DON’T MISS THE NEXT EDITION OF THE BOARD OF GOVERNORS NEWSLETTER, ARRIVING TO YOUR INBOX IN MAY 2015!

The issue will include the following stories and much more:

- Leadership Summit Participation Details
- Surgeon Human Interest Story
- Fascinating Facts from the College
- Did You Know? (information about reimbursement and quality)
- On the Shoulders of Giants

Have an idea for a story to share? A little known fact? Have you taken a trip recently? Attended an exciting educational event? We want to know! E-mail msarap@msn.com or bsanders@facs.org.

The submission deadline for the next issue is April 22, 2015.
FASCINATING FACTS FROM THE COLLEGE

Did you know that the following Fellows received the Nobel Prize in Medicine and Physiology?

- Charles B. Huggins, MD, FACS (1966)
- Joseph E. Murray, MD, FACS (1990)

A program entitled Nobel Prize Winning Surgeons was given at Clinical Congress 2012. To learn more, visit http://web2.facs.org/cc_program_planner/Detail_Session_2012.cfm?CCYEAR=2012&SESSION=PS231&GROUP=PA.

(Unfortunately, the American College of Surgeons Archives does not have the text of this session.)

Another superstar Fellow, Michael E. DeBakey, MD, FACS, was awarded a Congressional Gold Medal in 2008.

Read more about Dr. DeBakey at http://www.houston.va.gov/debakey.asp.
Dear Governors,

The Board of Governors has been quite busy since we met in San Francisco, CA, during Clinical Congress 2014. At that time, 52 new members of the Board of Governors (45 domestic and seven international) were elected. They represent 38 chapters and 14 surgical societies. In order to welcome these new Governors, the members of the Executive Committee and the staff of the Board of Governors held two orientation webinars on December 18, 2014, and January 22, 2015, respectively. In addition, all new Governors have chosen a workgroup assignment and have begun working with their workgroups. The Executive Committee is planning a New Governor Networking and Orientation event to take place at the Leadership and Advocacy Summit on Saturday, April 18.

The Executive Committee has also started a strategic process to define the aims for the next 12 to 18 months. Each pillar lead has been asked to list a series of goals for the pillar workgroups to work on; in addition, each pillar lead is in the process of conferencing with the respective ACS division director to establish areas of synergy. This strategic process will eventually culminate in a unified list of aims, which will be distributed to workgroups, pillar leads, and members of the Executive Committee at the Leadership and Advocacy Summit April 18–21 in Washington, DC. This first step will mature into a face-to-face meeting for the members of the Executive Committee in Chicago, IL, in June to facilitate a dialogue with stakeholders outside of the Board of Governors on selected aims of strategic importance.

The ACS Community sites are seeing increasing traffic and postings. Governors and Fellows are utilizing the ACS Community site more frequently. This increased “traffic” is maturing into a “live” list of Fellows’ concerns and suggestions. The Communication Pillar is examining the possibility of listing the most common community discussions on clinical and socioeconomic topics in the Board of Governors newsletter. Some of these topics could be enriched by a commentary to inform Fellows and Governors on proactive actions taken by the College.

One of the most robust recent discussions on the ACS Community sites has dealt with the issue of graduate medical education (GME). A number of comments were incorporated into a formal response to the House Energy and Commerce Committee request regarding GME reform. The input received from Fellows along with an in-depth meeting of the ACS Health Policy and Advocacy Group were essential to helping Drs.
Hoyt, Zinner, Sachdeva, and the DC team to develop a comprehensive letter. Particular credit to Pat Bailey, MD, FACS, ACS Medical Director for Advocacy, and Matt Coffron, ACS Manager of Policy Development, for their incredible work in developing this letter.

