



## Report on ACSPA/ACS activities

June 2009

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*Chair, ACS Board of Governors*

### **American College of Surgeons Professional Association (ACSPA)**

As of May 18, 2009, the ACSPA-SurgeonsPAC (political action committee) raised \$226,613. The average donation amount from 823 Fellows and staff was \$275. ACSPA leaders' contributions included the following:

- U.S. Governors: 26 percent donated on average \$407
- U.S. Regents and Officers: 30 percent donated on average \$669

Political disbursements were made to 45 candidates, leadership PACs, and party committees. The ACSPA-SurgeonsPAC will continue its education and outreach programs, and will focus efforts on increasing participation at the local level. Peer-to-peer fundraising remains a critical component of a successful PAC, and PAC leadership will continue to work to foster these efforts.

### **American College of Surgeons**

#### **Board of Governors (B/G)**

The Executive Committee of the Board of Governors held three of the five telephone conference call meetings scheduled for this year. A sixth meeting will occur during the Clinical Congress in October in Chicago, IL.

Two B/G webcasts were held in 2009. The first webcast was held February 6, and the second webcast was held June 5. The webcasts are scheduled in conjunction with the Board of Regents meetings held in Chicago.

The Executive Committee and B/G committee chairs are currently planning the 2009 joint session of the Governors and the Regents. It is anticipated that the topics of interest will focus on workforce issues, health care reform, and payment reform.

#### **ACS Health Policy Research Institute (HPRI)**

In order to provide a dynamic and up-to-date location for information about the ACS HPRI, a Web site is being developed by HPRI staff. The Web site's content will include in-

formation about the HPRI purpose, staff, current projects, publications, and news. The site will be developed in a manner that is consistent with the appearance of the other ACS Web pages, and will link to the ACS Web site.

The HPRI cosponsored a Surgery Workforce Meeting on April 29, in Washington, DC, in conjunction with the fifth annual Association of American Medical Colleges Physician Workforce Conference. Invitations were sent to all of the ACS Advisory Councils, the American Board of Medical Specialties Surgery Board, and many professional societies, in which a representative was requested to attend the meeting. The meeting was attended by approximately 25-30 invited representatives from professional societies, education and training organizations, and health workforce researchers interested in the collection and analysis of data on the surgical workforce.

The meeting was lively and productive. Much of the discussion centered on the future of rural surgery, the problem of the diminishing general surgery workforce, and the changing culture of the surgical profession as a new generation of surgeons enters the workforce.

### **Review Course for General Surgery**

The Board of Regents approved the initiation of a new, free-standing Review Course for General Surgery. Because of the comprehensive nature of the board recertification examination in general surgery, most surgeons take steps to prepare for the examination, whether it is to refresh overall knowledge of general surgery, or to affirm knowledge and cognitive skills used every day. To help meet this need, the College is designing a comprehensive (24-hour) course that provides a broad review of the essential content areas in general surgery. The course will use a variety of contemporary education strategies, including case-based activities, lectures, sessions with an audience response system, and online modules posted following the course.

### **Advocacy**

The Board of Regents approved additional appointments to the newly formed Health Policy and Advocacy Group. The Group's goal is to consider how it can best serve the College for expert response queries on behalf of surgeons, and for policy development. Andrew L. Warshaw, MD, FACS, is the Group's Chair.

In response to the Senate Finance Committee's proposal on health care delivery system reform, the College was joined by 14 other surgical specialties in sending a detailed comment letter addressing issues such as budget neutrality, sustainable growth rate reform, Physician Quality Reporting Initiative, quality improvements, health information technology, and comparative effectiveness. Following the letter's submission, the ACS secured a meeting with key Senate Finance Committee staff to discuss, in further detail, surgery's reaction to the proposal.

The College was one of two physician organizations sitting before the Senate Finance Committee at a roundtable discussion on the topic of reforming America's health care delivery system. The roundtable was the first in a series of three planned roundtables in the Finance Committee's effort to craft comprehensive health care reform legislation. The other discussions will focus on extending insurance coverage and the financing of full-scale health reform, respectively.

The College was among a select group of physician organizations invited to meet with Sen. Max Baucus (D-MT) to discuss progress on health reform legislation and Medicare payment reforms. The College also participated in three closed-door meetings with key members of Senator Baucus' staff to discuss progress on health care reform legislation.

