



Report on ACSPA/ACS activities

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American College of Surgeons Professional Association (ACSPA)

The ACSPA-SurgeonsPAC (<http://www.facs.org/acspa/index.html>) raised \$684,509 in 2008. The average donation amount was \$293. Although telephone fundraising continued to be a major component of the PAC's fundraising efforts, more focus was placed on mailings and face-to-face fundraising.

Contributions for 2008 among ACSPA leaders were as follows:

- U.S. Governors: 60 percent
- U.S. Regents and Officers: 96 percent
- Health Policy Steering Committee members: 79 percent
- PAC Board: 94 percent

During 2008, contributions were made to 151 political candidates, leadership PACs, and party committees. In 2009, the ACSPA-SurgeonsPAC will continue to support congressional leaders and other members of Congress who support surgery's legislative agenda.

A change for 2009 is that the PAC switched fundraising vendors, which will result in more results achieved for fewer dollars spent.

The PAC will continue to expand face-to-face fundraising programs, both via staff and Fellows, at various venues such as chapter meetings and Clinical Congress. Individual chapter and local involvement in PAC activities continues to be a major focus of future PAC development and growth.

American College of Surgeons

Board of Governors (B/G)

The Executive Committee of the Board of Governors (<http://www.facs.org/about/governors/boardgv.html>) held the first of five telephone conference calls scheduled for the year. The sixth meeting will occur during Clinical Congress in Chicago, IL, in October.

The Washington, DC, Office hosted a webinar for the Governors and other Fellows of the College. Additional Washington Office webinars are anticipated to be scheduled throughout the remainder of the year.

Two B/G webcasts were scheduled for 2009. The first webcast was held February 6. The webcasts are scheduled in conjunction with the Board of Regents meetings held in Chicago. The next webcast is scheduled for Friday, June 5, from 5:00 to 6:00 pm Central Time.

The Executive Committee and B/G committee chairs have begun planning the 2009 joint session of the Board of Governors and Board of Regents (<http://www.facs.org/about/regents/regents.html>). It is anticipated that the topic of interest will focus on workforce issues, though not related to work hours.

Operation Giving Back (OGB)

In 2008, there were more than 1.5 million hits to the OGB Web site (<http://www.operationgivingback.facs.org>) with an average of more than 1,000 page views per day. There were 238 distinct volunteer opportunities posted over the course of the year. The number of surgeons who have completed a volunteer profile in the "My Giving Back" feature of the OGB Web site continues to increase (currently more than 1,100).

The College and the U.S. Department of Homeland Security/Health Affairs co-convened a forum on the role of the trauma community in national disaster response paradigms. The meeting, attended by the leadership of the College along with representatives from several surgical organizations, was intended to explore possible collaboration with federal and state government agencies in times of disaster. Discussion centered on the critical role and underutilized services of trauma centers in national disaster response, advocacy and educational efforts related to disaster response from each of the groups in attendance, and the proposal of a centralized Disaster Responder Registry.

ACS statement

The Board of Regents approved the Statement on Medical and Surgical Tourism. The statement was developed by the College's Committee on Perioperative Care and was published in the April 2009 issue of the *Bulletin* (see page 26); it is also available on the College's Web site (www.facs.org/fellows_info/statements/st-64.html).

ACS Bylaws

The Board of Regents approved amendments to the *Bylaws of the American College of Surgeons* (<http://www.facs.org/about/acsbylaws.html>). During an interim meeting of the Board of Regents, the governance and structure of the College was discussed, resulting in a number of recommended revisions to the College's *Bylaws*. Several revisions were merely housekeeping details whereas more substantial revisions related to the responsibilities of the elected Officers of the College.

Advocacy

The College hosted a meeting in Washington, DC, with members and staff from 13 surgical specialty societies to discuss how the College and the surgical community can work together on important health care reform and Medicare legislative issues in the coming year. The meeting resulted in the development of "Surgery's United Agenda for Medicare Physician Payment Reform," a document that expresses support for payment reforms including separate conversion factors based on type-of-service and opposition to payment increases for primary care that would reduce payments for other physician services. The College and the surgical specialty societies have been meeting and will continue to meet with members of the Congress and their staff regarding this document and the surgical community's common position on these issues.

The College and 67 other physician organizations sent a letter on January 5 to the Medicare Payment Advisory Commission (MedPAC) supporting a 2.4 percent increase in Medicare payments and opposing MedPAC's recommendations that payment be adjusted based on productivity. During MedPAC's December and January meetings, several commissioners voiced opposition to the inclusion of the productivity adjustment in calculation of physician payment when other providers, namely hospitals, are not subject to such an adjustment. In response, MedPAC changed the recommendation to a straight 1.1 percent increase and removed previous language regarding price inputs and productivity.

