The Value of Membership

American College of Surgeons: Louisiana Chapter

JW Marriott | New Orleans, Louisiana
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American College of Surgeons

Chapter Officers – Louisiana Chapter

- President - Philip Anthony Cole, MD FACS
- President Elect - John Patrick Hunt III, MD FACS
- Vice-President - Juan C. Duchesne, MD FACS
- Secretary - Quyen D. Chu, MD FACS
- Treasurer - Rachel Lynn Moore, MD FACS
- Governor - William Shattuck Richardson, MD FACS
- Governor - Gazi Baderkhan Zibari, MD FACS
- CoC State Chair - Quyen D. Chu, MD FACS
- CoT State Chair - Juan C. Duchesne, MD FACS

Trauma Education – Louisiana Chapter

<table>
<thead>
<tr>
<th>Course Report</th>
<th>Advanced Trauma Life Support (ATLS) - 9th Edition</th>
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<tbody>
<tr>
<td></td>
<td>2012</td>
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<tr>
<td>Total Courses</td>
<td>28</td>
</tr>
<tr>
<td>Total Students</td>
<td>457</td>
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Top ATLS Sites
- Our Lady of the Lake Hospital
- LSU Surgery Augmentive Training & Education Center
- Tulane Trauma Educational Institute

<table>
<thead>
<tr>
<th>Rural Trauma Team Development Course (RTTDC) - 3rd Edition</th>
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<tbody>
<tr>
<td>2012</td>
</tr>
<tr>
<td>Total Courses</td>
</tr>
<tr>
<td>Total Students</td>
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</tbody>
</table>

Top RTTDC Course Sites
- LSUACS
- Tulane Trauma Educational Institute
Quality Data - Louisiana Chapter

- 26 Accredited Cancer Programs
- 4 Verified Trauma Programs
- 8 Hospitals Participating in NSQIP
- 4 Accredited Breast Centers
- 14 Accredited Bariatric Centers

ACS - Louisiana Chapter
ACS National Membership Data 2017

<table>
<thead>
<tr>
<th>Membership By Specialty</th>
<th>Membership By Class</th>
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<tbody>
<tr>
<td>Cardiothoracic Surgery</td>
<td>Fellow</td>
</tr>
<tr>
<td>Colon-Rectal Surgery</td>
<td>Associate</td>
</tr>
<tr>
<td>General Surgery</td>
<td>President</td>
</tr>
<tr>
<td>Gynecology (Oncology)</td>
<td>Affiliate</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>Medical Student</td>
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<tr>
<td>Obstetrics and Gynecology</td>
<td>Total</td>
</tr>
<tr>
<td>Ophthalmic Surgery</td>
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<tr>
<td>Oral-Maxillofacial Surgery</td>
<td></td>
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<tr>
<td>Orthopaedic Surgery</td>
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<tr>
<td>Otalaryngology</td>
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<tr>
<td>Pediatric Surgery</td>
<td></td>
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<tr>
<td>Plastic and Reconstructive Surgery</td>
<td></td>
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<td>Unknown</td>
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<td>Urological Surgery</td>
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<tr>
<td>Vascular Surgery</td>
<td></td>
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<tr>
<td>Total</td>
<td>1089</td>
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ACS Initiates – Louisiana Chapter

<table>
<thead>
<tr>
<th>Initiates Per Year</th>
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<tbody>
<tr>
<td>2012</td>
<td>16</td>
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<tr>
<td>2015</td>
<td>15</td>
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<tr>
<td>2016</td>
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ACS Focus

- Quality
- Education
- Advocacy
- Communications
- Member Services

American College of Surgeons
100 Years of Quality Improvement

Four Principles of Continuous Quality Improvement

Standards
- Inspired by patient-centered care
- Backed by research and continuously-validated data
- Nationally benchmarked

Rigorous Data
- From local medical charts/EMRs
- Backed by research
- Post-discharge tracking
- Continuously updated, real-time measurements

Right Infrastructure
- Staffing levels
- Specialists
- Equipment
- Checklists
- Information technology

Verification
- External peer-review
- Creates public assurance
Quality Improvement: A Shared Interest and Mission

National Strategy for Quality Improvement in Health Care
U.S. Department of Health and Human Service
- Better care; healthy people and communities; affordable care

Triple Aim
Centers for Medicare and Medicaid Services
- Improving the experience of care; improving the health of populations; and reducing per capita costs of health care

