



## CYS E-NEWS

A quarterly newsletter for the practicing young surgeon from the *Committee on Young Surgeons*

*Summer 2007*

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***CYS to Sponsor Programs for Young Surgeons at 93<sup>rd</sup> Annual Clinical Congress in New Orleans***

The Committee on Young Surgeons (CYS) would like to invite all young surgeons to attend the American College of Surgeons Annual Clinical Congress, which will be held October 7-11, 2007, at the Ernest N. Morial Convention Center in New Orleans. There is no better learning opportunity than this robust educational meeting, which includes special programs for young surgeons. Register online at <http://www.facs.org/clincon2007/index.html> to attend the following programs the CYS is proud to sponsor this year:

**Initiates Program: Current Benefits of Fellowship in the American College of Surgeons**

*Moderator: Peter Muscarella II, MD, FACS, Columbus, OH*

**Monday, October 8, 10am-12pm, Morial Convention Center, Room 281-282**

This session is for new Fellows and all members of the College. Many surgeons do not know about all of the important and valuable benefits that the ACS has to offer its members. Participants will be introduced to services and programs with the most potential benefit for them, their patients, and their families. The membership benefits that will be reviewed and demonstrated include personal financial management resources, maintenance of certification resources, and advocacy resources. Resident and Medical Student members are encouraged to attend as well.

*Sponsored by the Committee on Young Surgeons*

**Young Surgeons' Networking Reception**

**Monday October 8, 5-6:30 pm, Hilton New Orleans Riverside-Breezeway Room**

This is the perfect networking opportunity where you can meet other young surgeons and the CYS leadership as well. We would like to hear your opinions, share ideas and suggestions, and have a good time among friends and colleagues. You are ALL invited.

**All Politics Is Local: Strategies to Effect Health Care Change in Your Community**

*Co-Moderators: Patricia L. Turner, MD, FACS, Baltimore, MD, and Ted James, MD, Burlington, VT*

**Tuesday, October 9, 10 am-12pm, Morial Convention Center, Room 271-273**

Surgeons are increasingly involved with advocacy and health policy at the national level. However, opportunity also exists for surgeons at all stages of their careers to become involved locally. The skills required to function effectively in a political environment are often not emphasized in training. This session will explore the strategies necessary to effect change on an organizational, regional, and state level and will highlight ongoing opportunities for action within the house of surgery.

*Sponsored by the Committee on Young Surgeons and the Resident and Associate Society of the American College of Surgeons*

**And while you are in New Orleans, your kids can attend Camp ACS**

The American College of Surgeons is thrilled to be partnering with ACCENT on Children's Arrangements, Inc., again this year to provide an exciting on-site children's program tailored especially for the children of Clinical Congress attendees. With activities for kids ages six months to 17 years such as arts and crafts, active games, movies and much, much more, your children will not want to leave the Mardi Gras Madness camp. It is ACCENT's goal to entertain your child(ren) in a safe environment so you can attend the Clinical Congress with the peace of mind that they are being taken care of and having a great time too. **For further information and to register for Camp ACS, visit <http://www.facs.org/clincon2007/social/campacs.html>.**

*The 2007 ACS Leadership Conference: Impressions from a Young Surgeon*

My junior associate burst into my office; he was obviously upset: "This is crazy, is anyone doing anything about this? What is the ACS doing for us? How can we practice surgery in this environment for the next 25 years?" On top of handling a busy day in private practice at a large teaching hospital, he was very concerned about our increasing overhead and decreasing reimbursement. Basic mathematical skills quickly led him to the realization that if the trend of the last five years continued, he will not be in a sustainable work environment. I answered, "Would you like to come to the American College of Surgeons Leadership Conference in Washington, DC? We are looking for another Oregon Young Surgeon Representative."

Many other young surgeons and chapter leaders joined us for three days in Washington, DC, for the educational and thought-provoking 2007 Leadership Conference. Edward M. Copeland III, MD, FACS, ACS President, gave an inspirational opening lecture on what it means to be a leader in this changing field of surgery. Stephen Evans, MD, FACS, Georgetown University, discussed the skills needed to overcome obstacles and implement change within the surgical work environment, both at the individual practice and administration level. We discussed the need to continue to engage the younger members of the College and the different generational concerns. We also heard speakers

discuss P4P and PQRI, and listened to the perspectives about healthcare reform presented by consumer advocates and insurance representative James Cowan, MD, Aetna.

The first networking luncheon for Young Surgeon Representatives was extremely well attended. Concerns that were raised included the future role of the ACS in regulatory oversight of the field of surgery, assistance in continuing education, and how to better define and improve the visibility of young surgeons within the ACS. The concerns that were on the minds of those who attended echoed in their similarity to those of my associates. How can we keep ahead financially and educationally with the increasing time and monetary requirements from our own associations, institutions, and outside regulatory forces? The bigger question in everyone's minds appeared to be, how do we do this and still maintain the love for surgery?