MedPAC recommended limiting the payment rate increase for ambulatory surgery centers to 0.6 percent for services provided in 2010. The College joined other surgical societies to support a market basket update tied to the hospital outpatient prospective payment system. The group submitted a letter to MedPAC indicating that MedPAC's recommendation to freeze or cut payments to ASCs is premature and does not take into account substantial payment reductions and payment system reforms that are under way. The College will continue to strongly oppose MedPAC's recommendation to cut surgical payments in order to finance increased payments for other services. In addition, the College will continue to advocate for increased Medicare reimbursement rates that recognize the rising costs facing surgical practices.

Senate Finance Committee Chairman Max Baucus (D-MT) issued *A Call to Action: Health Reform 2009*, a white paper that outlined policy options for large-scale health reform and included a proposal to increase Medicare payments for primary care through a budget-neutral mechanism that would reduce payments for other physician services, including major surgical procedures. The College was joined by 13 surgical specialty societies in sending a letter expressing opposition to the white paper's proposal for budget-neutral Medicare payment increases for primary care. The group met with Chairman Baucus' staff to deliver the letter and discuss the surgical community's opposition to the white paper's proposal for budget-neutral payment increases for primary care.

The College has been working to ensure that funding for the Trauma-Emergency Medical Services program is included in the final House-Senate omnibus appropriations bill. The College will continue to work with both chambers to ensure funding for trauma care systems and services, as well as emergency medical services, trauma care research, and injury prevention.

The College, along with other surgical and medical organizations, developed a legislative agenda to address the ongoing surgical workforce crisis in emergency departments across the country. The College is working with its

colleagues and staff on Capitol Hill to write legislation to be introduced in the current 111th Congress. The College continues to educate members of Congress on the emerging crisis in patient access to surgical care. The College has also emphasized the connection between surgical workforce shortages and trends in residency positions. The College has begun working with the National Rural Health Association, the Senate Rural Health Caucus, and the House Rural Health Care Coalition to create legislation that would address the underlying factors contributing to the surgical workforce crisis in rural areas.

The College supports a student loan initiative for residents. Medical school graduates are finding they owe an average of \$130,000 when their educational loans come due. The College supports the reintroduction of legislation proposed in the last Congress that included acts that would remove the limits on tax deductions for student loan interest and provide relief by allowing young surgeons who qualify for the economic hardship deferment to use this option beyond the current limit of three years into residency, ensuring they will not have to begin repaying their loans or put their loans into forbearance during residency. The College joined other national organizations in urging the U.S. Secretary of Education to increase the aggregate combined Stafford loan limit for health professions students.

In December 2008, the Institute of Medicine released a report that proposed some modifications in resident duty hours. Although the report maintains the current limit of 80 hours, it proposes some major modifications in the structure of the 80-hour workweek. The American Council of Graduate Medical Education (ACGME) will study the impact of the recommendations. The College is working with the surgical specialty societies to develop a united response from surgery to send to the ACGME. Specifically, the College is asking its colleagues to focus on how the recommendations would affect patient care, education and training, budgets, and the well-being of surgical residents.

ACS Health Policy Research Institute

The work of the Institute has been officially ongoing since March 2008. Some of the Insti-

tute's many activities and products between October 2008 and January 2009 include the following:

- Surgical workforce projections: the objective of this project is to analyze historical trends of the surgical workforce and project the future supply (by subspecialty, sex, race, and geography)
- Index of surgical under service: the objective of this research is to identify geographic patterns in the availability of surgical services, examining factors related to supply
- Surgical subspecialization tracking: the objective of this project is to examine trends in subspecialization over time
- Variation in outcomes for surgery-sensitive conditions associated with access to hospital-based surgical services: the objective of this study is to examine the effect of the availability of local general surgical expertise on patient outcomes for select "surgery-sensitive" (appendicitis, peritonitis, nonreducible hernias, bowel obstruction, ruptured spleen, and necrotizing fasciitis) disease processes
- 80-hour resident workweek: in the continuing debate about resident work hour restrictions, limited attention has been paid to the implications for surgical workforce planning; although the ACGME adopted an 80-hour workweek restriction in 2003, few studies have been conducted that investigate the effect of this limit on the supply, distribution, skill-mix, and competence of providers to whom surgical care, previously performed by residents, has shifted

Education

The College continues to participate in national discussion on restrictions on resident work hours following release of the Report of the Institute of Medicine (IOM) Consensus Committee. College leadership will appoint a small group that will be charged with the responsibility of addressing various nuances resulting from the IOM report and will be asked to develop a response for presentation to the ACGME.