Learning Health Care System
Institute of Medicine
- Creating and communicating evidence

ACS NSQIP: Data Matters

Potential Cost Savings if U.S. Hospitals Adopt ACS NSQIP

Reducing preventable complications improves care and reduces costs:
1. Reduction in complications: 250-500*
2. Average cost per complication: $11,626
3. Average savings per hospital: $2,906,500-$5,813,000
4. Potential yearly savings across 4,500 hospitals: $13-$26 billion
5. Estimated total savings over a decade**: $130-$260 billion
Collaboratives are the Future

• Regulatory focus: preventable readmissions and hospital acquired conditions
• PPACA implementation: greater focus on quality, safety and value
• Pay for performance
• Importantly: it’s the right thing to do for our patients

Quality – Public Assurance

• Verification/Accreditation programs growing
  • Cancer >1,600 centers
  • Breast >200 centers
  • Trauma >430 centers
  • Bariatric >730 centers
The Surgeon of the Future

- Lead safe high performance teams
  - Integration of surgical/nonsurgical skills
  - Part of systems of care
- Evidence based practice
- Outcomes data – public reporting
- Continuous, professional development
- Recertification based on practice
- Communication, respect for others

Focus

- Quality
- Education
- Advocacy
- Communications
- Member Services

ACS DIVISION OF EDUCATION OFFERINGS
AIMED AT PRACTICING SURGEONS
AND SURGICAL TEAMS
ACS DIVISION OF EDUCATION OFFERINGS AIMED AT SURGERY RESIDENTS AND MEDICAL STUDENTS

ACS DIVISION OF EDUCATION OFFERINGS AIMED AT SURGERY FACULTY

ACS DIVISION OF EDUCATION OFFERINGS AIMED AT SURGICAL PATIENTS AND THEIR CAREGIVERS
ACS DIVISION OF EDUCATION
ACCREDITATION AND VERIFICATION PROGRAMS

Program for Self-assessment and Special Credits

Focus

• Quality
• Education
• **Advocacy**
• Communications
• Member Services

ACS Health Policy Committees

• Health Policy and Advocacy Group
  ✓ Legislative Committee
  ✓ General Surgery Coding and Reimbursement Committee
  ✓ ACSPA SurgeonsVoice (HPAC)
  ✓ New grassroots program launching in October 2013
  ✓ ACSPA-Surgeons PAC Board
ACS Health Policy Agenda
Major Issues

• Medicare Physician Payment Reform
• Graduate Medical Education
• Critical Access Hospitals – 96 Hour Rule

Congressional Influence – ACS Washington
Influencing Points of Control and Access

But there are 535 Members of Congress...

Legislative Champions
Rising Stars
Professional Experience – Physicians
Other
e.g. Voting Bloc, Educational Giving, Horse Trading
Congressional Accountability

Elected officials are motivated by two things:

• The people who vote for and communicate with them
  ACSPA-SurgeonsVoice
  www.surgeonsvoice.org

• The people who contribute to their campaigns
  ACSPA-SurgeonsPAC
  www.surgeonspac.org
Medicare Access & CHIP Reauthorization Act (MACRA) - Key Provisions

- **Full and Permanent Repeal of the SGR**
- **Annual Positive Updates**
  - 0.5% per year for 5 years ****
- **PENALTIES** for existing programs **eliminated**
- **Incentives for movement to APMs**
  - 5% bonus per year for years 2019-2024
- **Pathways** included for surgeons to develop, test and participate in APMs

Medicare Access & CHIP Reauthorization Act (MACRA) - Key Provisions

- **Prohibits** CMS from implementing its flawed plan to transition to 0-day global payments
- **Prohibits** the use of guidelines created by federal healthcare programs from serving as the basis of standard of care in a medical liability claim
- **Two years** additional funding for CHIP at the levels provided under the Affordable Care Act

The Shift Away from Fee for Service

- **Lower Cost**
- **Higher Quality**
- **Value Based Purchasing**
- **Bundled Payments**
- Accountable Care Organizations
MACRA FAQ’s

• What replaces the SGR?

