



Report on ACSPA/ACS activities

October 2011

by *Timothy C. Flynn MD, FACS*

American College of Surgeons Professional Association (ACSPA)

As of September 2011, the ACSPA-SurgeonsPAC (political action committee) had contributed to the campaigns of 84 candidates, leadership PACs, and party committees, and had raised \$412,135. This total was less than what the PAC raised at the same point in 2010; however, the decrease in contributions is not a cause for alarm because PACs commonly experience decreased revenues during non-election years. A total of 56 percent of the U.S. Governors of the College contributed, and 89 percent of the Officers and Regents made contributions as well. Current fundraising challenges include the difficult economy, general dissatisfaction with the performance of political institutions, and intrinsic inertia. The ACSPA-SurgeonsPAC resumed telephone fundraising, which resulted in a significant increase in funds.

American College of Surgeons (ACS)

Board of Governors

The Executive Committee of the Board of Governors held its four telephone conference calls scheduled for the year. In addition, two face-to-face meetings were held during the Clinical Congress in San Francisco, CA.

The Board of Governors' annual survey communicates the concerns and recommendations of the Fellows regarding major issues related to surgery to the College's leadership. The results of the survey were presented to the Board of Regents as it considers future endeavors. The top five issues of concern to the Fellows of the College in 2011, as reported by the Governors, were as follows:

- Physician reimbursement
- Health care reform
- Professional liability/malpractice
- Medical education/graduate medical education
- Workforce issues for academic/community practice

The Board of Governors and the Board of Regents held a joint session during the annual business meeting of the Governors. The session featured

the following speakers: L.D. Britt, MD, MPH, FACS, FCCM, FRCSEng(Hon), FRCSEd(Hon), FWACS(Hon), then-President of the ACS; Carlos Pellegrini, MD, FACS, FRCSEd(Hon), then-Chair of the Board of Regents; David Hoyt, MD, FACS, ACS Executive Director; Don Detmer, MD, FACS, Medical Director, ACS Division of Advocacy and Health Policy; Frank Opelka, MD, FACS, Associate Medical Director, ACS Division of Advocacy and Health Policy; Andrew Warshaw, MD, FACS, Chair of the ACS Health Policy and Advocacy Group (HPAG); Christian Shalgian, Director, Division of Advocacy and Health Policy; and Timothy C. Flynn, MD, FACS, Chair of the Board of Governors (author of this report). These presentations focused on advocacy and health policy updates relative to the Affordable Care Act, Medicare's sustainable growth rate payment formula, accountable care organizations, and the HPAG.

ACS scholarships

The Board of Regents approved a new health policy scholarship to be co-sponsored by the Society for Surgery of the Alimentary Tract. It will come into effect for the years 2012–2014, and then continue on a year-by-year basis thereafter. Full details about the scholarships, fellowships, and awards that are either fully or partially funded by the ACS can be viewed at <http://www.facs.org/memberservices/research.html>.

Committee on Optimal Access

The Board of Regents approved a proposal for the College to take a more visible role in addressing the documented health care disparities in surgery. The Board also approved the establishment of a Regental Committee on Optimal Access, which is charged with assessing health care disparities in surgery and developing strategic initiatives to address such inequalities.

World Health Assembly resolution

The Board of Regents approved a recommendation that the ACS express strong support for the concepts expressed in a draft Resolution on Surgical Care and Anesthesia, and that such support be conveyed to the U.S. representative member of the

Executive Board of the World Health Assembly (WHA), along with any suggestions for further strengthening the resolution. The Regents believe that the WHA needs to formally recognize surgical care and anesthesia as a global priority. The recommendation is consistent with the College's mission of promoting access to quality, safe, appropriate surgical care through its dedication to improving the care of the surgical patient and safeguarding standards of care in an optimal and ethical practice environment.

The draft resolution was reviewed, discussed, and approved for support by the ACS International Relations Committee, the International Surgical Society leaders present at the Clinical Congress in San Francisco, CA, and the U.S. chapter of the International Surgical Society. In addition, each of these bodies agreed to elicit support for the resolution from their respective organizations. The Board of Governors also overwhelmingly endorsed the concept that the development of health care systems for any nation must include access and support for appropriate surgery and anesthesia in equal relationship to other critical health care components.

