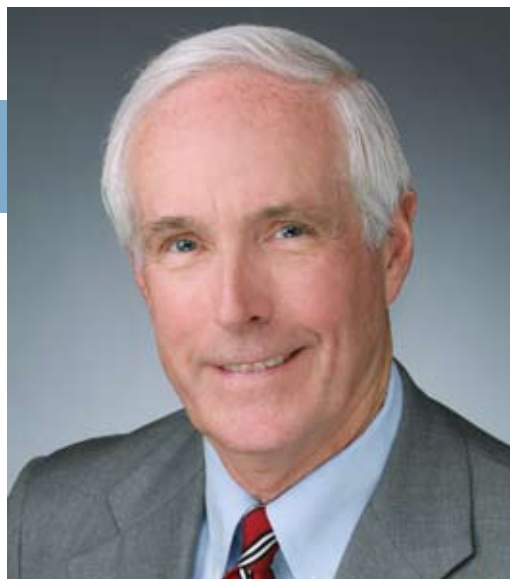


## From my perspective



As most of you know, the American College of Surgeons has been engaged in strategic planning for the past several years. In an effort to ensure that our activities keep pace with the changing health care environment, the College's leaders regularly set new or revised priorities for the organization. I would like to take this opportunity to describe the agenda for 2008 and to provide a mid-year progress report.

- *Serve as a strong advocate for surgery by surgeons who are reimbursed fairly and appropriately for their services and are relieved of major liability issues. Increase the College's visibility among all stakeholders who are shaping the future of health care in the U.S.*

With these goals in mind, work on a new ACS office building in Washington, DC, began on May 9 (see story, page 86). The building's location near Capitol Hill will ensure that our lobbying and regulatory staff is in close, visible proximity to the nation's policymakers.

In addition, College leaders have testified before congressional committees about the effects of Medicare physician payment reductions on surgeons' ability to maintain viable practices and patient access to care. The ACS also has developed a proposal to eliminate the flawed sustainable growth rate methodology from the formula used to calculate physician reimbursement and replace it with six separate spending targets based on category of service. Several members of Congress have expressed interest in this plan.

With regard to medical liability, the College continues to advocate for alternative dispute resolution mechanisms and other legislation that encourages surgeons to participate in patient safety initiatives aimed at improving outcomes.

Furthermore, the organization's overall visibility has been steadily improving. For instance, reporters for nationally recognized publications, such as the *Wall Street Journal* and the *New York Times*, seek the College's input on a more regular basis. And, to extend awareness of the benefits of ACS membership, we are developing a DVD and speaker's kit for surgical audiences.

- *Continue to develop educational products to be delivered electronically as well as regionally*

“ I would like to take this opportunity to describe the agenda for 2008 and to provide a mid-year progress report. ”

*to all surgeons to meet their Maintenance of Certification (MOC) requirements and for purposes of local privileging and credentialing.*

In an effort to offer more regional programs, the ACS hosted sessions at this year's annual meetings of the Southeastern and Southwestern Surgical Congresses. The College-sponsored panels focused on ACS activities and MOC for practicing surgeons.

Moreover, the ACS Program for the Accreditation of Education Institutes continues to verify the capacity of institutions throughout the U.S. to provide state-of-the-art educational opportunities to all members of the surgical team.

In addition, the College has developed a course based on findings in a review of closed claims that indicate that communication—a core competency that surgeons are expected to develop under the MOC mandates—is a determining factor in patients' decisions to sue. The first course, *Minimizing Liability and Enhancing Surgical Outcomes through Effective Communication*, took place in April of this year.

- *Reach out to all surgical specialty societies*

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to assist all surgeons in remaining competent and competitive in a new health care environment.

Exemplifying the College's strengthened relationship with the surgical specialty societies, the ACS and several of these groups combined forces March 9–11 to present a Joint Surgical Advocacy Conference in Washington, DC. This program was very well attended, and many participants indicated that the College and the specialty societies should make the meeting an annual event. In addition, the College has helped to establish a number of coalitions, including the Surgical Quality Alliance (SQA), to address issues of concern to all surgical specialties. Some of their activities are described in the following text.

- *Develop risk-adjusted programs to assess quality of care, effectiveness, efficiency, and patient satisfaction. Examples include the National Surgical Quality Improvement Program (ACS NSQIP) and Consumer Assessment of Healthcare Providers and Systems (CAHPS).*

Among other improvements, ACS NSQIP is being modified to better respond to the needs of private-sector hospitals. Specific enhancements include decreasing the amount of data collected per case, changing the sampling frame to collect more clinically meaningful cases, providing surgeon-specific outcomes, and offering more instruction to hospitals on how to improve their outcomes.