The College served as the lead organization in brokering a meeting between the physician community and the House Ways and Means Committee Chair, Rep. Charles Rangel (D-NY). Representatives from the College and other organizations expressed the physician community's shared position regarding the implementation of innovative

payment reforms, the need to remove barriers to reform—such as Stark Laws and antitrust restrictions, the impact of defensive medicine and the need for liability reform, and the importance of establishing a national workforce policy to address the growing workforce challenges in medicine.

The College released a statement expressing support for President Barack Obama's proposed plan to address Medicare's broken physician payment system within his budget outline. The initial outline would stop a 21.5 percent cut in Medicare payments in 2010, and would set a new budget baseline in 2010, preventing Medicare payments from falling below current levels. In the statement, ACS Executive Director Thomas R. Russell, MD, FACS, expressed the College's interest and desire to work with the new Administration on reforming the Medicare payment system. The statement also expressed the College's long-standing commitment to improve patient outcomes, and highlighted the successful efforts of the ACS Commission on Cancer as one successful model for policymakers.

John T. Preskitt, MD, FACS, a general surgeon in private practice at Baylor University Medical Center in Dallas, TX, and member of the ACS Board of Regents, testified at a hearing of the U.S. House of Representatives Committee on Small Business. Dr. Preskitt discussed how the ACS National Surgical Quality Improvement Program (ACS NSQIP) could be a helpful model for the budget's proposed expansion of hospital quality improvement (QI) efforts. In discussing QI and efforts to limit hospital readmissions, Dr. Preskitt stressed the importance of risk adjustment to account for variations in patient acuity. He also expressed the College's concerns regarding the president's proposal to limit physician ownership and investment opportunities in physician-owned specialty hospitals.

The College joined with 30 other organizations in sending a letter to the Senate and House Budget Committees. The letter expressed support for including in the bud-

get resolution the resources needed to enact comprehensive health reform legislation, and requested the committees to consider the long-term savings that such reforms could achieve in their resolutions. The letter specifically asked the committees to work outside their typical 10-year budget window and account for the savings that would be achieved by a restructuring of the health care system.

The College issued a strong statement on surgical workforce challenges for a Senate Committee on Finance hearing. The College also offered several recommendations for addressing workforce shortfalls, and warned Congress about the potential negative effects of proposals that would finance increased reimbursement for primary care through reduced payments for other physician services, including surgical care. More specifically, the ACS noted that such actions could threaten patient access to surgical care and discourage medical students and residents from pursuing careers in surgery.

The College continues to meet regularly with the staff of key committees and representatives regarding its Statement on Health Care Reform and its position regarding issues that are being discussed in this context. The College continues to stress Medicare physician payment reform as an essential component of health system reform. In addition, the College continues to express its opposition to budget-neutral payment increases for primary care that would require corresponding payment cuts for other physician services, including surgical care.

The College had numerous conversations with staff members of various senators and representatives to discuss the value of ACS NSQIP in improving patient surgical outcomes. In addition, the College discussed ACS NSQIP and its relation to H.R. 1, the American Recovery and Reinvestment Act of 2009. The College continues to be in regular contact with the staff of Senators Baucus and Conrad, who are working to develop broader comparative effectiveness legislation.

On behalf of the College, Dr. Russell nomi-

nated Karen R. Borman, MD, FACS, and Ronald D. Castellanos, MD, FACS, to serve second terms on the Medicare Payment Advisory Commission (MedPAC). Dr. Russell highlighted the important contributions that Dr. Borman has made to MedPAC's work, and expressed the importance of preserving her unique surgical perspective as a MedPAC Commissioner. Dr. Russell also underscored Dr. Castellanos' unique perspective as the only physician in private practice who serves on the panel.

The College recently led an effort to gain inclusion of trauma-related legislation in health care reform. The College, along with its trauma and emergency care colleagues, worked with trauma champion Sen. Patty Murray (D-WA) on three bills that would address trauma and emergency care. Senator Murray has indicated to the College that she will request the inclusion of these three bills in the health care reform package, and the College will continue to work with her staff on these bills as this process continues. The following is a list of the three bills:

- National Trauma Center Stabilization Act
- Improving Emergency Medical Care and Response Act
- Authorizing the Emergency Care Coordination Center (ECCC)

The Trauma-EMS program has not received funding since FY 2005. The College has asked for \$12 million for FY 2010 in the Labor, Health & Human Services, and Education Appropriations legislation—\$4 million more than authorized for FY 2010. Due to the lack of funding of this vital program, the College is asking for the amount authorized in P.L. 110-23 for FY 2008, in order to provide sufficient resources for re-establishing the program. The College is working hard to collect data and patient stories describing what has been lost as a result of the lack of funding for the Trauma-EMS program.