The Program Committee of the Division of Education has sent out an announcement soliciting applications for panels and sessions for Clinical Congress 2016. The online submission is available now and will stay open through March 2, 2015. For more information or to submit your proposal, go to abstracts.facs.org. This process is very competitive, with more than 300 applications received in 2014 and only 100 selected for the upcoming Clinical Congress 2015. If you or your workgroup are thinking of submitting a proposal, we encourage you to begin the process now. Feel free to reach out to Diana Farmer, B/G liaison to the Program Committee, or Karen Brasel, Education Pillar Lead, for guidance. They can help you to generate the strongest proposals.

The Surgical Volunteerism and Humanitarian Awards Workgroup, chaired by Francis Ferdinand, MD, FACS, is seeking nominations for the awards to recognize exceptional volunteerism and humanitarian services of Fellows and residents. These awards are given during the Board of Governors dinner on the Tuesday night of Clinical Congress. Please submit your nomination at http://web2.facs.org/ogb/. Also, should you have nominations for Fellows for one of the pending vacancies on the Board of Regents to be filled during Clinical Congress 2015, I encourage you to submit them to Betty Sanders at officerandbrnominations@facs.org by Friday, February 27, 2015. The 2015 Nominating Committee of the Board of Governors (NCBG) will have the task of selecting nominees.

I hope to see all the domestic Governors (and the international Governors who can make it) at the Leadership Summit in Washington, DC, April 18–21. The Leadership of the College is extremely grateful for our participation at the Summit and has recently decided to waive the registration fee, understanding the commitment of time and resources that each one of us makes in leaving our practices to attend the Summit. The Summit will start with a Leadership Conference over the first two days and will conclude with the Advocacy portion during the last two days. Our presence at both components is extremely important to inform the leadership of the College on the pressing issues faced by all of us, help craft a strategy, and bring our voices to Capitol Hill.

See you in Washington.
ACS OBJECTS TO CMS PLAN TO TRANSITION ALL GLOBAL CODES TO 0-DAY GLOBAL CODES

The Centers for Medicare & Medicaid Services (CMS) recently finalized a policy that will transition all 10- and 90-day global payment codes to 0-day global codes by 2017 and 2018 respectively. Approximately 4,200 of the over 9,900 Current Procedural Terminology (CPT) codes are 10- or 90-day global codes.

Despite the fact that the policy will seek to dismantle 10-day global codes in 2017 and 90-day global codes in 2018, CMS has not yet developed a methodology for making this transition. In fact, the agency has stated that it does not know how best to proceed. However, in order to implement the change, CMS must begin to transition all these codes no later than February 2016.

The American College of Surgeons, along with a large coalition of physician organizations, is working resolutely to seek Congressional intervention to rescind this dangerous and ill-considered policy as soon as possible. We are concerned that this policy will reduce patient access and quality of care. It will also increase administrative burdens and obstruct clinical registry data collection and quality improvement.
Whether you are part of a highly skilled surgical team or a secretly deployed SEAL team, effective communication is critical to success and almost certainly to survival! Pretty much everyone agrees with that old chestnut.

Now drop about 75,000 ACS Fellows into a transforming, “self-learning” health system, challenge them with a mandate to use electronic medical records that are little more than word processors on steroids, and inform them that reimbursement will be driven by quality measures that they had nothing to do with developing. Suddenly there is a lot to talk about! Add in the fact that the electronic medical record can rarely provide the data necessary to verify the quality measures and the conversation becomes “enhanced.”

As the name suggests, the Communication Pillar of the Board of Governors exists to facilitate communication. In the old days, communication was basically done on paper. Today, however, we have assembled an incredibly talented and industrious group of Governors who are continuously exploring better ways to exchange information among fellow Governors, Regents, College leaders, and, most importantly, the Fellows whose constant commitment to patient care often keeps them “out of the loop.”