Two Options:
  - Merit-based Incentive Payment System (MIPS)
  - Alternative Payment Models (APMs)

Option 1: Merit-based Incentive Payment System (MIPS)

• Provides Annual Updates Starting in 2019
  - Possible for ALL providers to achieve positive update
  - Payment updates based on individual performance
• Quality
• Resource Use
• Meaningful Use of Electronic Health Record
• Clinical Practice Improvement Activities (CPIA)

Option 2: Alternative Payment Models (APMs)

• Characteristics of Qualified APMs still largely to be determined
  - APMs will require financial risk or be a medical home model
  - Use of quality measures equivalent to those in MIPS
  - Use certified EHR technology
• Options to qualify: Two paths with increasing thresholds
  - Certain percentage of Medicare payments via approved APM
  - Reaching overall percentage goal of payment from all payers, including specified Medicare percentage, through multiple APMs
ACS Principles
GME Reform

• GME should be supported as a public good
  - Education and training are essential mechanisms in the process by which new medical discovery and excellence in therapy are achieved. In order to foster and preserve the innovation for which our country’s medical system is noted, graduate medical education should continue to be supported as a public good.

ACS Principles
GME Reform

• Unique Needs of Surgical GME
  - Surgical graduate medical education has unique needs linked to the skills training required for an additional set of technical competencies. Accordingly, in order to acquire and achieve mastery of those skills, it is imperative that those unique training needs be recognized.

ACS Principles
GME Reform

• Needs-based, “Demand-side” Workforce
  - Reforms should focus on creating a system that produces the optimal workforce of physicians to meet our country’s medical needs. The population of the United States deserves consistent service across the board.
ACS Principles
GME Reform

• Accountability & Transparency
  - There must be accountability and transparency built into the system, not only to certify that funds are being spent appropriately to support the training of physicians, but also to ensure quality and the readiness of the physicians emerging from training. A hybrid governance system, incorporating public and private interests, with articulated goals and measured outcomes should be created.

ACS Principles
GME Reform

• Incentivize performance and innovation
  - Programs that produce high quality graduates in an efficient manner which are responsive to workforce needs should be rewarded through financial incentives or higher levels of support. Similarly, a separate funding stream should be created to support innovation in GME and thus incentivize higher quality training.

Critical Access Hospital Relief Act
“96 Hour Rule”
HR 169 / S 258

• Regulatory Advocacy
  - Conference call with CMS
• Grassroots Initiatives
  - E-mail, Communities, HPAC
• Meeting with Bipartisan Senate Finance Staff
  - Recognize the problem
• Multiple calls with Ways & Means Staff
  - ? Inclusion in Brady hospital payment package
ACS Focus

- Quality
- Education
- Advocacy
- **Communications**
- Member Services

Overarching Goals

To effectively communicate the Mission of the College to its multiple audiences—members, potential members, the public, policymakers, etc.

What the Division Does on a Daily Basis

Supports the College’s programs (Pillars—Advocacy, Education, Quality, Communications, Member Services) in communicating their distinct and varied messages to their respective audiences.
How We Are Organized

- Our Messages
- Websites
- Media Relations
- The Bulletin and Newsletters
- Social Media
- Marketing
- Journal of the American College of Surgeons
- ACS Website: facs.org
- Bleedingcontrol.org
The Bulletin is the monthly member magazine and publication of record for the ACS.

• Each month, the Bulletin publishes feature stories on a range of topics, from health policy and advocacy to ethics, and from the history of surgery to the latest innovations in technology.

• Comprises a number of columns, including Dr. Hoyt’s monthly report to the members, “Looking forward.”

• Publishes College news section and official statements from the ACS.
Interactive version of the *Bulletin*

Monthly e-mail

Newsletters
ACS Communities Discussions

ACS Communities Discussion Posts

Target Marketing

Congress marketing targeted to residents
Email blasts showcasing benefits to new Fellows
Target Marketing

Membership brochures versioned by stage of career

Cross-Marketing

Clinical Congress Marketing
Focus

• Quality
• Education
• Advocacy
• Communications
• Member Services

Membership Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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<tbody>
<tr>
<td>Domestic</td>
<td>34,727</td>
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<tr>
<td>Canadian</td>
<td>698</td>
</tr>
<tr>
<td>International</td>
<td>4,252</td>
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<tr>
<td>Associates</td>
<td>2,545</td>
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<tr>
<td>Residents</td>
<td>9,378</td>
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<tr>
<td>Students</td>
<td>1,868</td>
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<td>Affiliate</td>
<td>289</td>
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<td>Retired</td>
<td>18,199</td>
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<tr>
<td>Senior Status</td>
<td>8,274</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>80,230</strong></td>
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Membership