ACS membership dues

At the recommendation of the Board of Governors Fiscal Affairs Committee and the Board of Regents Finance Committee, the Board of Regents approved a long-term dues policy to include an incremental dues increase based on the change in the consumer price index, not to exceed 3 percent. It was also suggested that the increase not be automatic and that it be reviewed and approved annually by the Board of Regents.

Public profile

Excellent progress has been made on the Inspiring Quality initiative. Two community forums took place as part of the Inspiring Quality national tour: one in Chicago, IL, and the other in Baltimore, MD. Dr. Britt and Dr. Hoyt co-hosted the Chicago program, and Julie Freischlag, MD, FACS, hosted the Baltimore forum. Both forums were well-received.

Dr. Hoyt continues to oversee ongoing planning for future community forums. As of September, initial planning was under way for community fo-

rums in Seattle, WA; Boston, MA; Richmond, VA; Houston, TX; Philadelphia, PA; Los Angeles, CA; Allentown, PA; and Rochester, MN.

The community forums play a major role in the Inspiring Quality initiative, which carries the slogan and tagline Inspiring Quality: Highest Standards, Better Outcomes. In addition to highlighting the College's long tradition of developing and implementing programs focused on improving and safeguarding the quality of care provided to surgical patients, this effort is also intended to engage leading health care stakeholders in dialogue about clear, workable solutions to the challenge of improving patient outcomes while cutting the cost of care. The initiative is designed to demonstrate the relevance of the College's quality programs to real outcomes improvement at a time when hospitals, health plans, policymakers, and other health care leaders all are searching for ways to implement the Affordable Care Act. Through events, one-on-one meetings, community forums, videos, interviews, the use of social media tools, news stories, speeches, and other forms of communication with key decision makers, the goal of the Inspiring Quality campaign is not only to inform, but also to deliver a call to action, opening the door for future partnerships in the public and private sectors.

Communications

The College has just completed a readership survey of its *Bulletin*, which shows continued appreciation for the publication and highlights its strengths and weaknesses. Under the leadership of the *Bulletin's* new Editor, Diane Schneidman, the publication will be undergoing a strategic planning process designed to make it of even greater value to current readers.

The College's activities in Washington, DC, on behalf of its Fellows, continue to be of utmost interest and importance. To ensure that it adequately communicates the multitude of efforts in both the advocacy and public policy arenas on a regular basis, the College will be adding a Communications Manager in the DC office.

Advocacy

- Some recent advocacy efforts on behalf of the

ACS membership include the following:

- ACS leaders briefed members of Congress and key congressional staff regarding the Inspiring Quality initiative and the utility of ACS quality programs in developing health care policies
- Joined with other physician organizations in calling on the White House and Congress to address Medicare physician payments in debt ceiling legislation
- Praised bipartisan deficit reduction effort to address Medicare payment issues
- Warned Fellows about the potential implications of debt ceiling on Medicare payments
- Met with key congressional committees about ACS quality efforts and their role in development of Medicare payment reforms, and the need to repeal the sustainable growth rate (SGR)
- Opposed MedPAC recommendation to cut Medicare payments for surgical care
- Led letter-writing effort in opposition to graduate medical education cuts
- Stated support for Ambulatory Surgery Center (ASC) Quality and Access Act of 2011
- Physician organizations opposed recommended payment cuts for imaging services
- Coalition successfully advocated for removal of imaging payment cuts from trade legislation
- Achieved success in pandemic all hazards preparedness reauthorization
- Worked with U.S. House of Representatives to request that the U.S. Government Accountability Office conduct a study on trauma
- An ACS trauma surgeon hosted HHS Region 1 meeting regarding support for trauma funding
- Supported orthopaedic colleagues in injury prevention
- Joined in support of funding for pediatric loan repayment program
- Supported an ACS Fellow who was honored with re-introduction of congressional gold medal legislation
- Submitted comment letters related to accountable care organizations and shared savings programs
- Submitted comment letter in response to fiscal year (FY) 2012 Inpatient Prospective Payment System proposed rule
- Submitted comment letter in response to

