

Keystone Surgeon



keystone chapter
american college of surgeons

Winter 2005/2006 Edition

OFFICIAL PUBLICATION OF THE KEYSTONE CHAPTER, AMERICAN COLLEGE OF SURGEONS

President's Message

by Aaron D. Bleznak, MD, FACS



Several years ago the hospital with which I was affiliated, Mount Nittany Medical Center in State College, PA, suffered through a work stoppage. The hospital workers union and the hospital administration reached an impasse in their negotiations and non-emergent hospital services were curtailed for a brief time. The pages of the local newspaper were replete with letters to the editor written by supporters of one or the other side. Having just completed a three-year term as Chief of Staff, I knew that much of the information contained in these letters was erroneous and did not reflect the true complexities of the situation. I wrote an editorial which supported both sides and placed the blame for the dispute on the shoulders of the public and our elected officials. My rationale was that they were at fault for creating the situation in which two members of the same health care system were forced to fight, justifiably, for their slice of the inadequate health care dollar. I include an excerpt of that editorial, because I believe that the healthcare environment has not changed and the observations are just as true today.

"The real culprits in this situation are the American people and our elected representatives.

In general, we demand the right to access the latest technology and newest drugs and treatments available, often without evidence that these are better than older and less-costly alternatives.

Frequently, we insist on expensive therapeutic interventions despite limited chances of success, spending almost half of our health-care dollars in the last year of life.

Furthermore, our unrealistic expectations of perfect outcomes have resulted in an epidemic of lawsuits, which further increase costs by leading to defensive treatments and testing and increasing malpractice expenses for providers, hospitals, and industry.

Our government, meanwhile, is working to limit expenditures on health care both directly, through payments for Medicare and Medicaid enrollees, and indirectly, through other insurance companies, who generally reimburse providers based on some percent of the Medicare fee schedule.

Our elected officials are unwilling to tell us what is really needed to cure this situation, which is some combination of intelligent, evidence-based rationing of some healthcare services and increasing the percent of gross domestic product paid for healthcare (i.e., revising the Medicare payment formula).

In simplistic terms, we as a people want more healthcare than we are willing to pay for and so we have created the current situation in which our hospital and its workers are at odds. If you insist on finding the villain, try looking in the mirror first."

Heading into 2006, we face a 4.4% cut in Medicare reimbursement, an inadequate and unstable Medicaid situation, an unsettled and untenable medico-legal crisis, and increasing outcries for public dissemination of quality information without a firm sense of how to define or abstract that data. On

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the medical side, our "team" continues to be fragmented as hospital workers, healthcare industries, pharmaceutical companies, nurses, healthcare providers, and our healthcare institutions continue to vie for revenue.

During the past twelve months, the Keystone Chapter has been asked to consider our stance on a number of conflicts between members of our "team." Radiologists and insurance companies are challenging the abilities of other medical specialists to perform imaging studies, questioning the quality of those exams and proposing to withhold payment. Optometrists and physician extenders, such as physician assistants, are asking for increasing scope of practice and independence, which could lead them into more competition with MDs and DOs. Organizations, both governmental and independent, have proposed regulations which, at least in part, enter into the increasing competition between providers and hospitals for services, such as imaging and rehabilitation facilities and outpatient surgicenters.

The American College of Surgeons is making efforts to enhance relationships with other specialty groups in order to attempt to present a more unified front to the public and the government. Under the guidance of Dr. Thomas Russell, we are making great strides

in redesigning the College as a force in both measuring and improving the quality of patient care provided by surgeons. Our labors are being recognized at the federal level where, for example, suggestions of appropriate quality measures provided by the Commission on Cancer represent the majority of those being considered by the National Quality Forum for assessing appropriateness of cancer care.

It is my opinion that, just as in 2002, the crux of the problem remains that we are being asked to provide more healthcare than that for which the nation is willing to pay. This is a no-win scenario, but one which we cannot change so long as the healthcare community is splintered. While we involve ourselves in disputes over who, where, which, and what (who should provide services, where should they be provided, which services are appropriate and in what manner should they be administered), we are unable to confront the true issue.

I hope that you will become involved in organized medicine since the College, at this point in time, appears to be our best chance to heal some of the rifts within the healthcare community. It is essential that all of us become involved in trying to alter this scenario. Recall the writings of John Donne:

**Therefore, send not to know
For whom the bell tolls,
It tolls for thee. ●**

Members in the News

Domingo T. Alvear, MD, FACS, Keystone Chapter member and pediatric surgeon from Harrisburg, was recognized for his international volunteer service at the ACS Board of Governor's dinner held in conjunction with the Clinical Congress, October 18, 2005. Dr. Alvear received the 2005 Surgical Volunteerism Award in recognition of his surgical leadership and humanitarian efforts as the founder of the World Surgical Foundation, Inc. (WSF), which works to provide "health care for the medically underserved around the world." Founded in 1997, WSF has rendered free surgical care to patients on regular expeditions to the Philippines, Honduras, Thailand, Haiti, and India.