Because communication is a two-way process, the pillar includes an input workgroup dedicated to the design, deployment, and analysis of the annual Governors’ survey. Led by Drs. Mark Puls and Dave Welsh, this group begins its year with assessment of the best processes to obtain information from the Governors that is reflective of the concerns of the Fellows. Certainly one of the more controversial issues is whether only Governors should complete the survey, or if they should be able to distribute the survey to some or all of their respective constituents. The workgroup must next determine the actual dataset to be requested and the process by which the information will be collected. Finally, once the survey is complete, Drs. Puls and Welsh will lead a group of colleagues in the actual analysis of the data so that an accurate and relevant report can be provided to the entire Board of Governors at its annual meeting. Judging by the overwhelming response to the 2014 survey’s questions regarding quality metrics, network tiering, ongoing chapter support, and graduate medical education, it would seem that this workgroup has its finger squarely on the pulse of American surgery.

The Newsletter work group, led by Drs. Mike Sarap and Russell Nauta, is the effector arm of the communications loop. The Board of Governors newsletter has been redesigned to provide the reader with a rich list of subjects that report on current topics related to care of the surgical patient, Governor activities, issues of concern to the Fellows, and more.
international Governors, features regarding College history, and vignettes about some of the surgical giants on whose shoulders we all stand. As one might expect, Drs. Sarap and Nauta are always eager to acquire new content or be directed to topics that are relevant to the Governors and the Fellows. Most recently, the Young Fellows Association (YFA) has assigned one of its members, Dr. Ali Kasaeiran, as a liaison to the newsletter workgroup to assist with messaging via modern social media. Dr. Kasaeiran’s weekly radio show dedicated to health care topics has been very valuable in messaging the public regarding hot button health care topics.

To ensure that important information within the Board of Governors is appropriately shared with the fellowship, the pillar also acts as Liaison to the Editorial Staff of the Bulletin for all of the workgroups and committees within the Board of Governors. Drs. Tom Shires and Peter Andreone fill this liaison role, which is intended to ensure that every important issue that emerges from the activities of the Board of Governors is adequately disseminated to Fellows and the leadership of the College.

Finally, the Communication Pillar features its very own army of one in the work of Dr. Tyler Hughes, who has been the leader and medical director of the increasingly important ACS Communities Website. From the standpoint of communications this site is truly the wave of the future. As more communities are added, the cross talk among surgeons has increased almost exponentially. The topics vary from case discussions to issues regarding the daily practice of surgery. The discussants include everyone from busy clinical surgeons to leaders of the College. Soon the newsletter will actually list the most discussed topics over the previous quarter as a way to ensure that these topics are disseminated as widely as possible.

So, going back to the beginning of this report, we do have a lot to talk about! As a result of the hard work and commitment of the Communication Pillar we now have a system that continues to apply a variety of media technology to publish information of interest and value to Governors and Fellows. Even more exciting, however, is the proliferation of the Communities website, which daily reaches out to more and more Fellows with an immediate and easy way for each to share his or her thoughts with all of us! Indeed, we are all in this together, and we absolutely need to keep talking to each other!
Dr. Anthony di Cataldo was appointed Governor of the ACS Italy Chapter in 2013. “I realize that this is a great honor, but also a great responsibility,” he said.

Dr. di Cataldo graduated in 1976 from the University of Catania, Italy. Catania is a nice city in Sicily, placed in a privileged geographical position between the sea and the magnificent Mt. Etna.

While he specialized in general surgery, his career has also focused on digestive and colorectal surgery, which he has been dedicated to. In 1993, he became associate professor of digestive surgery, and in 2003 he became full professor of general surgery. Dr. di Cataldo has also served as vice dean of the faculty of medicine at Catania University.

During the first part of his career, he was attracted by the wonderful world of experimental microsurgery, and in 1984, he was fortunate enough to attend the Experimental Laboratory directed by Professor Sun Lee, the father of microsurgery in San Diego, CA.

Other prestigious institutions where he enriched his mind include:

- 1988—Pittsburgh, PA, where he attended the Department of Professor Starzl
- 1995—London at the Royal Postgraduate Medical School, where he could see the activity of Professor Williamson in the department of surgery
- 1998—Columbia University, New York at the Center for Liver Transplantation directed by Professor Emond

Mt. Etna
Together with clinical activity, Dr. di Cataldo carried an intense experimental microsurgical activity, studying the pathophysiological alterations after portocaval shunt, the liver damage after ischemia-reperfusion injury, the immunological effects of splenectomy, and surgical alternatives to the removal of the spleen. This activity culminated in his election as President of the International Society for Experimental Microsurgery in 2000–2002. He has also published many scientific papers and book chapters and has made presentations at national and international meetings in Europe, America and Asia.

