

# From my perspective

**B**ecause of the dynamic nature of medical practice today, surgeons, other physicians, health care practitioners, and medical and health-related organizations must look to the future and appropriately respond to external forces. Flexibility in managing potential change and a willingness to work cooperatively are necessities, particularly at this time.

The trends that are emerging within all segments of health care have been affecting the hospital industry for at least 10 years. Because these patterns are becoming more apparent within surgical practice, I think it's worthwhile to reflect upon what has occurred within the hospital industry in anticipation of what is likely to happen within our own component of the medical marketplace. Most significantly, individual hospitals have merged, been acquired, or been dissolved. As a result, most existing hospitals are part of large networks. Some of these mergers have been utter failures; others have resulted in systems that have successfully met the demands of local markets. Further, efforts to integrate hospitals and the cultures that developed within individual institutions have often proved difficult. It is never easy to meld different philosophies into one overarching mission or entity.

Now there is a growing need for surgeons to work cooperatively, sometimes even with nonsurgeons. And, as we develop a new paradigm of conducting business and advocating for our patients, we must be prepared to overcome the divisions that exist within our professional culture, so we can avoid some of the problems hospitals have experienced.

## *Merging organizational interests*

Organizations such as the American College of Surgeons are working to make the transition toward a new spirit of cooperation a smooth one. In the past, there were only a limited number of groups that focused on the interests of surgeons. However, over the past few decades, numerous surgical organizations have arisen to meet the needs of a growing number of specialists. Increased specialization, unfortunately, has led to divisions within our profession and made it difficult for one organization, namely the College, to speak for all of surgery. If we are going to remain effective and carry out our mission, we will need to work in a progressive manner with the surgical specialty societies.



**“Organizations like the College and individual surgeons can no longer act in isolation and expect to survive in today’s world.”**

In addition, we will need to work with groups like the American Medical Association (AMA) and other medical organizations, which in the past seemed quite distant and different from the College. By working with a broad array of organizations, we will be able to form strong coalitions that can assist us in achieving our mission. Clearly, these coalitions will become more important as we move forward in addressing social and political issues. I would cite as an example the recent formation of a coalition of more than 50 medical and surgical organizations that came together to advocate passage of the Physician Payment Fairness Act of 2001, which would have significantly reduced the negative 5.4 percent Medicare physician payment update for 2002. Included along with the College in this alliance were the AMA and the major surgical specialty societies.

Just as the College is reaching out to other organizations, our individual chapters also are discovering the benefits of merging with other groups. In recent years, we have seen consolidation of various chapters and surgical societies. Again, many of these cooperative efforts would not have been possible in previous years, but current conditions and the resultant strains on time and

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income have made them very reasonable and necessary.

As only a few examples of a growing trend, I would cite the merger of the Rhode Island Chapter of the College and the Providence Surgical Society, the Connecticut Chapter and the Connecticut Society of American Board Surgeons, the Metropolitan Washington, DC, Chapter and the Washington Academy of Surgery, the Upstate New York Chapter and the New York State Society of Surgeons, and the proposed merger of the Hawaii Chapter and the Hawaii Surgical Association. These are only a few examples of the growing tendency of surgical groups to come together to minimize costs and time away from practice while still achieving goals that are inherently important to the individual organizations.

### *Practice mergers*

Surgical organizations are not alone in discovering the benefits of banding together to better carry out their missions. Practicing surgeons, too, are feeling more obliged to form partnerships. For many years, surgeons remained fiercely independent, citing that characteristic as one of the reasons they chose a career in medicine. Being individualists, surgeons often went into solo practice and enjoyed the benefit of freedom from internal disagreements and “professional divorces.” However, surgeons in solo practice also found that they had to make a full commitment to practices that truly required their attention 24 hours a day, seven days a week. Additionally, they had to tolerate fluctuating workloads, going from times of being overwhelmed clinically to clearly slow and, perhaps, disturbing periods.

Given the socioeconomic pressures that they face today, many young surgeons are increasingly attracted to group practice, which offers them more opportunities to discuss perplexing cases among peers, to form partnerships, and to establish a central team to handle billings and other details of managing a practice. Due to the bureaucracy of practice today and managed care models, it is very important that surgeons work with people who have the business acumen needed to evaluate contracts, to seek approval for procedures, and to establish internal procedures and policies that ensure the practice is properly run.

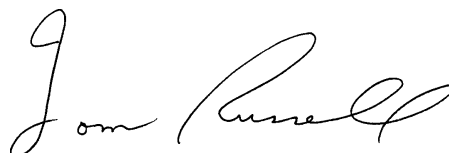
Surgeons who go into group practice also find

they are better able to meet the requirements imposed on the practice of surgery in recent years by governmental regulations. These mandates include occupational health and safety standards, special coding guidelines for evaluation and management services, general coding and compliance rules, privacy and fraud and abuse standards established under the Health Insurance Portability and Accountability Act, and on-call requirements stemming from the Emergency Medical Treatment and Labor Act. Compliance with all of these regulations takes a significant amount of time from the solo practitioner’s practice with no proven patient benefits. It is easier for group practices to keep up and to implement the expected changes.

Finally, the individual surgeon really has had little power to negotiate terms with third-party payors. However, when surgeons join forces, they can more effectively work to achieve equitable contracts. This type of strategy to bargain collectively was used to the benefit of a group of surgeons in Washington State and was described in an article written for the *Bulletin* by Robert L. Howisey, MD, FACS, and Martin B. Durtschi, MD, FACS (November 2001, p. 24).

### *Survival strategies*

The dynamics of the health care industry have been changing rapidly over the last few decades. Hospitals no longer function independently. Similarly, organizations like the College and individual surgeons can no longer act in isolation and expect to survive in today’s world. The College is fully cognizant of these changing realities. Therefore, we are reaching out to our sister organizations and planning a wider variety of programs that will help surgeons sharpen their business acumen. By working together, we can more successfully develop programs and activities that can help our Fellows both meet and stay abreast of the challenges of these complex, and often confusing, times.



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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).