Aaron D. Bleznak, MD, FACS, president of the Keystone Chapter and Cancer Liaison Program State Chair, was recognized by the

Committee on Cancer Liaison during the recent Cancer Liaison Physician Breakfast Meeting. He received an award for his support and initiation of Commission on Cancer (CoC) activities at the state and regional level. Dr. Bleznak represents the CoC on several state groups, provides frequent presentations on the CoC's behalf, and utilizes CoC resources to improve the delivery of care in Pennsylvania.

Charles J. Scagliotti, MD, FACS, was reelected to the Board of Governors of the American College of Surgeons as a Governor-at-Large. His term will end with the conclusion of the 2008 Clinical Congress.

Edwin W. Shearburn III, MD, FACS, was elected to the Board of Governors of the American College of Surgeons as a Governor-at-Large. His term will end with the conclusion of the 2008 Clinical Congress. ●

Report on Commission on Cancer and Cancer Liaison Physicians Meetings

by Aaron D. Bleznak, MD, FACS

The Commission on Cancer (CoC) and the Cancer Liaison Physicians (CLP) met in conjunction with the ACS Clinical Congress in October in San Francisco. Following is my take on the items of importance to the CoC.

Much of this involves a continuation of the directions I have seen the Commission taking during my seven years as a state chair. This involves increasing time and effort on measuring quality of cancer care and the quality improvement process and less focus on micromanaging the individual institution's cancer program.

An excellent example is that the National Comprehensive Cancer Network (NCCN) is now a CoC member. Dr. William McGivney, CEO for the NCCN, spoke at the meeting regarding their evidence-based guidelines for cancer care. These guidelines are available at www.nccn.org and that site received 2.5 million hits last year.

Presentations from the meeting will be available on the Commission's website. I especially recommend Dr. Steve Edge's presentation on the National Quality Forum and the NCDB, specifically discussing the use of measurable quality indicators for breast and colon carcinoma.

The first use of NCDB data to create an institutional "report card" evaluated the use of adjuvant chemotherapy in Stage III colon carcinoma. Each institution should review their Cancer Program Practice Profile Report (CP3R), as it represents a means for self-assessment and improvement. This will be updated annually and additional reports will be created evaluating other aspects of cancer care.

The important change in the CLP's role includes removal of the requirement for the CLP to be appointed as the coordinator for outreach activities. Instead, CLPs are expected to demonstrate participation in the cancer program in the following 3 broad categories:

1. Physician champion
2. Liaison between CoC and the CLP's program
3. Agent of change in community

Fairly easy examples of ways to fulfill these expectations are:

1. Promote ACOSOG participation and employment of NCCN guidelines.
2. Report CoC initiatives to Cancer Committee and facilitate participation in FIPS 2 data release.
3. Become involved in PAC3, the state cancer control plan, and your local ACS chapter.

Additionally, a number of announcements were made at the meeting which should be reported by the CLPs to their cancer committees. These include:

1. Encourage release of Facility Information Profile 2 data (institutional volumes). Currently, more than half of CoC institutions display their data on the ACS/CoC websites.
2. Join ACOSOG and assist them in clinical trials. You can reach it through the college's website.
3. Join PAC3 (Pennsylvania Cancer Control planning organization).
4. Revised standards are up for approval next month (December).
5. JCAHO and CoC now have a reciprocal agreement such as your CoC accreditation will be recognized at your JCAHO visits. ●

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Funds Available to Physicians to Acquire Health Information Technology

Funding is now available to physicians in central and western Pennsylvania to help them acquire health information technology. The funds are available through the Highmark eHealth Collaborative, which was formed by The Pittsburgh Foundation following a \$26.5 million contribution from Highmark Inc. for e-Prescribing initiatives. Physicians in the following counties are eligible to apply for the funding:

Adams	Columbia	Jefferson	Potter
Allegheny	Crawford	Juniata	Schuylkill
Armstrong	Cumberland	Lancaster	Snyder
Beaver	Dauphin	Lawrence	Somerset
Bedford	Elk	Lebanon	Union
Berks	Erie	Lehigh	Venango
Blair	Fayette	McKean	Warren
Butler	Forest	Mercer	Washington
Cambria	Franklin	Mifflin	Westmoreland
Cameron	Fulton	Montour	York
Centre	Greene	Northampton	
Clarion	Huntingdon	Northumberland	
Clearfield	Indiana	Perry	

Eligible physician offices can receive up to 75 percent of the cost to acquire, install and implement electronic technology systems. The maximum grant amount is \$7,000. Eligibility criteria and restrictions will apply.

To apply for funding, physicians should complete an online application on the Highmark eHealth Collaborative’s Web site at www.highmarkehealth.org. An online brochure and complete details about the Highmark eHealth Collaborative, including eligibility requirements are also available on the Web site. ●

Report from the Medical Society Trustees

The following information is provided by the Pennsylvania Medical Society on behalf of John J. Pagan, MD, FACS and Karen A. Rizzo, MD, FACS, the surgical specialty trustees on the Medical Society’s Board and both members of the Keystone Chapter of the American College of Surgeons.

