

From my perspective

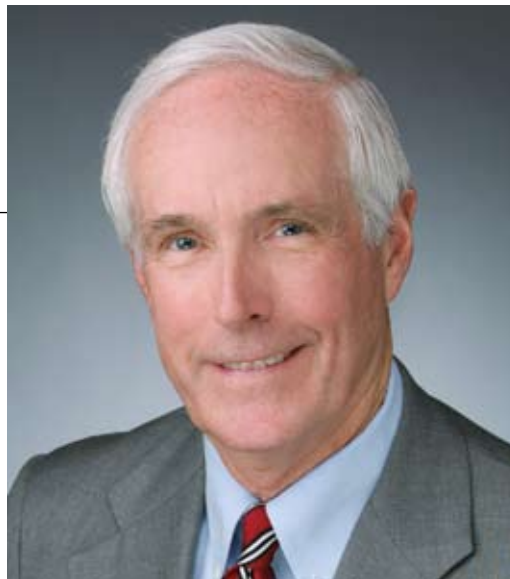
In several recent “From my perspective” columns, I have commented on why the College needs to reach out to regional and specialty societies as well as the broad range of consumer and business groups that have a stake in the nation’s health care system. I believe we need to work collectively because we live and practice in an era in which technology is pulling us closer together. Moreover, surgeons are undergoing seemingly abrupt changes in the professional culture, such as demands that they meet new Maintenance of Certification (MOC) requirements. Meanwhile, policymakers are trying to reconstruct the nation’s health care system. In an age of rapid transformation, it is simply unrealistic to believe that one organization—the American College of Surgeons, or any other—can independently meet the needs of all the members of the profession it represents.

Partnerships in education

One example of how this phenomenon is affecting the College’s activities can be noted in our recent decision to eliminate the yearly Spring Meeting. Instead of presenting the Spring Meeting, the College will be participating in the annual meetings of the Southeastern Surgical Congress (SESC) and the Southwestern Surgical Congress (SWSC).

The inaugural Spring Meeting was presented in 1972 as part of the College’s efforts to emphasize its support for general surgery. The Spring Meeting was intended to provide participants with an enhanced understanding of the many facets of surgical care that can be used to elevate the standards of general surgical practice and improve patient care.

For more than three decades, the Spring Meeting served its intended purposes very well. However, it is becoming increasingly difficult for surgeons in all specialties to take extended periods of time away from their practices to attend meetings. In response, for the past few years, the College has presented the Spring Meeting in conjunction with the annual meeting of the Society of American Gastrointestinal Endoscopic Surgery, creating the “Surgical Spring Week.” The idea behind this format was that general surgeons could participate in multiple continu-



“In these complex times, no single organization can fully meet the needs of all its constituents.”

ing education programs without traveling from one site to another.

We are now taking the concept of one-stop, specialty-specific educational programming a step further through our partnership with SESC and SWSC. By collaborating with these regional societies, we are able to make learning opportunities more accessible for surgeons who want to stay closer to their homes and offices.

The College’s contributions will involve one half-day of programming at each meeting, as well as grant support for the conferences. The 2008 SESC will meet February 9–12 at the Sheraton Birmingham (Alabama), and the 2008 SWSC will convene March 30–April 2 at the Fairmont Princess in Acapulco, Mexico. The College’s programs will take place Sunday, February 10, from 2:00 to 5:45 pm and Monday, March 31, from 8:00 am to 12:00 noon, respectively. Our portions of these meetings will include opening remarks from ACS officials, a panel discussion on ACS activities, and a session on what practicing surgeons need to know about MOC and how the College can help. In addition, the College will present an exhibit at each meeting

to demonstrate the College's new educational products aimed at helping surgeons to meet MOC requirements. I strongly encourage surgeons to mark their calendars and monitor their mail for more information about these meetings.

Our plan is to expand educational partnerships like these and, over time, develop relationships with groups representing all of the surgical specialties.

Partnerships in advocacy

As regular *Bulletin* readers know, the College and the American College of Surgeons Professional Association have formed alliances with multiple coalitions that are studying how we can make the health care system more quality-centered and cost-effective. Most recently, we joined the National Coalition on Health Care, the largest group working on behalf of physicians, consumers, and business to improve health care in the U.S. Under the leadership of Henry E. Simmons, MD, MPH, this coalition's diverse membership is united in support of the following principles as a framework for improving our nation's health care: coverage for all, cost management, improvement in quality and safety, equitable financing, and simplified administration.

In addition, we are working with many organizations to achieve passage of Medicare payment reform. For instance, the ACS and the American Osteopathic Association joined forces to develop a proposal for separate expenditure targets and conversion factors for various categories of physician services in the Medicare fee schedule. This methodology would replace the sustainable growth rate system that is now used to arrive at the conversion factor, thereby ending the current problem of across-the-board payment reductions for all physicians' service regardless of volume and spending growth.

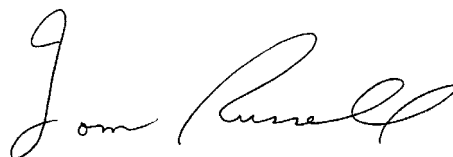
Furthermore, the College formed the Surgical Quality Alliance in 2006 to deliver surgery's message about quality improvement. More than 20 surgical specialty societies are active in this group. The College also meets regularly with representatives of these and other organizations to discuss our shared political concerns, and our involvement with other coalitions that are working to develop outcome measures has been well documented in previous editions of the *Bulletin*.

Moving ahead together

In these complex times, no single organization can fully meet the needs of all its constituents. By branching out and presenting educational programs in cooperation with other specialty societies, we will be able to better meet the evolving needs of surgeons hoping to attain and maintain board certification. Our new relationship with the SESC and SWSC is just a first step in this multidimensional process.

Furthermore, anyone who believes that any one organization has all the answers to the very complicated policy issues facing the nation today is not only arrogant but delusional. If we want to survive this potentially transformative era, we must acknowledge and value the opinions and ideas that other groups bring to the table.

The College's leadership realizes that the days of organizational autonomy are over. We look forward to continuing to gather our collective strength to promote a better future for the surgical profession and our patients.



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.