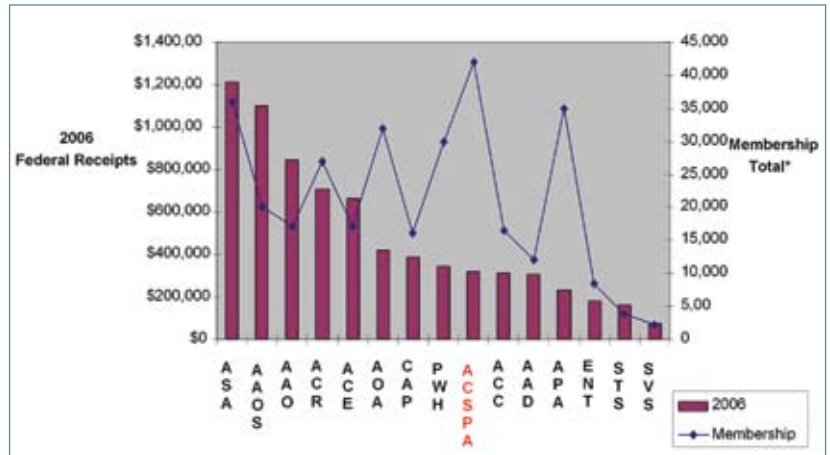
If, in addition to the education and advocacy efforts of the PAC, every surgeon were to set aside five minutes per week to call his or her senators or representatives to weigh in on important issues, the roar of the crowd (50 calls per year from each of 50,000 surgeons = 2.5 million annual calls to Congress) would be powerful indeed.

Although ACSPA-SurgeonsPAC is not the only surgical PAC in Washington, DC, it is important to note that only ACSPA-SurgeonsPAC can speak for all of surgery on the issues that are common across subspecialties. SurgeonsPAC does work closely with other surgical specialty PACs and recognizes the critical role they play for their constituents. There is a defined need for both the ACSPA-SurgeonsPAC and the others.


With ACSPA membership in the ballpark of 45,000 members (the size of an entire ballpark, indeed), the potential of the SurgeonsPAC is staggering. Relative to ACSPA membership, the support for the PAC has been modest (in 2006, 3% of ACSPA members contributed an average of \$315). We have the membership and capacity to become the biggest medical PAC in Washington, but after four years, we still have much room to grow. (See Figure 2, this page.)

Political action on behalf of surgeons and their patients must be viewed as an ongoing, continuous effort with long-term goals to be achieved in increments. There will always be new endpoints as well

Figure 2:
2006 PAC contributions compared with membership



as changing and evolving strategies. Surgery's political pressure must be steady and ever-growing. The competition for attention and political gains is omnipresent; surgery cannot afford to be off the playing field.

Members of the ACSPA who would like further information on how they can get involved in the ACSPA-SurgeonsPAC are encouraged to contact Sara Morse, Manager of ACSPA-SurgeonsPAC, at 202/672-1512 or smorse@facs.org. They also may visit the PAC's Web site at www.facs.org/acspa by clicking on the ACSPA-SurgeonsPAC logo. An ACSPA user ID and password are necessary to enter the Web site. 

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