A few of the many programs, products, or resources that were launched or significantly enhanced since October 2008 include the following:

- *Professionalism in Surgery: Challenges*

and *Choices*—the second edition includes 24 vignettes.

- *Objective Structured Clinical Examination (OSCE)*—this 10-station ACS Surgery Resident OSCE focuses specifically on patient safety with case scenarios addressing critical and life-threatening situations that residents need to diagnose and manage from the beginning of their residency education and training.

- *Multimedia Atlas of Surgery*—the first volume of this atlas addresses colorectal surgery. The DVD and accompanying book was authored by leading surgeons in the field and focuses on 26 colorectal surgery procedures, both laparoscopic and open.

- *Selected Readings in General Surgery (SRGS)*—enhancements have been made in SRGS to augment the program's relevance to practice and increase accessibility; SRGS is recognized by the American Board of Surgery as a program that may be used by surgeons to fulfill requirements of Part II of Maintenance of Certification, and a new Web site has been constructed to enhance its accessibility and online capabilities.

- *Fundamentals of Surgery Curriculum*—a total of 52 case scenarios of the curriculum have been launched since January 2009; there are 774 residents and 62 institutions currently enrolled in the program.

- *Patient Education Program*—the new ostomy skills program, which is currently being evaluated for its impact on skill acquisition, satisfaction, and confidence, provides patients with a comprehensive, interactive learning kit to help them acquire the requisite knowledge and skills to manage their care; the contents of the skill kit include a simple simulator and equipment for practice of skills, a skills instruction booklet with images to guide each step of skill acquisition, a skills self-assessment checklist, and a CD/DVD with demonstrations of each skill.

The "Find a Surgeon" Web site remains very popular. It may be accessed by the public through the Google search engine, the College's Patient Education Web site, and the National Library of Medicine's Doctor Directory. In addition, patients are being referred to the site by

the National Cancer Institute and insurance companies.

- *The new model for Clinical Congress*—launched at the 2008 Clinical Congress in San Francisco, CA, the new model will be further refined in 2009. There is also ongoing dialogue to redesign the Program Book beginning with the 2009 Congress.

ACS National Surgical Quality Improvement Program (ACS NSQIP)

This year's national ACS NSQIP conference will take place July 19–21 at the Hilton San Diego Bayfront. Mark Chassin, MD, president of The Joint Commission, will provide the keynote address on Sunday, July 19. Dr. Chassin will speak on quality assurance and the future direction of The Joint Commission.

A call for abstracts was issued for this upcoming conference. The abstracts that were received are currently under review. The topics are diverse and range from local quality improvement initiatives and best practices to efficiency and cost savings.

HealtheCareers (Job Bank)

As of January 20, there were 1,261 active jobs listed on the HealtheCareers Web site (http://www.healthcareers.com/site_templates/ACS/index.asp?aff=ACS&SPLD=ACS) with 331 posted resumes.

ACS Case Log System

The number of cases in the system is now more than 600,000. The number of members using the system is now almost 1,400. In a recent survey of Case Log users, virtually all of the respondents indicated they would recommend the Case Log to their colleagues. Various reasons given for using the Case Log system included the following:

- Will help with Maintenance of Certification
- Want to understand practice patterns
- Want to understand outcomes
- Will help identify areas for improvement
- Will help with pay for performance

Communications

Revisions and augmentation of the member

marketing DVD have been completed. The DVD highlights the benefits of membership in the College and is intended to be used at national meetings and by the chapters of the College.

Staff of the Division of Integrated Communications continues to maintain routine interaction with reporters representing both the lay and trade press. Highlights of the many calls received each week from reporters and interviews arranged by the division's staff pertained to issues such as the surgeon shortage, surgical safety checklists, and the void in trauma care in the Galveston, TX, area in the aftermath of Hurricane Ike.

Web portal

Since October 2008, *e-FACS.org* has experienced unprecedented growth—the ACS Web portal enjoyed its largest single increase in visitors and usage since its launch three years ago. The fourth quarter has traditionally been the portal's busiest quarter with members updating their continued medical education records by using the "My CME" feature.

One of the reasons for this latest success is the portal's redesign, which was undertaken and completed last year. Reviews of the redesign indicated that it was having a positive impact on the portal's usefulness.

Traffic to the College's public Web site (<http://www.facs.org/>) has now reached more than 1.4 million hits per month. The average number of hits each day is approximately 45,331.

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