• Recruitment and Retention
  – Room for expansion in every market
    • Students
    • Residents
    • General Surgeons
    • Every Surgical Specialty
    • International Surgeons
    • Affiliate Members/ACS Quality Programs
  – Not a homogenous group
    • Gender, Specialty, Sub specialty, practice configuration
Personalized Delivery of Information

- Knowing about our Fellows
  - age
  - location—rural v. urban
  - practice pattern—academic v. employed v. solo practice v. multi group specialty practice
  - Clinical specialty
  - Non-clinical interests
- Configure a template of what surgeons want to receive and how they want to receive it.
  - Further personalized by the Fellow
- These data will inform our marketing, development, and delivery—what classes should be offered? What opportunities for leadership would be most well received? Which advocacy efforts will be most likely to achieve engagement?

Young Surgeon/Resident Recruitment

- Videos with directed messages for residents, young surgeons, and Fellows articulating benefits of membership
- Expanded use of social media platforms
- Request to SSC to support 100% of residents as RAS members, similar efforts underway in Canada
- Young surgeon networking events
- Member engagement efforts

Board of Governors

- 274 Fellows serve on the Board of Governors (B/G)
  - 83 Specialty Society Governors
  - 12 Canadian Governors
  - 218 Domestic Governors
  - 44 International Governors
- B/G Leadership
  - 7 member Executive Committee
  - Chair, Vice-Chair, and Secretary
  - Five members serve as Pillar Leads
Board of Governors

- Increased engagement with a defined list of expectations
- Re-imagined B/G committee structure and alignment within the pillars of the ACS
  - 13 workgroups with various subcommittees under 5 Pillars
  - Committee to Study the Fiscal Affairs of the College
- Increased communication/use of electronic interaction
  - Webinars and Live Orientations for New Governors
  - Spring Leadership and Advocacy Summit
  - ACS Community
  - Quarterly B/G newsletter
  - New Governor performance feedback form

Advisory Councils

- 13 Specialty Advisory Councils
- Evaluating value proposition of shared membership modeling with other specialties
- Re-organization of Advisory Councils completed
  - Multispecialty Pillars based on ACS Divisions
  - Communications – specialty-specific newsletters
  - Member Services – member recruitment initiatives
  - Quality – Maintenance of Certification
  - Education – Clinical Congress programming
  - Advocacy and Health Policy – Surgical Quality Alliance
- Convene at Leadership and Advocacy Summit and specialty society meetings
- Provide feedback on ACS activities and projects
- Generate proposals for Clinical Congress panels
- Contribute nominations for new Regents and appointments to Boards and RRC’s

Young Fellows Association (YFA) & Resident and Associate Society (RAS)

What is the YFA? The YFA exists to promote the interests and support the needs of young Fellows within the ACS in all aspects of their professional endeavors. The YFA seeks active feedback and participation from Young Fellows to better understand their needs and concerns.

Who is the YFA? Fellows 45 years and younger

What does the YFA Do? Provides engagement opportunities for interested, talented Young Fellows to participate in College activities and committees.

What is the RAS? The Resident and Associate Society of the American College of Surgeons (RAS-ACS) serves to familiarize surgical trainees and young surgeons with College programs and leadership. RAS-ACS provides you with an avenue for participation in ACS affairs, fosters development and use of your leadership skills in organized surgery, and provides opportunities for your opinions and concerns as young surgeons and trainees to be heard by College leadership.

Who is the RAS? Residents enrolled in approved surgical residency programs and trainees in a surgical research or fellowship program, and surgeons who have satisfactorily completed an accredited surgical residency program and have entered surgical practice or are engaged in additional surgical residency, research, or fellowship programs.

What does the RAS Do? Provides engagement opportunities for interested, talented residents and young surgeons to participate in College activities and committees.
Chapters

- Chapter growth now at a pace of 1-2 new chapters per year with most of the growth in the international area
- Bi-monthly Chapter Webinar Program focused on chapter management topics
- Focus on member recruitment and activities for residents and young surgeons at chapter level
- Annual Leadership Summit provides skills needed to become a transformational leader, along with chapter breakout sessions
- New Chapter Officer Leadership Program to educate chapter volunteer leadership about how to help their chapters succeed
- "Chapter Care Packages": member brochures, College Divisional/program materials and branded giveaways being shipped to chapters for meetings
- Chapter Speed Networking and Reception at Congress - table talks on topics of interest for domestic and international chapter leaders
- Board of Governors Chapter Activities Domestic and International Workgroups actively build resources for chapters and support various initiatives to build chapter strength

