

Report of SSAT Representative to ACS Board of Governors

While there are a host of issues being considered by the American College of Surgeons Board of Regents and Board of Governors, this report will focus on the major initiatives and projects considered by the leadership of the College at the October 2008 meeting. In general the report will focus on three important activities:

1. The response of the American College of Surgeons to the report by the Institute of Medicine suggesting more work hour restrictions for residency training programs.
2. The drafting of a statement regarding health care reform by the American College of Surgeons which is to be issued to Congress.
3. A survey of the most important issues facing surgical practitioners in the United States today. For the latter survey report, the issues will be listed by their topic, their score and a brief summary of any progress made.

The first issue is the response of the American College of Surgeons to a statement by the Institute of Medicine recommending further decreases in the duty hours for residents. This ACS report, chaired by L.D. Britt and involving members of the Board of Regents was a thoughtful and measured response to the Institute of Medicine report. The College made the following observations:

There has been no evidence-based study linking surgery resident duty hours with improved patient safety. The report specifically singles out Medicare and Veterans Administration studies as well as New York State studies that demonstrate no improvement in patient safety with more stringent work hours restrictions. Conversely the literature does demonstrate significant concerns with augmented risks associated with an increasing number of handoffs. The statement concludes by stating "It would serve no meaningful purpose to arbitrarily recommend a further reduction of resident duty hours without first conducting rigorous large scale studies on the entire spectrum of issues impacting the safe care of surgical patients". The report continues by stating that the educational goals are difficult if not impossible to address during the diminishing clinical experiences which do not permit appropriate coverage of the content of the curriculum. The report concludes by stating "the severe restriction of work hours in the United Kingdom and throughout Europe has been considered a failure and has resulted in inadequately trained surgeons". This report appears to be a measured response to the Institute of Medicine initiative but one which clearly is not favorable toward their proposal.

The report of the college regarding a formal statement on health care reform is an attempt to demonstrate to Congress the proactive nature of the American College of Surgeons with regards to improving health care in the United States. The report focuses on three areas:

1. Quality and safety.
2. Access and workforce
3. Reduction of healthcare costs.

The report basically stipulates that in the first area the College will be responsive to quality and safety by improving the training of surgeons, by participating in national surgical quality improvement programs and to train experienced surgeons with regards to quality care delivery. Under safety, improvement and reduction of medical errors the College committed to adopting surgical patient safety initiatives to continue the development and adoption of quality and safety measures, to eliminate egregious errors and develop and promote educational programs to improve communication. The College has committed to participate in the reduction of health care costs by developing guidelines for surgical disorders leading to cost effective care of the patient so the care is optimized. It also commits to developing and educating the surgical workforce so that they are responsive to public demands for outcomes and cost data. Finally, the College will actively participate in projects that define quality and cost of health care delivery for major categories of surgical diseases. This statement was presented at the October 2008 Board of Governors meeting, voted on and successfully passed. It will now be submitted to the membership of the American College of Surgeons and eventually to Congress. The final area of this report is a look at the survey conducted by the college in regards to areas of greatest concern to College members. The report will list the area of concern, its score and a summary statement from the College.

1. Physician reimbursement (score 8.40). The report noted that because of increased activity of the Fellows of the College opposing the legislation, the 10.6% scheduled cuts for 2008 and 5.4% cut for 2009 were defeated and replaced with a 1.1% increase in reimbursement. Members of the College will recall that this required successfully overriding a veto of the President. The College also leads opposition to a recommendation made by MedPac that payments to primary care physicians be increased at the expense of surgeons. This recommendation has been opposed by all specialties that would be affected. The College also opposed efforts to limit physician hospital ownership.

2. Professional liability, malpractice and tort reform (score 8.25). The report basically stated that very little progress has been made in reducing malpractice or professional liability. Other than a minor victory in the state of Louisiana there has been little progress made.

3. Healthcare reform and its impact on practice (score 7.78). The College drafted the above-mentioned statement on healthcare reform for distribution to both Congress and Fellows of the College.

4. Workforce issues (score 7.25). The survey revealed that there were too few general surgeons available who were not willing to take ER coverage and too many limiting their work to less than 40 hours. An ACS survey on burnout also recognized that there were specialties with higher burnout rates such as trauma, vascular and general surgery and lower burnout rates seen in transplant and pediatrics. They noted in the survey that 60 hours per week was the medium number of hours worked with an average of 2 call nights per week. Seventy one percent were satisfied with their career in surgery.

5. Graduate medical education (score 7.09). Most of the discussion centered around the Institute of Medicine pursuing a 60 hour week limit on resident training with no recognition of impact on surgical care and training. The above mentioned report was the College's response to that report.

6. Pay for performance (score 6.80). Most Fellows expressed great skepticism as to the value and accuracy of this mechanism and most felt that work should be done to eliminate it as it is likely to be a method of withholding payment or downgrading reimbursements.

The above mentioned areas are the areas of the greatest concern to the Fellows of the College and while there were 14 other issues included in the survey, they will not be included in this report because of limited space.

The final part of this report is a miscellaneous series of issues that will be mentioned only briefly. It should be noted that there was a joint meeting of the Board of Governors and the Board of Regents for the first time and this was felt to be a very positive format, one that will be used in the future. In addition a host of webinars were held during the year to bring the Board of Governors and the Board of Regents members up to date on key medical issues in Congress. The Committee on Socioeconomic Issues is pushing efforts to get the Emergency Volunteer Health Practitioners Act passed by all 50 states. The Board of Governors were also informed that the College will play a major role in accrediting breast centers via the National Accrediting Program for Breast Centers. It was mentioned that over 700 centers have applied for accreditation. There was also strong encouragement for members of the College to get involved with ACOSOG and the clinical trials being held through that vehicle. The final issue that merits mention is the support by the College of a congressional initiative to provide financial support for trauma systems. In 2008, trauma systems received no funding. However, there is an initiative to reconstitute the Health Resources and Services Administrations Trauma-EMS Program in a labor HHS legislation bill. This concludes the 2008 report of the SSAT representative to the American College of Surgeons Board of Governors Annual Meeting. If you have any questions please feel free to contact me.

Respectfully submitted,



Merril T. Dayton, MD, FACS