The College, along with trauma and emergency care colleagues, developed a legislative agenda for the 111th Congress to address the

trauma and emergency care issues across the country. The College is also working on the following legislation:

- Mitigating the Impact of Uncompensated Service and Time Act (H.R. 1678)
- Access to Emergency Medical Services Act (H.R. 1188/S. 468)
- Health Care Safety Net Enhancement Act (H.R. 1998)
- Emergency Volunteer Health Care Professions Protection Act

At the grassroots level, the College is working on its soon-to-be-launched Grassroots Network, which will provide its members with an opportunity to get actively involved in surgery's advocacy efforts. Simultaneously, the College is working to launch a patient-centered grassroots advocacy platform to engage and motivate patients in our efforts to ensure health care policy that preserves and promotes quality surgical care and access.

There are approximately 180,000 bills introduced every year in state legislatures. In order to cull out those of particular interest to surgeons, the College uses an online service called CQ State Track. This year, 731 bills were identified as fitting within our search parameters, developed from a list of state legislative priorities. Surgeons who are interested in staying abreast of the state legislation that the College is monitoring may use a feature of this tracking service on the Advocacy page of the College's Web portal. A map of the U.S. allows users to click on an individual state to get an overview of pending regional legislation. Information available through the tracking service includes bill numbers, titles, sponsors, abstracts, scheduled hearings, and notes added by College staff. If the College is asking surgeons to take action on a particular bill, a link to the Surgery State Legislative Action Center is provided.

### **ACS NSQIP**

As approximately 50 percent of the hospitals in the U.S. have less than 100 beds, the ACS NSQIP has initiated a pilot program to

foster participation in the rural/small hospitals in the U.S. In addition to appropriate pricing for these hospitals to join the ACS NSQIP, there will be program enhancements that decrease the burden of data collection for these hospitals, as well as enhancements that specifically target the types of procedures performed in these rural/small hospitals.

### **Trauma consultation/verification program for hospitals**

As of May 8, 2009, there were 286 ACS verified trauma centers. The most common deficiencies continue to be performance-improvement related. A resource manual for site reviewers is under development, and an online credentialing program for reviewers is being considered.

### **Education**

A special ACS task force was appointed to review the Institute of Medicine Consensus Committee Report on resident duty hours, and to assist in developing a response from the College on behalf of the house of surgery. The College prepared a comprehensive response for the Accreditation Council for Graduate Medical Education (ACGME). The response has been submitted to the ACGME, and discussions with a variety of organizations are ongoing to address this important issue.

The College has continued to provide national and international leadership in simulation-based surgical education. A broad range of educational programs and products involving simulation have been developed and launched. Simulations of various types have been incorporated into definitive educational programs and products to support teaching, learning, and assessment. Collaboration across the surgical specialties and with other national organizations, universities, and federal entities is actively being pursued.

At the 2009 Clinical Congress, 116 panel presentation sessions in various tracks will cover a broad range of important and timely topics in general surgery and the surgical spe-

cialties, as well as critical nonclinical topics. Twelve didactic postgraduate courses will be offered, including the extremely successful General Surgery Review Course. Fourteen skills courses will also be offered.

Enhancements continue to be made in *Selected Readings in General Surgery*. An international version will be made available to reach new markets.

The Fundamentals of Surgery curriculum continues to be extremely well received. Additional case scenarios have been added with the goal of making 94 case scenarios available in the 11 modules of this curriculum. The entire program was scheduled for completion by June 2009, and will be available for the incoming cohort of surgery residents.

The second edition of *Professionalism in Surgery: Challenges and Choices* includes 24 vignettes, and is the definitive educational resource for professionalism in surgery. It is being used for resident education at institutions across the country, and by practicing surgeons who have found this to be a very useful resource.

