




# **HEALTH CARE POLICY** **and the future of surgery**

**by David T. Cooke, MD**



Once a year, the Communications Committee of the Resident and Associate Society of the American College of Surgeons (RAS-ACS) is given the opportunity to contribute to an issue of the *Bulletin*. The RAS-ACS contributions to this issue discuss in-depth, current concepts that have significant relevancy to residents, Associate Fellows, and practicing Fellows. This year's RAS-ACS contributions expand upon the themes of last year's issue, "Building a surgical career," and address the following question: In order to be clinicians who are integral to the surgical community, what information or skills do young surgeons need to learn—specifically, the things that are not taught or openly discussed during residency? The current socioeconomic environment requires surgeons to have an understanding of health care policy, and as a result, the theme of this year's RAS-ACS special section of the *Bulletin* is "Health care policy and the future of surgery."

It is critical that surgeons become active in the development of health care policy. The keys to becoming active and involved include understanding the nuanced issues related to health care policy, and learning how to become involved.

The dominant health care policy issue today is health care reform. On March 23, President Barack Obama signed the Patient Protection and Affordable Care Act into law, ensuring the nation will see sweeping changes in health care coverage. Such changes may affect how surgeons care for their patients, and/or are reimbursed for their services. Therefore, it is important that our voices are heard, in order to assist in the evolution of health care reform legislation. However, health care policy is not just limited to redefining health insurance coverage; there are other questions that need to be addressed, including:

- Are we equipped as an industry and nation to handle the upcoming physician shortage? And

what is the role of international medical graduates (IMGs) to alleviate the upcoming physician shortage?

- How are the advancing health information technology and Web 2.0 (which include social networking Web sites such as Facebook and Twitter) going to impact health care reform?
- How do we teach residents to become participants in drafting health care policy?
- How does the College advocate for its membership?

This RAS-ACS section of the *Bulletin* places the current health care policy debates front and center. Our first contribution comes from the Chair of the RAS-ACS, Joshua A. Broghammer, MD. In his article, "Health care policy and advocacy: A call to arms for residents and associates," Dr. Broghammer challenges us to become involved with the health care policy process. In addition, he highlights the four key principles that the College has determined to be essential in any health care reform legislation: (1) quality and safety, (2) patient access to surgical care, (3) medical liability reform, and (4) reduction of health care costs. Dr. Broghammer also describes, in detail, the College's recent history of advocacy regarding each of these principals.

The article, "The modern history of U.S. health care reform: A primer for practicing surgeons, residents, and associate fellows," discusses the history behind the development of the Medicare and Medicaid programs, and, perhaps more importantly, it exactly defines Medicare and Medicaid. The authors describe the "near misses" of comprehensive health care reform since 1964, including efforts by Presidents Richard Nixon, Ronald Reagan, and Bill Clinton. The article also provides a timeline for the current race for health care reform, spearheaded by President Obama's Administration.

“Preparing surgeons for a seat at the health care policy table: A proposal for a longitudinal health care policy curriculum during surgical training” is a bold treatise that seeks to redefine surgical education. The authors describe in detail a potential curriculum that would prepare surgical residents to become advocates for, and contributors to, the shaping of health care policy—without sacrificing their clinical education.

In the article, “Addressing workforce issues with foreign medical graduates,” the authors address the growing, but less publicized, problem of the pending surgeon shortage. International medical graduates (IMGs) could potentially be an ideal solution to the surgical shortage, especially in underserved areas such as rural America. But there are sensitive health care policy issues that may serve as an impediment to utilizing the unique skill sets of IMGs, such as the immigration laws governing J-1 visas, and the ethics behind the concept of a “brain drain,” which is the siphoning off of medical talent from other nations.

In “Modern surgical communication and the practice of surgery,” the authors discuss the incorporation of new modes of communication, such as Web 2.0 and electronic health records (EHRs), into surgical practice. The 2009 American Recovery and Reinvestment Act mandates the use of EHRs for all health care facilities and providers. Yet there are issues in regard to EHRs concerning the accuracy of documentation and privacy. The authors discuss these issues, and describe the College’s initiatives and bold strides into new millennium communication.

The final article in this section is sponsored by the RAS-ACS Issues Committee. Each year, this committee presents an important topic that will be debated during the RAS-ACS Symposium at the upcoming Clinical Congress—this year, in Washington, DC. This article, “Do more requirements

make a better surgeon?” provides surgeons with a teaser for the spirited debate that will occur at the Clinical Congress meeting. The article—and ensuing debate—will address the following question: With the growing diaspora of prerequisites, credentialing requirements, board certifications, and licensing exams, are we providing the public with an improved surgical product, or are we merely discouraging and eroding the morale of our current surgical workforce? Although the article is an introduction to the RAS-ACS Symposium, it is apropos to the health care policy theme of this section of the *Bulletin*. After all, as the authors astutely point out, many of these requirements were mandated, not requested.

The RAS-ACS is proud to present our special section of the *Bulletin*. This section not only helps us understand the subtleties of health care policy, it also illustrates the College’s commitment to the education and mentorship of surgical residents and associate fellows. □

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