



American College of Surgeons: The Value of Membership

Louisiana Chapter
JW Marriott | New Orleans, Louisiana
June 3, 2017

Hilary A. Sanfey, MB, BCh, MHPE, FACS, FRCSI, FRCS
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

Course Report				
Advanced Trauma Life Support (ATLS) – 9 th Edition				
	2013	2014	2015	2016
Total Courses	26	23	20	31
Total Students	435	367	367	476
<u>Top ATLS Sites</u>				
Our Lady of the Lake Hospital USC Surgery Surgical Skills Training & Education Center Tulane Trauma Educational Institute				
Rural Trauma Team Development Course (RTTDC) – 3 rd Edition				
	2013	2014	2015	2016
Total Courses	1	2	2	1
Total Students	25	64	64	25
<u>Top RTTDC Course Sites</u>				
LSUHSC 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

Membership By Specialty	
Cardiothoracic Surgery	66
Colon-Rectal Surgery	28
General Surgery	538
Gynecology (Oncology)	2
Neurological Surgery	44
Obstetrics and Gynecology	23
Ophthalmic Surgery	39
Oral-Maxillofacial Surgery	10
Orthopaedic Surgery	39
Otolaryngology	89
Pediatric Surgery	13
Plastic and Reconstructive Surgery	48
Unknown	45
Urological Surgery	73
Vascular Surgery	32
Total	1089

Membership By Class	
Fellow	871
Associate	52
Resident	122
Affiliate	5
Medical Student	39
Total	1089

Membership By Gender	
Male	924
Female	151
Not Reported	14
Total	1089

ACS Initiates – Louisiana Chapter

Initiates Per Year	
2012	16
2013	13
2014	16
2015	15
2016	21

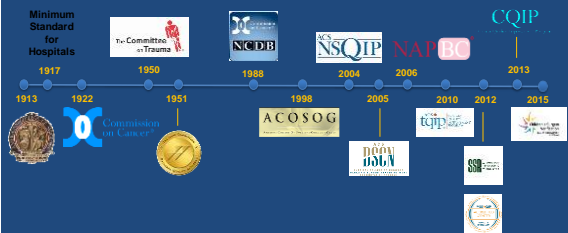
ACS Focus



- **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

Right Infrastructure

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

Rigorous Data

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

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

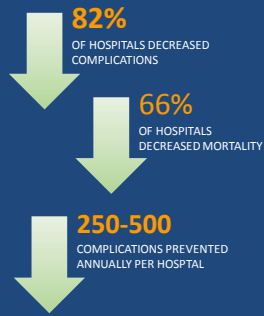
Institute of Medicine

- Concept and contextualization of evidence



AMERICAN COLLEGE OF SURGEONS
Improving Quality.
Highest Standards. Better Outcomes

ACS NSQIP: Data Matters



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

Reducing preventable complications improves care and reduces costs:

- Reduction in complications: **250-500***
- Average cost per complication: **\$11,626**
- Average savings per hospital: **\$2,906,500 - \$5,813,000**
- Potential yearly savings across 4,500 hospitals: **\$13 - \$26 billion**
- Estimated total savings over a decade**: **\$130 - \$260 billion**



AMERICAN COLLEGE OF SURGEONS
Improving Quality.
Highest Standards. Better Outcomes

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



AMERICAN COLLEGE OF SURGEONS • DIVISION OF EDUCATION
ACCREDITED EDUCATION INSTITUTES
ENHANCING PATIENT SAFETY THROUGH SIMULATION



AMERICAN COLLEGE OF SURGEONS
DIVISION OF EDUCATION
**PROGRAM FOR VERIFICATION
OF SURGICAL KNOWLEDGE
AND SKILLS**
VERIFYING PERFORMANCE THROUGH EVALUATION

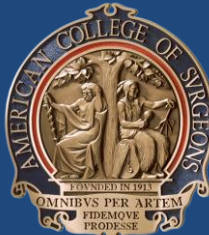


Program for
Self-assessment and
Special Credits

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...



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



ACSPA-SurgeonsVoice
www.surgeonsvoice.org



ACSPA-SurgeonsPAC
www.surgeonspac.org



- SurgeonsPAC Board of Directors
 - ✓ Accountable to ACSPA Board of Directors (Board of Regents)
 - ✓ Decision-making body for PAC strategy and disbursements
 - ✓ 20 person board is exceptionally diverse
- Basic Principles
 - ✓ Ability to influence and control congressional agenda
 - ✓ Non-partisan
 - ✓ Elect surgical champions
- 2015 Receipts: \$513,706 (hard and soft dollars)
- Percent PAC Participation: **2.4%** (1,492 donors)
- **WE NEED MORE SUPPORT!**