In 1996, he attended his first Clinical Congress of the American College of Surgeons in San Francisco, CA. He remembers well the great impression it made, how many sessions were simultaneously developed, the perfect organization, and his wish to listen to as much as possible. In 2005, he was accepted as a Fellow of the College and then became a member of the ACS Italy Chapter. In 2009, Dr. di Cataldo organized the Italy Chapter’s Annual Meeting with the prestigious presence of Professor Cameron, at that time President of the ACS.

Dr. di Cataldo plans to strengthen the collaboration between ACS international chapters, especially those in Europe. Another important area he will focus on is recruiting young surgeons in order to spread the noble values of the College to the next generation of surgeons. Every year during the meeting of the Italy Chapter, a prize is awarded to the best paper presented by a surgical resident, which allows him or her to attend the next Clinical Congress. Dr. di Cataldo and his chapter would like to do even more, but the difficult economic situation does not allow it at this time.
ACS COMMUNITIES HOT TOPICS LIST

The ACS Board of Governors newsletter presents its inaugural listing of “Hot Topic” threads and discussions from the various ACS Communities. Each topic links to the thread to allow the reader direct access to the entire discussion from the specific Community.

To search for information on any topic, simply go to ACS Communities>Browse All Communities>Enter the desired topic in the search box. We encourage all Governors to submit topics from their specific Communities for inclusion in future “Hot Topic” lists. These are the topics that really need response from as many of us as possible. In the future, we plan to include commentary on particularly important topics submitted by College Leadership and Fellows.

Common Discussion Threads from Multiple Communities

- EMR/EHR frustrations
- Physician burnout
- Practice management training for students and residents
- Employed versus private practice
- Physician/hospital administration relationships

Top Discussions in Most Active Communities

BOG and Colorectal Communities
- GME REFORM

Young Fellows
- EMR for small private practice
- Contract negotiation

Women Surgeons
- Career detours and alternatives

Rural Surgery
- What would you say to a premed?

Breast Surgery
- When to do a completion axillary dissection?
- Axillary dissection

Colon and Rectal Surgery
- Centers of excellence in colon and rectal surgery
- Management of strictures post LAR
- Redo for low anastomotic stricture

Continued...
HOT TOPICS! CONTINUED

General Surgery Community
- Appendicitis and post op antibiotics
- Pilonidal cyst management
- What is the current standard for postop care?
- Business, leadership and negotiating skills

Minimally Invasive Surgery
- Nonhealing Duodenal ulcer

Pediatric Surgery
- Laparoscopy Vs Open Inguinal Hernia Repair

Rural Surgery
- New question need help (when to operate for chronic abdominal pain?)

To access these and other communities, visit http://acscommunities.facs.org/home
The Joint Commission (TJC) accredits hospitals and is well known to all of us. They also accredit programs within hospitals, stroke certification being one of the best-known models. Disease-specific accreditation is available through The Joint Commission, and this area is where my program at Methodist Dallas Medical Center decided to focus our efforts. As a hepatobiliary and pancreatic (HPB) surgeon with a high-volume pancreatic practice, I had been looking for a model of accreditation that would allow us to continue to grow a program that we had worked on. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) mechanism focuses on several quality metrics. However, as we were the first in the nation to apply for accreditation in pancreatic surgery, we had to propose metrics that they felt were acceptable. Certainly, the usual quality measures were included (outcome, volume, length of stay, and so on) but we placed special emphasis on the multidisciplinary approach to our pancreas patients—from preop counselling to oncology, pathology, radiology, dietician, postop nursing care, physical therapy, and occupational therapy input, to mention a few. The focus was on a well-oiled team that works together to take care of these complex patients.

