

From my perspective

As I prepare to transition from serving as the Executive Director of the American College of Surgeons to the role of a consultant to my eminently qualified replacement—David Hoyt, MD, FACS—I've given a great deal of thought to where the surgical profession is headed and what this organization must do to remain relevant in the future. So in this, my last column, I would like to briefly present my own personal views regarding the future of surgery and of the College.

Value-based care

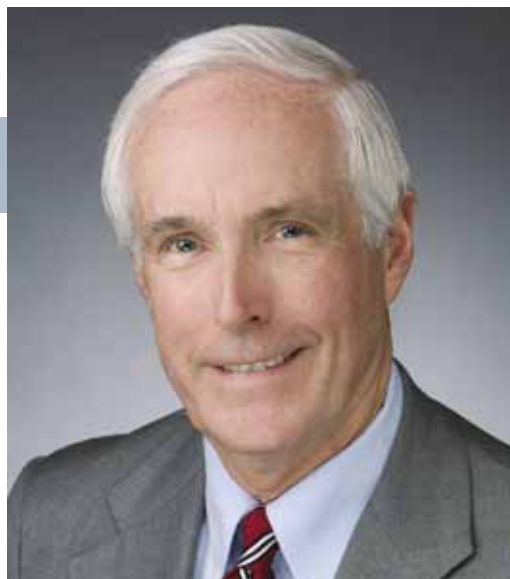
At press time, Congress was still debating legislation designed to improve patient access to affordable, cost-effective, high-quality care. Regardless of what our elected officials ultimately decide to do, vital systemic changes are likely to occur that will significantly affect surgical practice.

The fact of the matter is that our nation simply cannot afford to maintain the status quo. Despite previous cost-containment efforts, health care spending has continued to rise at a breakneck pace. Consequently, the way in which physicians are compensated for their services will change. The system will truly be driven by high value rather than volume.

Policymakers anticipate that comparative effectiveness research will yield information about the financial and medical value of various treatment options. As new means of treating disease emerge, we will have to be active participants in comparative effectiveness research to make certain that surgical approaches yield value equal to, or greater than, other methods of treatment.

Much of what we do also will be based on the results of clinical trials and other rigorous scientific studies. Surgeons and other physicians will be expected to use these findings in practice or run the risk of receiving reduced, or no, reimbursement for the care they provide. Hence, the College's clinical trials program, which began some 12 years ago, should be expanded beyond oncology so that we can really test and validate new surgical procedures, devices, and approaches to providing care.

Furthermore, I believe surgeons and other health care professionals will be subject to increased public scrutiny, and we will need to be



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much more open to reporting our outcomes and to implementing best practices. Physicians, their practices, and medical institutions are going to have to be prepared for a great deal of oversight.

In addition, surgery as a profession could evolve in an iterative way. We are likely to provide fewer episodic services and to become more involved in the overall management of diseases. As a result, surgeons will need to have a solid understanding of different paradigms for delivering health care, such as the patient-centered medical home and accountable care models. Under these new models, surgeons will be much more active members of teams of medical professionals who are competent in managing the causes, symptoms, and secondary conditions related to a broad range of diseases. It is possible that our professional identity will not be as closely aligned with the operating room as it was previously.

The College's future

This organization is about to undergo some important changes and face some significant challenges of its own. The new Washington, DC, office building located at 20 F St., NW, is scheduled for completion in 2010, and we will need to

make the best possible use of this new facility. I believe this new site should serve to bring the surgical community together to advocate for legislative improvements that will address issues of mutual concern, including Medicare payment reform, regionalization of emergency and trauma centers, and the surgical workforce crisis, among many others.

The ACS needs to break out of the surgical silo and continue to actively interact with other stakeholders who are participating in the health care reform debate. We need to think about systems reform and how surgery can contribute to efforts to increase quality, facilitate access to surgical care, and eliminate unnecessary fiscal waste in the system. The surgical community needs to come together and speak as a unified body representing a critical segment of the medical profession that recognizes the primacy of the patient.

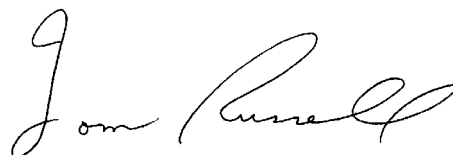
The College also needs to be mindful of the nation's continuing economic troubles and to strategize to determine which programs may need to be scaled back, and which ones need financial replenishment. For example, at a time when the College is facing increasing demands to participate in the development of evidence-based practice guidelines and measures that add value to the lives of our patients, it is of the utmost importance that we foster the development of the ACS Foundation. The funds the Foundation oversees allow us to recruit talented scholars who are able to analyze the sophisticated data gathered through the College's databases and disseminate their findings for use in clinical practice. The Foundation also enables us to provide scholarships to promising surgical investigators working at leading research institutions.

With thanks

Finally, I want to once again express my appreciation for having had the extraordinary experience of serving as the Executive Director of the American College of Surgeons for 10 years. This has been a unique opportunity to attempt to help mold the College into a more influential, modernized, and relevant organization—one that will be critical to our profession as we go forward. I have truly appreciated the ongoing support and interest of the Board of Regents, the Officers,

the Past-Presidents, the Board of Governors, the loyal volunteers, and the entire ACS staff. We have an extraordinarily dedicated, incredibly competent staff. All of the College's programs ride on their shoulders. It is one thing to have an idea; it is something very different to execute and maintain it. In this time of transition, their sense of stability and morale are very important.

This is an uncertain time and there is unrest among our members and other stakeholders in our health care system. We will need to meet multiple challenges and to embrace cultural change. It's been said that with great challenges come great opportunities. I believe that with Dr. Hoyt's leadership, the College will become a major, positive force in building a system that will allow our members to better meet the needs of their 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.