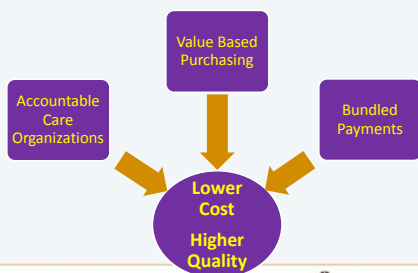
Medicare Access & CHIP Reauthorization Act (MACRA) - Key Provisions

- 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



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)

2019	2020	2021	2022	2023	2024
5% lump sum bonus payment on the previous year's allowable charges					

- 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



ACS Website: facts.org



Bleedingcontrol.org



ACS Media Relations



ACS Media Relations

The Coalition for Quality in Geriatric Surgery PROJECT

New Geriatric Surgery Guideline

Featured on Universal Doctor News

Host Dr. Michael Reardon talks with Dr. Julia R. Benan, MD, MSc, FACS, and Rosalee Rosenfarb, MD, MS, FACS, about the growing number of older adults in the U.S. leading to an increase in operations for geriatric patients. The show features a discussion about the Coalition for Quality in Geriatric Surgery (CQGS) Project and the national performance guidelines for geriatric surgical patients developed by the ACS and the American Geriatrics Society. Dr. Benan is Principal Investigator for the CQGS Project. Dr. Rosenfarb is co-Principal Investigator. CQGS is supported by the Julia A. Hartford Foundation.



Dr. Michael Reardon, MD, MSc, FACS, FRCGS
Dr. Rosalee Rosenfarb, MD, MS, FACS



ACS Media Relations

REUTERS

Sports Fri Jul 22, 2016 12:54pm EDT

Loss of independence post-surgery linked to poor outcomes

By KATHY HILDEBRAND

(Reuters Health) - For surgery patients over age 65, losing function or mobility or needing more care after surgery is linked to a higher risk of being readmitted to the hospital or dying, according to a new study.

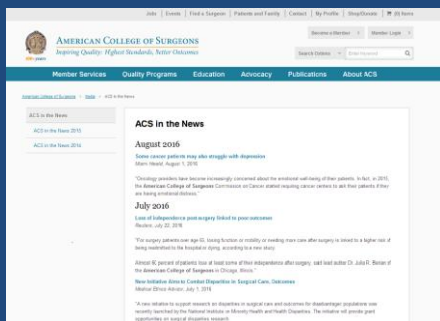
Almost 60 percent of patients lose at least some of their independence after surgery, said lead author Dr. Julia R. Benan of the American College of Surgeons in Chicago, Illinois.

"Because physicians rarely evaluate measures such as function, mobility and discharge destination, such outcomes are not usually discussed," Benan said.

"It is something that should be tracked post-operatively, and perhaps should be discussed pre-operatively before the decision to operate is made," she told Reuters Health by email.

Media Relations: ACS in the News

<https://www.facs.org/media/acs-in-the-news>



Bulletin

The *Bulletin* is the monthly member magazine and publication of record for the ACS.



Bulletin

- 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.

Newsletters



JULY 2016

FELLOWS PROVIDE ESSENTIAL PERSPECTIVES FOR EFFECTIVE COLONOSCOPY

As the endoscopic revolution continues to change the way we diagnose and treat colorectal disease, it is essential that we have an effective way to train the next generation of endoscopists. The American College of Surgeons (ACS) is committed to providing the best possible training for our fellows, and we are proud to announce that we have a new program in place to help us do this. The new program, the ACS Fellowship in Endoscopic Gastroenterology, will provide our fellows with the best possible training in the field of endoscopic gastroenterology. This program will be the first of its kind in the United States, and we are proud to announce that we have a new program in place to help us do this. The new program, the ACS Fellowship in Endoscopic Gastroenterology, will provide our fellows with the best possible training in the field of endoscopic gastroenterology.



SUMMER 2016

It is an pleasure to inform the American College of Surgeons (ACS) membership and our friends and colleagues in the Colon and Rectal Surgery community that we have a new program in place to help us do this. The new program, the ACS Fellowship in Endoscopic Gastroenterology, will provide our fellows with the best possible training in the field of endoscopic gastroenterology. This program will be the first of its kind in the United States, and we are proud to announce that we have a new program in place to help us do this. The new program, the ACS Fellowship in Endoscopic Gastroenterology, will provide our fellows with the best possible training in the field of endoscopic gastroenterology.

ADVISORY COUNCIL UPDATES

As a part of the ACS's ongoing efforts to improve the quality of care, we have established the Advisory Council for Colon and Rectal Surgery. This council will provide us with the best possible training in the field of endoscopic gastroenterology. This program will be the first of its kind in the United States, and we are proud to announce that we have a new program in place to help us do this. The new program, the ACS Fellowship in Endoscopic Gastroenterology, will provide our fellows with the best possible training in the field of endoscopic gastroenterology.