Health Insurance Portability and Accountability Act Accounting for Disclosures Proposed Rule

- Submitted comment letter in response to the calendar year (CY) 2012 Medicare Physician Fee Schedule Proposed Rule

- Submitted comment letter in response to the CY 2012 Medicare Outpatient Prospective Payment System and ASC Payment System Proposed Rule

- Submitted comment letter in response to Clinical Laboratory Fee Schedule Signature on Requisition Proposed Rule

- Submitted input for Patient-Centered Outcomes Research Institute's Tier 1 topics

- Submitted comment letter in response to the fourth 5-Year Review of the Resource-Based Relative Value Scale Proposed Rule

- Submitted comment letter in response to the E-Prescribing Proposed Rule

- *Medical liability reform.* There was a substantial increase in the number of bills introduced and passed at the state level that call for implementing large-scale medical liability reform. With more than 30 new tort reform laws passed in 2011, this was truly a banner year for this type of legislation. The College tracked 63 medical liability reform-related bills, a number much higher than in previous years. States that passed these types of laws include Alabama, North Carolina, Oklahoma, South Carolina, and Tennessee.

- *Coding workshops.* The ACS continues to contract with Karen Zupko and Associates to provide a series of coding workshops. As in previous years, two all-day sessions occurred on consecutive days. The first day is an introductory course designed for surgeons and coding staff with limited experience. The second day is an advanced course intended for individuals with solid coding experience. Physicians receive continuing medical education (CME) credits for each workshop completed and certified professional coders receive continuing education units through the American Academy of Professional Coders. The 2012 Coding Workshop schedule includes the following dates and locations: February 16–17, Las Vegas, NV; April 26–27, Chicago, IL; May 3–4, New York, NY.

ACS Health Policy Research Institute (ACS HPRI)

- Ongoing projects for the HPRI include the following:

- *Maintaining a longitudinal database of surgeons.* Central to the work of the Institute is the management of comprehensive workforce data for the ACS. Maintaining and updating a longitudinal surgeon workforce database is essential to the HPRI's goals, and the data are integral to responding to many policy questions and completing projects. Through the compilation and analysis of the AMA and the American Association of Medical Colleges data, the HPRI has developed longitudinal data on surgical specialist workforce trends, demographic characteristics, geographic distribution, and training background. These data can and have been used to develop a forecasting model that compares the effects of potential policy scenarios.

With this information, the HPRI has developed a series of documents for distribution among members of the U.S. Congress, the White House, the ACS, and other relevant stakeholders. Among these documents are eight fact sheets available in print and on the HPRI website. The most recent fact sheet, the Geographic Distribution of General Surgeons: Comparisons Across Time and Specialties, discusses the geographic equity of surgeon distribution. A total of 12 new fact sheets describing the surgical subspecialties are currently under development. The specialty-specific fact sheets will describe workforce trends since 1980 and future projections through 2025 in each specialty. These fact sheets will also include the number of board-certified specialists in each specialty. Specialty societies will be able to use this information to anticipate demand, address training issues (such as graduate medical education allocation, fellowships, and so on), and/or reassess their field of practice.

- *Publishing the U.S. Atlas of the Surgical Workforce.* The atlas provides a picture of the supply and geographic distribution of physicians and institutions providing surgical services in an effort to help practitioners, policymakers, and patients anticipate current and future surgeon distribution and identify places with limited access to surgical

services. It allows users to view the surgeon-to-population ratios and the five-year percent change of total surgeons, surgical subspecialty groupings, total physicians, and primary care physicians at the state and county level. County-level demographic and health indicator variables have been added. They include, but are not limited to, population (total, age 0–19, age 65+), number of hospital beds per population, availability of surgical service, and number of Medicare eligibles. In 2012, the HPRI will update the surgeons supply data, add facility data (hospitals/burn centers/trauma centers and availability of surgical services), and identify potential surgical health professional shortage areas.