In addition, the College, on behalf of SQA, has contracted with the American Institutes for Research and Westat to develop a Surgical CAHPS survey. Twelve specialty societies and one specialty board are supporting the project financially, assisting in questionnaire design, and recruiting practices to participate in field testing. The Surgical CAHPS questionnaire is scheduled for completion this fall and should be valuable in assessing the degree to which individual surgeons provide patient-centered care.

- *Collect data on surgical performance and efficiency for surgeons to meet MOC requirements and other reporting obligations.*

The College continues to encourage its members to use the ACS Case Log System to track their outcomes and for use in reporting on the

practice-based component of MOC.

- *Set standards of care for surgical patients using the evidence that is available today. Continue to set accreditation standards and review programs for purposes of validation. This activity may be done in conjunction with other groups, such as The Joint Commission, American Medical Association Physician Consortium for Quality Improvement, National Quality Forum, the AQA, and the SQA.*

The College continues its tradition of setting standards for surgical care and has expanded its accreditation activities over the last few years. We remain active in the “alphabet soup” of agencies and organizations vetting the quality measures and standards of care. Moreover, we established SQA primarily to ensure that policymakers understand the unique nature of surgical services when setting outcomes measures for pay for performance, pay for compliance, and so on.

In addition, last month the College launched the ACS Nora Institute for Surgical Patient Safety. This institute is designed to educate patients and surgeons about the practice and principles of surgical patient safety. The institute also will conduct clinical research to discover new means of improving patient safety throughout the surgical experience and will promulgate data on related issues.

- *Educate surgeons and their staff in the use of electronic medical records (EMRs).*

The College is surveying its members this summer to ascertain their concerns about electronic recordkeeping. We anticipate that this study will provide insights into whether practices are using EMRs and, if so, what their level of sophistication is. The survey also will gauge the interoperability between office and hospital sites. The results should prove valuable in helping us to develop new educational programs for surgeons seeking to adopt EMRs.

- *Develop cooperative and collaborative relationships with all stakeholders in health care in an attempt to build a less fragmented and safer system. These stakeholders include surgical and nonsurgical organizations, regulatory agencies, the insurance industry, purchasers, payors, providers, and patients.*

As mentioned previously, the College works

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with a full range of agencies and organizations focused on quality improvement and has developed a reputation for coalition building. We also have reached out to business and consumer groups, such as the Leapfrog consortium and AARP. Earlier this year, the College expressed support for the Consumer Purchaser Disclosure Project's efforts to develop a patient charter for physician performance measurement, which promotes fairness and transparency in outcomes measurement and reporting programs. This group is composed of leading employer, consumer, and labor organizations working to ensure that all Americans have access to information on health care performance.

- *Collect data through the ACS Health Policy and Research Institute to develop proactive policies to respond to workforce and other issues.*

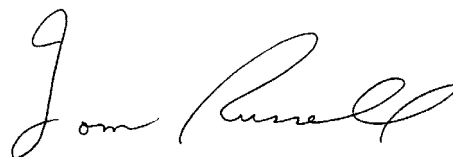
This institute became operational in January of this year and is headquartered at the Cecil G. Sheps Center for Health Policy Research at the University of North Carolina until the new Washington Office is completed. Under the direction of George F. Sheldon, MD, FACS, the institute has already completed one article and two abstracts dealing with issues related to the surgical workforce.

- *Foster the maturation of the ACS Foundation to a point of writing significant grants and seeking external support to gain the resources necessary to support the multifaceted programs of the College.*

We continue to reach out to pharmaceutical and device companies to support the organization's multiple scholarship programs. As a recent example, the College now offers a Wound Care Management Award to encourage research that will lead to new clinical applications in advanced wound-healing therapies. This award for general surgeons has been made possible through the generosity of KCI USA. Furthermore, the National Institutes of Health continues to provide grants for our clinical trials programs.

As you can see, the College's leadership has set some very important goals for the organization in 2008 and beyond, and the ACS staff and volunteers are working hard to meet these objectives. Of course, this month's column has largely centered on our agenda and activities for just the first half of this year. Strategic planning

is a nonlinear, evolutionary process. I invite all of you to share your priority issues and ideas regarding how the College can best meet the needs of today's surgeons and surgical patients.



*Thomas R. Russell, MD, FACS*

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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at [fmp@facs.org](mailto:fmp@facs.org).