JACS Website: journalacs.org



JACS Access to Full Text Articles

ORIGINAL SCIENTIFIC ARTICLES

Emotional Intelligence as a Predictor of Resident Well-Being

Dana T. Liu, MD, FACS, Cara A. Liebner, MD, Jennifer Tsan, BS, James N. Liao, MD, FACS, Stephen Salter, MD, PhD

BACKGROUND: There is increasing recognition that physician wellness is critical to our ability to provide the best possible care for our patients. However, the relationship between physician wellness and patient care is complex. Emotional intelligence (EI) is a key component of physician wellness, and it is important to understand the relationship between EI and wellness among surgical residents. This study sought to understand the relationship between EI and wellness among surgical residents.

STUDY DESIGN: Residents in a single general surgery residency program were surveyed for a wellness study. Emotional intelligence was measured using the Trait Emotional Intelligence Questionnaire (TEIQ), and wellness was measured using the Short Form-36 Health Survey (SF-36).

RESULTS: Multivariate analysis was performed to identify factors predictive of well-being. Emotional intelligence was positively correlated with psychological well-being ($r = 0.74$, $p < 0.001$) and inversely with depression ($r = -0.43$, $p < 0.001$) and 1-factor positive, emotional exhaustion ($r = -0.45$, $p < 0.001$) and depression ($r = -0.39$, $p < 0.001$). In regression analysis, EI was strongly predictive of well-being ($\beta = 0.48$, $p < 0.001$), emotional exhaustion ($\beta = -0.43$, $p < 0.001$), and depression ($\beta = -0.40$, $p < 0.001$).

CONCLUSIONS: Emotional intelligence is a strong predictor of resident well-being. Prospective monitoring of EI can be effective in supporting the wellness of residents. (J Am Coll Surg 2016;222:352-358. 2016 Published by Elsevier Inc. on behalf of the American College of Surgeons.)

Featured Image

Featured Video

Double Flap Technique as an Anti-Reflex Procedure in Esophagectomy after Proximal Gastrectomy

Target Marketing



Personalized mailer after residency

Membership brochures versioned by stage of career

Cross-Marketing



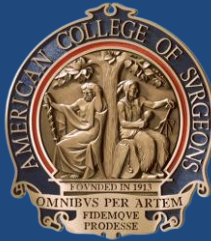
Clinical Congress Marketing



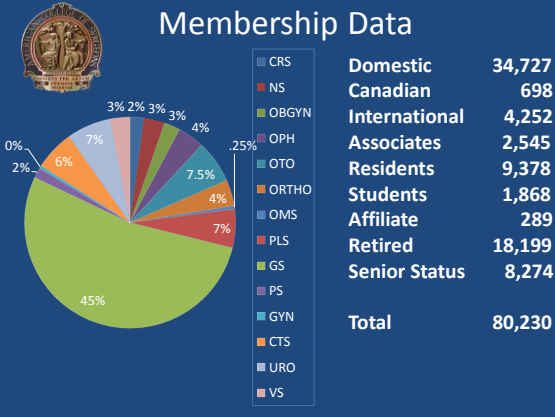
Focus



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



Membership Data



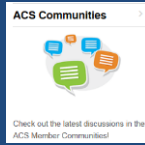
Membership

- 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



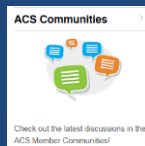
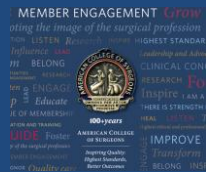
Personalized Delivery of Information

- 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 a fellowship program.

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**



OGB Website



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 (ie., disaster registry)
- Search for domestic free clinic opportunities

Agencies will be able to:

- Sign-up to become a partner
- Post and edit opportunities

www.facs.org/ogb

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

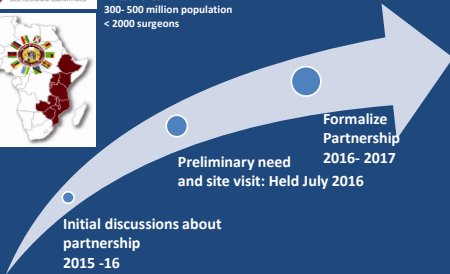
- Develop ACS branded educational products
- Connect with reliable partners in LMIC and others activities
- Start with small but scalable global ACS branded program
- Create and manage OGB sites; start with proof of concept



Needs Assessment and Initial Partnerships Development Plan



10 countries
300- 500 million population
< 2000 surgeons



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



MILITARY HEALTH SYSTEM
Strategic Partnership



Main Goals of Collaboration

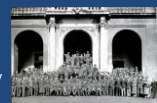
4. Joint Trauma System (JTS)

- 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



MILITARY HEALTH SYSTEM
Strategic Partnership





QUESTIONS?