■ New HPRI projects include the following:

- *Developing innovative models of surgical staffing.* Rural communities across the U. S. have long struggled to maintain surgical services in local hospitals, and recent data show further contraction of the rural surgical workforce. Efforts to provide access to surgeons have frequently involved nontraditional staffing arrangements for surgeon payment, staffing, and contractual employment obligations. One of these models involves the use of surgical hospitalists, who often provide emergency department (ED) call coverage to hospitals. Anecdotal evidence suggests that this model of employment is becoming more common as a strategy to recruit surgeons and maintain essential surgery call coverage. However, wide variation in the details of these arrangements is common. Furthermore, very little information is available regarding the impact of this surgical hospitalist model on the delivery and organization of surgical care in a hospital or community or how such staffing models might succeed or fail in rural health care environments. Using a semi-structured case-study approach, we examined this surgical hospitalist staffing model in hospitals. Initial conclusions from key informant interviews show that this strategy is currently used to address both rural surgery shortages as well as urban hospital issues with providing 24 hours of ED call coverage. Our goal is to produce information that is useful to communities, especially rural ones, in addressing current or anticipated shortages in the surgical workforce.

- *Analyzing surgical service areas and under-*

service. The U.S. Health Resources and Services Administration defines and administers programs related to Health Professional Shortage Areas (HPSAs) based on primary care resources. To date, they have primarily been used to place or provide support for primary care physicians and have remained the same since they were constructed using 1990s data. However, primary care HPSAs do not adequately capture all health professional shortage areas. To address this problem for surgeons, the HPRI is developing a proposal for a HPSA designation for areas that have critical shortages of general surgeons. This project is currently identifying the appropriate geography to use in a surgery HPSA as well as benchmarks for the resources necessary to provide access to surgical services. One immediate use for the new HPSA designation would be helping the Centers for Medicare & Medicaid Services (CMS) direct Medicare bonus payments to general surgeons working in HPSAs. The ACA calls for CMS to pay a 10 percent Medicare bonus to general surgeons working in HPSAs (Subtitle F, Section 5501). However, the overarching issue will be to identify systems and regions at risk for lower quality care and poor access due to a shortage of resources that support surgery (such as hospitals, technology, critical staff).

- *Creating a Surgical Workforce Projection Model.* Over the past year, the HPRI has developed the Surgical Workforce Projection Model. The model is a user-friendly predictor of the supply of surgeons in the U.S. It will allow users to forecast future supplies of surgeons by head count and full-time equivalent by age, gender, race, geographic location, and specialty. The model is primarily intended to be a tool for policy analysis—allowing users to generate and compare “what if” scenarios regarding changes in graduate medical education and other policy levers.

- *Generating an educational program model for surgeon re-entry into the workforce.* It is becoming increasingly common for surgeons to leave clinical practice for some period during their career and then seek re-entry into the workforce. Currently, there is no standardized/certified program that ensures that surgeons who are attempting to re-enter practice can demonstrate surgical com-

petence. There is also little structure provided to surgeons to help them overcome the barriers that make it difficult for them to attain needed competencies. In addition to developing a model program that could be adopted by state medical boards, the HPRI is drawing on the unique data housed at the North Carolina Health Professions Data System to describe the demographic and practice characteristics of surgeons who leave and re-enter practice. These data will identify the age and points in the career trajectory that surgeons are most likely to leave or re-enter practice and will provide much-needed information about the length of these absences. This project is timely as the AMA and multiple state medical boards are currently developing recommendations regarding physician re-entry to the workforce.

- *Offering Graduate Medical Education (GME) policy options for surgery, including all-payor approaches.* The GME training pipeline for surgeons is undergoing a period of rapid and potentially deleterious change. The introduction of direct-entry training (for example plastic or vascular) has created the potential for a very rigidly specialized surgery workforce. At the same time, there are mounting pressures to cut back on federal and state support for GME. Currently, it is impossible to predict the potential effects of these changes in GME on the surgery workforce of the future. The HPRI, with funding from the ACS, has developed a workforce projection model that can assess these changes. The project will assess the effects of direct-entry as well as the shift of unused slots to primary care or to new locations and regions as directed in the ACA.

