It was a privilege to attend the Leadership Program in Health Policy and Management course at Brandeis University as the 2016 recipient of the ACS/APSA scholarship program. Spending the week with the other surgeon participants, each sponsored by their respective societies, was an invaluable experience. I have long believed it critical to develop a better understanding of our profession’s role in the overall healthcare industry, within our hospital systems, and as it intersects with the private payor system and federal and state government insurance models. From programs like the Brandeis course, we become more knowledgeable of past history, current status, and future changes in healthcare and develop our own individual and specific skill sets in addition to our surgical expertise. In doing so, we can each participate effectively in improving the system for our patients and our profession.

The Brandeis curriculum was expansive. The week included presentations by Professor Stuart Altman describing the history of healthcare in the United States, insights to effective leadership approaches taught by Professor Jon Chilingerian, and discussions by Dr. Frank Opelka, Medical Director, Quality and Health Policy of the American College of Surgeons, outlining many of the current issues in the Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) which ended the Sustainable Growth Rate (SGR) formula. A multitude of other lectures rounded out the program with instruction in the mechanics of organization dynamics, accounting, and negotiation critical to any effective operation.

I found every lecture useful, but given my interests in the evolution and changes in healthcare and influencing its future direction, several presentations were especially fascinating. Dr. Altman has been an active participant in healthcare policy beginning in the Nixon administration and in shaping federal programs throughout many subsequent presidential efforts. Dr. Chilingerian was a skillful presenter and thoroughly explored various aspects of good leadership traits and specific approaches in leadership style determined by the circumstances within an organization at any given time. The group spent time with Dr. Opelka reviewing the multitude of possible issues his office could address and realizing that limited resources dictate prioritizing the most impactful items to yield the greatest chance for successful change. The American College of Surgeons has demonstrated aggressive advocacy for the surgical patient in shaping legislative programs as they are conceived or need modification. The work of Drs. Opelka and Bailey in the ACS Division of Advocacy and Health Policy in Washington, DC continues to build on progress toward this end, developing relationships with legislators and those in the executive branch of our government to promote and educate as to what legislation and funding is needed for our medical systems.
The Brandeis course also provided me a better perspective of how issues in Medicare compare to Medicaid. My experience since 2008 as a member of the Texas Medical Association Subcommittee on Medicaid, CHIP, and the Uninsured has educated me regarding government funding to both children’s hospital systems and providers. With regard to government insurance programs, pediatric surgeons live almost exclusively in the Medicaid arena, since children and pregnant women are the majority of beneficiaries. In contrast, our adult surgical colleagues care for elderly patients with Medicare, and to a lesser extent, Medicaid patients from specific subsets of our population. The Social Security Amendments of 1965 established the Medicare and Medicaid insurance programs. Children’s Health Insurance Program (CHIP) was created in 1997 and is administered through the Medicaid system. Medicare and Medicaid programs are structured very differently. Medicare is an entirely federal program and Medicaid is state administered receiving substantial federal support dollars. As we all know, well over half of the patients in many of our pediatric surgical practices are enrolled in the Medicaid system, a critical issue since funding of these programs remains a serious challenge, depending on your state. The Affordable Care Act (ACA) has expanded Medicaid further as a mechanism to increase the percentage of insured adult Americans. Pediatric surgeons have moved away from relying on inadequate Medicaid payments to fund practice expenses in favor of contract coverage agreements or employment arrangements with pediatric hospital systems. It is interesting that Medicare and adult surgeons are moving to these same paradigms to address funding problems. The emphasis on bundled payments to hospital systems and developing Accountable Care Organizations (ACOs) are a major focus in adult healthcare via the new MACRA Medicare law and continue to cause rapid change. Initiatives often move from Medicare to the private insurer marketplace and into Medicaid as well, making it prudent to understand all on the horizon. Representation by both primary care providers and specialists, such as pediatric surgeons, in all ongoing Medicaid reform is important to ensure adequate fiscal support for children’s hospital systems and the unique services that our specialty provides such as trauma and neonatal care.

I suspect most agree that we have to be part of the process or we will have no credibility in our criticisms. Despite the difficulties that persist, we also have much opportunity to improve our healthcare delivery in terms of safety, efficiency, fairness, and improved outcomes for our patients. This opportunity can only be seized if we understand all of the issues and interests of the involved parties and how each non-government and government organization operates within the healthcare environment. We must understand all the issues in our own context and in the context of our other partners. As individual surgeons, we are more effective leaders when we understand not just where to lead, but how to lead. The Brandeis course has played a key role in helping me understand methods of leadership, how to be effective in large organizations, and how to interpret financial data of those organizations, with the goal of negotiating for a better system that serves the patient
best, yet still maintains a fiscally sound, sustainable, and equitable healthcare system.

David P. Bliss, Jr., MD, FACS
Associate Professor of Surgery
University of Colorado School of Medicine
Chief of Pediatric Surgery,
Children's Hospital Colorado at Colorado Springs