We also were the first in Texas to obtain certification in pancreatic cancer. This designation was focused on the multidisciplinary oncology approach these patients get. Every pancreatic cancer patient at our institution is seen by medical oncology, radiation oncology, pathology, radiology, nutrition, our nurse navigator, and many more. The plan is made in this multidisciplinary manner so that the patient is offered, for example, chemotherapy to downstage prior to surgery. This approach has been an established model in breast cancer; however, it is new to the world of gastrointestinal (GI) malignancy. An additional challenge is that the program is set up in an institution where there are many groups and not everyone is employed. We were able to show that the multidisciplinary approach can work efficiently in this high-volume but nonuniversity environment.

So what does this really mean? In the changing world of surgical procedures where volume and outcome measures are well known by surgeons as well as patients, such designations will become important in establishing quality. This fact has already been the case with disease sites such as transplantation. Education should follow such recognition. We have a HPB fellowship, which should be the natural evolution of a program that has such high volumes and recognized quality metrics. It used to be that there were the “occasional Whipple surgeons,” but that has really changed. Many of the referrals are from surgeons that just don’t want to do this anymore. Having a recognized system that can take care of these complex patients makes it much more efficient and results in better outcomes for the surgeon who is working hard to do his or her best. Having the whole team support you makes a difference…

Dhiresh R. Jeyarajah, MD, FACS
Specialty Society Governor
Americas Hepato-Pancreato-Biliary Association

Continued…
Consensus Conference on Training in HPB surgery brings the AHPBA, SSO and ASTS together

A successful consensus conference on training in HPB surgery was held in San Francisco, CA, on October 27, 2014. The primary aim of this conference was to get the three main groups training HPB surgeons together in a room to discuss common paradigms. More than 250 registrants, including most of the fellowship program directors from the surgical oncology, HPB, and transplant fellowships from around the world attended this standing-room-only event.

The opening session focused on where we stand at this time in HPB training in each model. Russell Berman, MD, FACS, spoke for the SSO; Rebecca Minter, MD, FACS, spoke for the AHPBA/HPB fellowships; and Sunil Geevarghese, MD, MSCI, FACS, spoke for the transplant fellowships. The sessions that followed focused on programmatic requirements, introduction and maintenance of new technology to training, summative assessment, and formative assessment. Jo Buyske, MD, FACS, spoke on the changing paradigm that the ABS is exploring; Keith Lillimoe, MD, spoke about the relationship of volume metrics in training. The audience response system was used to ask some contentious questions, and the responses were interesting and thought provoking.

A consensus paper is being crafted at this time summarizing the main points from this meeting, and the hope is that this will be an ongoing project between the three societies. The aim is to develop a more transparent training environment where the trainee experience contains the agreed upon key elements necessary for excellent HPB training. Look for the consensus paper, which should be out soon!

BIO:

D. Rohan Jeyarajah is the director of surgical oncology and director of the HPB fellowship at Methodist Dallas Medical Center in Dallas, TX. He graduated from Brown University Medical School and did his residency at the University of Chicago, where he did two years of NIH-sponsored research in transplant immunology. He then did one year of a transplantation fellowship and joined the faculty of general surgery at the University of Texas Southwestern from 1997 to 2005. He then moved to Methodist, where he started the HPB fellowship and grew a busy HPB and foregut practice.

Nationally, he is the past accreditation chair and now vice president of the Fellowship Council. He is the chair of the Program Director’s Committee of the AHPBA and President-Elect of the ACS North Texas Chapter.
The American College of Surgeons (ACS) Foundation Chair, Amilu Stewart, MD, FACS, announced last month that two major gifts to the 1913 Legacy Campaign have increased the total contributed to more than $3 million in donations and commitments. One gift was designated to the ACS scholarships program and the other will be directed for the American Joint Committee on Cancer (AJCC) Cancer Staging Manual.