ACS NSQIP®

Hospitals in the ACS National Surgical Quality Improvement Program (NSQIP) must have a dedicated surgical clinical reviewer (SCR) to capture and submit their data. Beginning in January, new SCR quarterly training will be available in-person at the College at its headquarters in Chicago, IL, as an option for sites that do not wish to participate in remote training.

The 2011 ACS NSQIP National Conference took place at the Westin Copley Place in Boston,

MA, July 24–26, 2011. More than 800 individuals attended the conference, and more than 400 took part in a preconference session. Atul Gawande, MD, FACS, of Brigham and Women's Hospital and Harvard Medical School, presented the keynote address. This year's conference also featured the winners of the first resident abstract competition and multiple presentations from participating sites and health care quality leaders. The 2012 ACS NSQIP National Conference will take place July 21–24, 2012, in Salt Lake City, UT, at the Grand America Hotel and will include multiple preconference sessions.

In another important development, in April 2011, CMS presented a proposal to the ACS to work with the College on pilot testing and voluntary public reporting of quality data. The ACS responded back with its technical and business proposal in May 2011 and was informed it had secured the contract in September 2011.

Education

- National concern about the negative consequences of sleep deprivation has resulted in new regulations and more stringent oversight. The new program requirements articulated by the Accreditation Council for Graduate Medical Education include greater restrictions on resident duty hours, most notably in the first year of training. Concerns about the short- and long-term consequences of these restrictions on patient care and on the education and training of surgery residents are widespread. The importance of self-regulation and professionalism in recognizing and mitigating the impact of fatigue has been articulated by the College in a number of reports prepared by the ACS Division of Education. This area of focus is relevant to both surgeons in practice and residents in training. Recognition and mitigation of fatigue to support peak performance in surgery requires comprehensive study, as well as development of specific strategies that will bear the patients and the surgical profession in good stead. A special committee is being appointed to address this issue. Dr. Pellegrini will chair this committee, which will comprise surgeons from various specialties, as well as renowned sleep experts.

■ The *Surgical Education and Self-Assessment Program*[™] 14 (*SESAP*[™]) is founded on cutting-edge principles of contemporary surgical education and meets the new stringent requirements of the American Board of Surgery (ABS), especially as they relate to Part 2 of Maintenance of Certification (MOC), which involves self-assessment and life-long learning. It is also very useful in helping surgeons prepare for the recertification examination, which surgeons must take to fulfill requirements for Part 3 of MOC. The 15 content categories of *SESAP 14* include 655 problem-focused questions, insightful critiques, and selected references. *SESAP 14* is available in a variety of formats that have been especially designed to address different learning needs and offers the opportunity to earn a maximum of 70 Category 1 CME Credits—10 more credits as compared with previous editions of *SESAP*. Enrollment in *SESAP 14* was 7 percent higher as compared with enrollment for *SESAP 13* for the comparable period. The *SESAP* enrollment numbers and revenues have continued to progressively increase over the past nine years across each successive edition of *SESAP*.

The development of *SESAP 15* content has begun. The College is pursuing further redesign of the *SESAP* educational model. This will help in meeting new regulatory requirements.

■ A newly revised edition of *Fundamentals of Laparoscopic Surgery (FLS)*, *FLS 2.0*, has been released. More than 90 percent of the content has been revised and four topic areas have been added: preoperative considerations, intraoperative considerations, basic laparoscopic procedures, and postoperative care and complications.

■ A total of 33 of the 2011 Clinical Congress sessions have been selected for webcasting, which provides users with the opportunity to earn up to 121 Category 1 CME Credits. A new package, Webcast Pick 11 of 2011, has been introduced this year, which offers ACS Fellows the choice of 11 of the 33 webcast sessions for purchase, allowing the learner to select the webcast sessions most relevant to their practice. For 2011, pretests were to be added to the posttests to provide a more robust learning experience. The Complete Best Value Package includes all 33 webcast sessions, a

complete package of 115 audio recordings of Panel Sessions and Named Lectures, and access to 42 webcasts from past Clinical Congresses.