The second day we gained more knowledge regarding the political workings of both the federal and the state governments. We listened to eight different members of Congress, including Rep. Pete Sessions (R-TX) and Rep. Pete Stark (D-CA). Judy Schneider from the Congressional Research Service gave an energetic, humorous, and very insightful lecture on how Capitol Hill is really run. On a positive note, it does appear that the federal and state governments are becoming increasingly aware that our current medical reimbursement system is severely flawed. The slated 10 percent Medicare cut for this year is based on the SGR and incorporates the spending of not only surgeons, but of primary care physicians, and includes imaging and pharmacy costs as well. Although all of the policy makers agreed that surgeons' fees are not the cause of increased medical costs in this country, they are not ready to allocate the huge resources that are needed to fix the existing problems with the current formula. They are asking physicians to take the lead and help guide the government in quality improvement efforts. There is a great need for comparative effectiveness research. If physicians do not actively lead, then the government will continue to lead for us. Our ACS Division of Advocacy and Health Policy representatives have been working hard at the federal level with their limited budget. Currently, if every member of the College donated \$250, we would have two to three times the lobbying resources as the Association of Trial Lawyers of America (now known as American Association for Justice). Access to Washington is determined by price. The least time-consuming way to advocate for the future of surgery in this country is to donate money to the ACS-PAC.

The third day we took what we learned and applied it by lobbying our individual members of Congress. The members of Congress are aware of the impending medical crisis within their own states. They would like you to e-mail them with examples of patients who received delayed or inferior care secondary to access problems as well as loss of physicians in your area. The most telling response regarding the effectiveness of this conference was when my associate turned to me on the third day and said "That was really great, why don't more people know about this?" I wish I could give him an answer as to why this conference is one of the best kept secrets of the College. Our goal is to have at least two young surgeon representatives and one to two chapter representatives from every chapter attend the next Leadership Conference in 2008. We will continue to try to increase the awareness and visibility of this conference and hope to see more of you in Washington, DC, in 2008!

*Laurel C. Soot, MD, FACS, Portland, OR*

### ***Practice Tip from Economedix: Know Your Numbers!***

Every physician needs to know three critical numbers that reflect all of the financial information included in the Accounts Receivable (A/R): Charges, Payments, and Adjustments. Charges increase

the A/R, and payments and adjustments generally decrease the A/R. These numbers can be trended over a period of time and reveal seasonal trends in reimbursement, changes in patient demographics, changes in payer profiles, patient volume, and more.

Most of today's modern practice management systems are fully capable of reporting these numbers for any point in time, but most often they are looked at for monthly and year-to-date. A simple spreadsheet can assist in evaluating the numbers and provide you with information that can tell you exactly how the practice is doing. There are several key ratios that are helpful in assessing your numbers:

- The Gross Collection Percent, which is payments divided by charges
- Net Collection Percent, which is payments divided by adjusted charges
- Accounts Receivable Ratio, which measures the number of days worth of charges being held in the A/R

Consider this example of a physician's production over the last month:

Charges equal \$60,000 (the average daily charge is \$2,000)

Payments equal \$36,000

Adjustments equal \$23,000

Ending A/R Balance \$125,000

Here are the ratios:

- Gross Collection Percent =  $\$36,000 \div \$60,000 = .60 = 60\%$
- Net Collection Percent =  $\$36,000 \div (\$60,000 - \$23,000) = .9729 = 97.3\%$
- A/R Ratio = Ending A/R balance  $\div$  average daily charge =  $\$125,000 \div \$2000 = 62.5$  days

These numbers do not mean much by themselves until they are compared with some known measure, such as prior month's performance or prior year, same period's performance. For example, if our gross collection percentage was 50% last year at this time, we can see an improvement of 10 percentage points. If the net collection percentage was 90% last year, we see a gain of more than seven percentage points. Both measures indicate improvements in the practice. So we keep doing whatever it is we have been doing. We can also compare them with industry benchmarks that are published by organizations such as Medical Group Management Association (MGMA).

Knowing these numbers and being able to see the trends over time as well as making comparisons with benchmarks can provide good feedback on just how well the practice is collecting money and managing the revenue cycle.

*Economedix provides practice management support to Fellows of the College with our online bi-weekly teleconferences on a variety of topics. For more information, go to <http://economedix.com> for a list of upcoming courses and dates. Tom Loughrey is CEO of Economedix and is a certified coding specialist.*

**Tom Loughrey, MBA, CCS-P**

**CYS e-News is brought to you by the Portal Work Group of the American College of Surgeons**

## *Committee on Young Surgeons (ACS-CYS)*

### *CYS Portal Work Group*

Terry Buchmiller, MD, FACS (Chair)  
Danielle Katz, MD, FACS  
Juan C. Paramo, MD, FACS  
Sanjay Parikh, MD, FACS

## *The American College of Surgeons Committee on Young Surgeons (ACS-CYS)*

To view the current CYS roster, go to <http://www.facs.org/memberservices/cys/index.html>

### *About the ACS-CYS:*

**Mission:** The CYS represents the interests and concerns of the young surgeons of the College. The CYS promotes active participation and input from young surgeons to support College activities.

**Vision:** The CYS exists to mentor those younger, advise those older, and advocate for our peers within the College. The CYS will act as consultants to the College regarding the needs specific to the young surgeon.

### **Goals:**

- I. **Education:** Provide opportunities for young surgeons to learn those aspects of surgical practice specific to us, and to promote educational opportunities for our peers and future surgeons.
- II. **Research and Optimal Patient Care:** Provide opportunities to explore the dynamic practice of surgery focused on the needs of young surgeons and patients.
- III. **Advocacy and Health Policy:** Represent the interests of young surgeons and their patients. Educate the College and the public about the concerns specific to all surgeons.
- IV. **Member Services:** Develop methods of providing services needed by the young surgeon and endeavor to include all young surgeons under the umbrella of the College.

For additional information log on to <http://www.facs.org/memberservices/cys/index.html> or contact us at [youngsurgeons@facs.org](mailto:youngsurgeons@facs.org).

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