Last year, the College awarded more than $1.5 million in scholarship funding to surgeons for professional development and research opportunities. The AJCC, administered by ACS Cancer Programs, provides worldwide leadership in the development, promotion, and maintenance of evidence-based systems for the classification and management of cancer in collaboration with multidisciplinary organizations dedicated to cancer surveillance and to improving care.

“We are grateful for these recent donations that will support efforts that are core to the College’s mission of optimal patient care and education. The nearly 300 donors who have each invested at least $1,913 in this special initiative are all important partners in the philanthropic work of the College. Every donation makes a meaningful impact for the surgical profession and patients,” said Dr. Stewart.

The ACS Foundation Board of Directors and volunteers have led the 1913 Legacy Campaign to maintain the vital role of the College and strengthen high-impact services for its next 100 years. Philanthropic investments within three priority campaign initiatives are benefiting—the Surgeon, the Profession, and the Societal Good.

All current members of the Executive Committee of the Board of Governors have participated in the campaign with a gift of $1,913 or more. In total, 41 Governors have become members of the 1913 Legacy Campaign. The ACS Foundation Board of Directors and staff extend their gratitude for this generosity and appreciation for giving both service and philanthropic support to the College.

Visit the Foundation website, www.facs.org/1913campaign, to see a complete list of 1913 Legacy Campaign donors. To make your own donation of $1,913 or more, contact Sarah Klein at sklein@facs.org.
ON THE SHOULDERS OF GIANTS

“In truth, the anxiety of a Surgeon, before an important operation, is the greatest any man can suffer, where there is not a consciousness of crime; and do not suppose this belongs to a Surgeon in his early practice only, or to such feeble spirits as cannot summon resolution to do their duty. The greatest Surgeon this country has produced, the celebrated Cheselden, was, even in his later days, anxious to sickness, before the performance of a severe operation.

These are the considerations which incline me to believe, that our profession has not been sufficiently honored; and that men are esteemed, only in proportion to the emoluments (profits) they have drawn from it. It depends on the conduct of those that are now entering their profession, whether Surgery will continue to be confounded with the meaner arts, or rise to be the very first in estimation; as requiring great abilities and long study to attain the knowledge of it, and purity and the strictest honor in the practice of it.”

—Excerpt from the Preface to “Illustrations of the Great Operations of Surgery”  
Charles Bell 1821
SAVE THE DATE

April 18–21, 2015
ACS Leadership and Advocacy Summit

Saturday, April 18
1:30–2:00 pm/Executive Committee meeting
2:00–3:00 pm/New Governors networking
and orientation event
3:00–4:00 pm/Workgroup meetings

Sunday, April 19
Leadership Conference

Monday–Tuesday, April 20–21
Advocacy Summit

May 1, 2015
International Surgical Education Scholarships Deadline
www.facs.org/member-services/scholarships/international/issurged

June 1, 2015
Claude H. Organ, MD, FACS, Traveling Fellowship Deadline
www.facs.org/member-services/scholarships/special/organ
In the last issue of the B/G newsletter (post-Clinical Congress edition), the article “The Alberta Surgery Network” lead author should have been listed as Walter Stirling Anderson. He was a former chief of surgery in Edmonton and is now deceased.

Dr. Anderson was born in 1910 in Kenton, MB. He graduated in science from the University of Alberta more than 50 years ago and then proceeded with his training in medicine and surgery at the University of Toronto. During World War II, he served as Wing Commander in the R.C.A.F. He was a member of the faculty of medicine at the University of Alberta for 34 years, retiring as clinical professor of surgery in 1975. His great personal, technical, and teaching skills were recognized by his peers. Dr. Anderson was elected chief of surgery at the Royal Alexandria Hospital and was a leading force in assimilating and coordinating the surgical facilities of all five hospitals for teaching and research. Dr. Anderson was a surgeon’s surgeon—during his active practice he was possessed of amazing surgical skills. These skills were complemented by his compassion for humanity and his tireless efforts for the betterment of those Alberta institutions to which he had devoted his life.