■ Efforts are under way to convert Volumes 1–3 of the *Practice Management Course for Residents and Young Surgeons* from the CD-ROM format to an online format. New modules are being added to this important program. A new module will also be added to the *Personal Financial Planning and Management for Residents and Young Surgeons* program.

Journal of the American College of Surgeons (JACS)

The *JACS* CME website continues to be popular among Fellows and subscribers. From January 1 through September 28, 2011, a total of 63,758 *JACS* CME credits were earned by 2,625 individuals, averaging more than 24 credits per person.

Operation Giving Back (OGB)

More than 15,000 unique visitors conducted approximately 41,000 page views of the OGB website (<http://www.operationgivingback.facs.org/>). The number of surgeons who have completed profiles in “My Giving Back” has increased to nearly 1,800.

ACS Foundation

The ACS Foundation priorities for fiscal year 2012 include the following:

- Secure philanthropic gifts to support the College’s program priorities
 - Build a portfolio of giving priorities—“products” that can inspire larger gifts
 - Develop customized outreach vehicles that appeal to Fellows’ interests.
 - Demonstrate impact of gifts in ACS programs and services
- Build infrastructure to grow Mayne Heritage Society membership
 - Articulate the benefits and meaning of planned giving to ACS constituents
 - Better identify and reach out to qualified Mayne Heritage candidates
 - Enhance and increase recognition of Mayne Heritage Society members

- Increase collaboration to grow philanthropic giving to the College
 - Strengthen interactive partnership with College division leaders and staff
 - Nurture a culture of philanthropy through shared initiatives and successes
 - Identify and pursue goal-oriented cultivation and solicitation projects with Foundation volunteers

HealthCareers (Job Bank)

A total of 508 active jobs and 395 résumés are posted on the website. This is a valuable service for all members of the College, and is free for our Resident Members.

Resident-Associate Society (RAS)

The RAS worked diligently on many projects with great results. Some of these projects include the following:

- E-mailed resident needs-assessment survey, and distributed surgical caps as reward for completing survey
- Surveyed program directors to obtain better understanding of recruitment/retention opportunities
- Increased contact with international surgical trainee organizations

Young Fellows Association (YFA)

ACS President Patricia J. Numann, MD, FACS, hosted a round table discussion, which was followed by a networking reception. The College's young Fellows and 2011 Initiates were invited to attend.

The YFA hosted its inaugural mentoring program. Mentors and mentees were solicited via a SurveyMonkey questionnaire. The program's objective, vision, and so forth, are as follows:

- *Objective:* Strengthen young Fellows' engagement and participation in the ACS
- *Vision:* Develop a strong, healthy, active and vibrant YFA
- *Hypothesis:* Direct connections and interviews with a focus on engagement in YFA/ACS activities will improve Fellows' knowledge, attitude, and behavior
- *Aims:* The YFA Membership Work Group will design and conduct a small pilot mentorship

program of at least 10 mentor–mentee pairs, with a mentor/mentee package to be compiled and sent to the pairs

- *Mentor–mentee interactions:* Should include at a minimum a phone conversation between the mentor/mentee, a face-to-face meeting, a goal generated by the pair, a follow-up phone discussion, and an exit interview for the pairs
- *Outcomes:* Generate at least 14 ideas for improving young Fellows' activity and participation in the ACS

New chapter

The Board of Regents approved the formation of the College's 37th international chapter: the ACS Egypt Chapter. This brings the total number of ACS chapters to 104: 37 international, two Canadian, and 65 U.S.

ACS centennial event

The ACS will celebrate its 100th anniversary in 2013. The process of incorporation for the College was begun in 1912, and the 2012 Clinical Congress will be in Chicago, the headquarters city of the organization. The centennial celebration will start with the 2012 Clinical Congress and continue throughout the 2013 Clinical Congress in Washington, DC.

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