

From my perspective

On May 9, we will break ground for the American College of Surgeons' new Washington, DC, office building at 20 F Street, NW. Some Fellows have asked me why the College has chosen to purchase this piece of real estate and to construct a 10-story building on the site at this time. I want to take this opportunity to respond to them and to share that information with all of you.

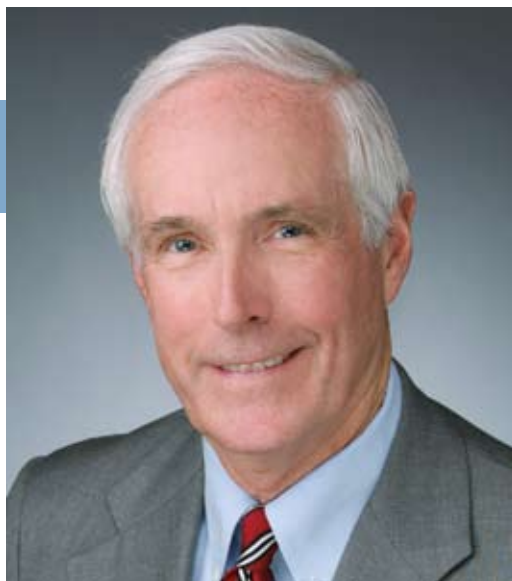
Access to policymakers

The College leadership believes that construction of this building is absolutely necessary for a number of reasons, the most significant being that a larger structure in close proximity to the halls of Congress will strengthen our presence in Washington. Currently, the College's Division of Advocacy and Health Policy staff members involved in federal affairs occupy a renovated three-story schoolhouse in the Georgetown section of the District of Columbia. This site, while historically interesting and aesthetically impressive, is several miles from the seat of political power. If we want to influence legislators and regulators, we need to be where they are.

In our politically charged health care environment, our lobbyists and policy analysts need to have easy and rapid access to the people who are determining how physicians will deliver medical services to patients and how we will be paid for our work. Under these circumstances, and given the often rapid pace at which changes occur on Capitol Hill, it is imperative that our advocacy staff be able to quickly travel to congressional hearings, meetings with health policy advisors, and conferences with representatives from other surgical and medical societies. The time our staff devotes to these negotiations will be far better spent than the time they now must spend negotiating the circuitous streets of Washington in order to get to various meetings.

Growth

As the College has sought to play a more active and influential role inside the Beltway, we have continually redefined existing positions in order to add more congressional and regulatory affairs staff. The Washington Office now



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comprises the Director of Advocacy and Health Policy, Cynthia A. Brown; three administrative, four legislative affairs, and five regulatory affairs staff members; and a political action committee (PAC) manager. However, the strains of expanding responsibilities without increasing the number of staffpeople to share the load is starting to take its toll, and we anticipate more staff will be needed in the coming years to deal with an ever-broadening set of issues. Simply stated, the College's Washington Office has outgrown its present confines. This new building should allow us to add more experts in congressional and regulatory affairs without physical restriction.

Furthermore, it also will be large enough to hold the College's burgeoning Health

Policy and Research Institute. Under the direction of George F. Sheldon, MD, FACS, this branch of the ACS is expected to provide us with hard data on workforce issues, quality, and variability in care, which we can then apply in formulating position papers. This institute will cultivate the best thinking available on issues that are very complex and difficult to address with our current resources. Because of current space limitations in Washington, the Institute is now housed in North Carolina at the Cecil B. Sheps Center for Health Services Research. After the new, larger building is complete, we will be able to move this “think tank” into our Washington Office.

Uniting surgery

It is becoming more important that all of surgery come together and speak with one voice about the issues that affect the profession. To ensure that all of surgery is speaking in unison, the College has been reaching out to the specialty societies and forming partnerships with groups that have interests and concerns in common with the College. For example, we have formed the Surgical Quality Alliance to address outcomes-related topics. The ACS also participates in and develops strategies for coalitions that are seeking to achieve passage of legislation regarding Medicare payment, liability, and health system reforms, as well as funding for trauma and National Institutes of Health programs.



The current Washington Office.



An artist's rendering of the new structure.

Some of these federations have sizable memberships, and the conference room in our current space is too small to accommodate the meetings of these groups. The new building will have meeting areas large enough for us to host these conferences.

In addition, several specialty societies have already agreed to lease space in the structure. Hence, we will be able to easily coordinate our efforts with these groups. We want this new facility to bring the surgical community together as a united presence.

Investment in the future

Some Fellows have expressed concern about the cost of buying property and constructing a building in Washington, DC, particularly at a time when surgeons are confronting cuts in reimbursement and increased practice expenses. Without question, this project will be costly. Estimates put total spending at approximately \$114 million. Most of the money that we plan to allocate to this endeavor will come out of the College's endowment fund, which has increased significantly in recent years through investments. Thus, only a small portion of dues income will be directed toward financing the building.

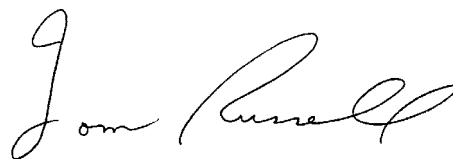
Moreover, the College will occupy just the top floor of the facility. The other nine floors will be rented to other societies and businesses, providing us with a regular source of revenue.

To build better relationships with lawmakers and their advisors, we are planning to turn the rooftop of the facility into a deck area, where we and other occupants can host receptions. Indeed, it is possible that the American College of Surgeons Professional Association-SurgeonsPAC may find this setting appropriate for its fundraising activities.

The College's leadership anticipates that the most significant payoffs will come in the forms of greater access to lawmakers and an enhanced capacity to promote all of surgery's agenda on Capitol Hill. We believe that the development of a modernized and ideally situated Washington Office represents an investment in the future of surgery in an era when the government continues to determine how we provide care to patients and how we are paid. Moreover,

there is no evidence that the government will be exiting the health care arena. Indeed, some private insurers are now looking to the government plans (which now provide 50% of the health care coverage in this country) for models in redesigning more profitable plans. Surgery needs to play an influential role in determining how patients will receive surgical services.

The building is scheduled for completion in 2010, the same year the College will start periodically hosting the Clinical Congress in Washington, DC. We will keep you posted on any important developments that occur before then, and we welcome your thoughts on how to make our new Washington Office an asset to the profession.



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.