Special certificates based on verification levels continue to be provided to attendees for participation in postgraduate courses at the Clinical Congress. For 2009, 18 courses will offer Level I Verification, nine will offer Level II Verification, and two will offer Level III Verification. This program provides specific outcomes information and documentation that can be used in credentialing and privileging.

A total of 3,017 College members claimed continuing medical education (CME) credit for the general sessions attended at the 2008 Clinical Congress. CME credit information earned from the spectrum of programs offered by the College is seamlessly transferred to the respective "My CME" page of the individual surgeon. A system is being developed to transfer the CME credit information from the "My CME" page to the American Board of Surgery, upon request of the surgeon, for Maintenance of Certification (MOC). This will be an additional member benefit that will help

surgeons in meeting the MOC requirements.

The new patient education Find a Surgeon Web site has been enthusiastically embraced by both patients and members. On average, 772 member profiles are viewed daily by patients. College members have responded positively to the increased public visibility and many have updated their profiles.

### **ACS Advisory Councils for the Surgical Specialties**

All of the Advisory Councils continue to propose educational programming for the Clinical Congress, and to formulate programming that would benefit the wide spectrum of surgical attendees at the Clinical Congress. In addition to panel discussions and courses, several Advisory Councils have submitted recommendations for Town Hall Meetings and Meet-the-Expert luncheons.

### ***Journal of the American College of Surgeons (JACS)***

In conjunction with its centennial, the 11,000-member Special Libraries Association conducted a poll on the 100 most influential journals in biology and medicine of the century. *JACS* was the only surgery journal to be named to this prestigious list.

Online and fax *JACS* CME submissions currently exceed 252,000 credits; the program is provided as a member benefit. The efficiency and economics of the *JACS* CME-1 program is beneficial to all members, especially in this time of heightened emphasis on MOC.

### ***HealthCareers (Job Bank)***

As of May 11, 2009, there were 1,128 active jobs listed on the Web site, with 338 posted résumés. This is a valuable service for all members of the College.

### **Resident and Associate Society (RAS)**

After the RAS position statement on further work-hour restrictions was published in the January 2009 issue of the *Bulletin* (pages 19–21), it generated much interest in the surgical community. At the Association of Program

Directors meeting in Utah, RAS leadership was asked to forward the position statement to the ACGME to include in its research on the subject of work-hour restrictions as it lobbies Congress on this important topic.

### **Young Fellows Association (YFA)**

The Board of Regents approved the formation of a new group, the Young Fellows Association (formerly the Committee on Young Surgeons), which is modeled after the Resident and Associate Society. This new group will be composed of Fellows who are age 45 or younger, and all young Fellows will be encouraged to participate in the YFA via four work groups: Advocacy, Communications, Education, and Member Services.

### **Communications**

The ACS Web portal continues to be used by more and more surgeons, as reflected in the first-quarter visitor statistics for 2009. The portal received more visitors in the first quarter of 2009 than in any other quarter. The portal now contains 43 communities, of which 12 are specialty communities, and nine are subspecialty communities under the category General Surgery. The remainder of the communities focus on areas of special interest, such as minimally invasive surgery, rural surgery, international surgery, and surgical patient safety, to name a few. Portal communities include robust information that is of great educational value to Fellows, Associate Fellows, Resident Members, and Medical Student Members in all specialties.

### **Operation Giving Back (OGB)**

Seven ACS/Pfizer Humanitarian and Volunteerism Award winners were selected for 2009. They are:

- Surgical Humanitarian Award nominee: Edgar Rodas, MD, FACS
- Surgical Volunteerism Award domestic co-nominees: Douglas Grey, MD, FACS, and William Schecter, MD, FACS
- Surgical Volunteerism Award international nominee: Glenn Geelhoed, MD, FACS

- Surgical Volunteerism Award military co-nominees: Vance Moss, MD, FACS, and Vincent Moss, MD, FACS

- Surgical Volunteerism Award resident nominee: Awori Hayanga, MD  
(See related story on page 31.)

Since the last report, there have been more than 8,000 unique visitors who have conducted nearly 34,000 page views of the OGB Web

site, <http://www.operationgivingback.facs.org/>. There have been 30 new volunteer opportunities posted on OGB, for a total of 187 actively available opportunities. The number of surgeons enrolled (by means of completing a volunteer profile) in the “My Giving Back” feature of the OGB Web site exceeds 1,250. There are 53 international partner agencies and 41 domestic partner agencies.

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