Scholarships and Fellowships

1.6 million

International
- International Guest Scholarships (12)
- Community Surgeons Travel Awards (3)
- Traveling Fellowships to ANZ, Japan, Germany (3)
- International Resident Exchange Scholarships (4)
- International Surgical Education Scholarships (2)
- International NSQIP Scholarships (2)
- Carlos Pellegrini Traveling Fellowship (1)

Domestic
- Nizar N. Oweida Scholarship (1)
- Claude Organ Traveling Fellowship (1)
- George H.A. Clowes Career Development Award (1)
- Health Policy Scholarships (18)
- Faculty Research Fellowships (5)
- Resident Research Scholarships (6)
- Co-sponsored NIH Scholarships (3)

Leadership Summit

- The Summit offers volunteer leaders comprehensive and specialized sessions focused on the tools needed to be an effective leader
- Provides an opportunity for relationship building among:
  - Regents
  - Governors
  - Chapter Leaders
  - YFA leadership, RAS leadership
  - HPAC Counselors
  - Advisory Councils
- 400+ attendees each year plus staff representation from all divisions of ACS to provide onsite support and information
- Save-the-date - May 6-9, 2017, Renaissance Washington, DC
Beginning in 2017

Members will be able to:
• Sign up to become an OGB volunteer
• Search for opportunities
• Select opportunities and indicate interest
• Sign up for various registries (i.e., disaster registry)
• Search for domestic free clinic opportunities

Agencies will be able to:
• Sign up to become a partner
• Post and edit opportunities

Domestic Initiatives

Proposed Activities
• Create inventory of critical/free access clinics/hospitals
• Identify a pool of retired/giving surgeons to provide a break in rural areas
• Develop best practice toolkit for domestic volunteerism
• Understand current Domestic Volunteers needs
• Encourage and facilitate rural surgery rotations for residents
• Develop advocacy plan to incentivize surgeons working in rural areas

Next steps
• Develop activities around topics of domestic volunteerism at Clinical Congress
• Develop workshop and awareness campaign at 2017 ACS Leadership and Advocacy Summit

International Initiatives

• There are 5 billion people in the world who do not have access to safe, affordable surgical care
  • They reside in mostly low and middle income countries
• 313 million surgical procedures performed each year; but only 6% in world’s poorest countries where a third of the world’s people live

Should the ACS play a role in increasing Global Surgical Capacity?

Yes!!!
International Initiatives

Proposed Activities
• Regionalized needs assessment
• Plan for local on the ground engagement
• Plans for pre-deployment training

Next steps
• Develop ACS branded educational products
• Connect with reliable partners in LMIC and others activities
• Start with small but scalable global ACS branded program
• Create and manage OGB sites; start with proof of concept

Needs Assessment and Initial Partnerships Development Plan

Initial discussions about partnership 2015-16
Preliminary need and site visit: Held July 2016
Formalize Partnership 2016-2017

THE ACS AND MILITARY HISTORY

Mayo Brothers, Moynihan, Martin, Crile, Oschner
Lund, Sullivan, Cotton, Clark, Simpson, Bowman
Circa World War I
Formalization of the Military Health System Strategic Partnership (MHSSPACS) - 2014

Dr. David Hoyt, ACS Executive Director & Dr. Jonathon Woodson, Assistant Secretary of Defense

www.facs.org/member-services/mhsspac

Main Goals of Collaboration

1. **READINESS AND SUSTAINMENT**
   - Development of a curriculum for the deploying surgeon
   - Validation of knowledge, skills, and abilities

2. **QUALITY**
   - Formation of a NSQIP Collaborative for Military Treatment Facilities
   - Development of verification criteria for Quality programs

3. **RESEARCH**
   - Translating research findings from Combat Casualty Care (CCC)
   - Addressing CCC Research gaps in the civilian sector

4. **Joint Trauma System (JTS)**
   - Preserving key elements of JTS for next conflict (PI, CPGs, DoDTR)
   - Combined Military/Civilian Trauma System to Achieve “Zero preventable deaths” as outlined by National Academies Report

5. **Excelsior Surgical Society**
   - Rebirth of Military Surgical Society for Scientific Exchange
   - Annual Scientific meeting for all active/past military surgeons