Legislature Approves One-Year Extension of Mcare Abatement

The state Senate voted unanimously on December 14, 2005, to approve a one-year Mcare abatement extension. The state House of Representatives quickly followed by concurring on the revised House Bill 2041 with a vote on December 15.

The vote was 50-0 in the Senate and 192-0 in the House as legislators from both sides

of the aisle saw the importance of continuing Mcare abatement.

HB 2041 now provides:

- a one-year abatement extension through 2006
- 50 percent abatement for nursing homes in 2006 (not retro-active)
- an 11-member commission to analyze ways to pay down the unfunded liability of the Mcare Fund

Physicians are encouraged to thank their legislators for voting yes for Mcare abatement extension. Watch for more information from the State Society as details develop.

To thank your legislators, use the Society’s online tool to send an e-mail at <http://capwiz.com/pamedsoc>. ●

From the American College of Surgeons

ACSPA Launches New Grassroots Web Site

The American College of Surgeons Professional Association (ACSPA) has launched a new federal grassroots Web site at

<http://www.capitolconnect.com/acspa/>.

Through this site, surgeons can get updates on legislative issues of concern and send letters stating their views to members of Congress. This Web site replaces the previous Federal Legislative Action Center, which was located at <http://www.capwiz.com>. Please bookmark the new address for future use. This site can also be accessed by visiting the College's home page at <http://www.facs.org> and clicking on "Advocacy" and then "Federal Legislative Action Center."

College Develops Practice-Based Learning System for Its Members

The American College of Surgeons has developed a Practice-Based Learning System (case log system) that allows its members to track their cases and outcomes in a convenient, easy-to-use manner. This system will allow members of the College to compare their outcomes with those of their colleagues in a confidential manner, and will assist them in identifying opportunities for training from learning modules on the College's Web site and other providers. The American Board of Surgery (ABS) has identified Practice-Based Learning and Improvement as a core competency, and in the future the case logging system could support submission of case logs for maintenance of certification. For more information and to register for the case log system, visit <http://www.facs.org/members/pbls.html>.

Findings from NCDB Study Published in JAMA

"Adjuvant Chemotherapy in Node Positive (Stage III) Colon Cancer: Implications of Ethnicity, Age and Differentiation," a study that examined case records reported to the National Cancer Data Base (NCDB) to determine whether adjuvant chemotherapy (ACT) is used in the community as a standard of practice that

improves outcome and whether ACT failed to benefit any specific sets of patients, was published in the December 7, 2005, issue of the Journal of the American Medical Association. In the study, prospective data from 85,934 patients with Stage III colon cancer reported from 560 hospital cancer registries to the NCDB between 1990 and 2002 were reviewed. The authors report that, in the aggregate, ACT use increased from 39 percent in 1991 to 64 percent in 2002 but observed that increases in the utilization of ACT was lower in African Americans, women, and elderly patients. Administration of ACT has an associated increase in five-year survival of 16 percent when compared with surgery alone. Elderly patients have the same benefit as younger patients, but are less frequently treated. Females also have the same benefit but are less often treated. However, the benefit of ACT in African Americans and patients with high-grade cancers is not as great. The authors conclude that new options for ACT made available over the past two years may further improve the outcome of patients with stage III colon cancer.

For more information on this study, contact astewart@facs.org.

Visit ACS Career Opportunities, The College's Job Bank

The American College of Surgeons (ACS) and HEALTHeCAREERS, an online network of health care association career center Web sites, are working together to provide ACS Career Opportunities, an online surgical career center for its members. This relationship enables ACS Career Opportunities to offer more features and functionality than any other job bank system, and ensures the broadest exposure for resume and job opportunity postings for surgeons. ACS Career Opportunities participates in a system that links nearly one million health care professionals from more than 200 disciplines with thousands of medical groups, hospitals, and other health care employers. Resumes can be posted at no cost, and job postings can be listed at competitive rates. For more information, visit <http://www.facs.org/members/members.html#careers>. ●

Governor's Report

(American College of Surgeons Oct 16 – 20, 2005, San Francisco, California)
 by Matthew C. Indeck, MD, FACS, FCCM and Charles J. Scagliotti, MD, FACS

The Year's Accomplishments by the ACS:

1. Enhancing resident involvement in the College. More residents have expressed interest and are participating in the business of the College.
2. Introduction of the Web Portal (Dr. George Sheldon)
3. Maintenance of Certification—looking at the 6 core competencies
4. The College's Foundation (investment opportunity)
5. Credentialing issues are being addressed
6. Educational Centers – decentralizing so that surgeons can go locally to keep up with advancing technologies and practice
7. This year is dubbed the Year of Unity — AMA, JCAHO, CMS—hoping to be proactive with these organizations
8. Operation Giving Back
9. Starting the Online Caselog to tract your own cases

Reports:

PACS:

1. Professional liability reform – bringing the message to the people “if MD's can't afford insurance then patients don't get their care. Lobbying for selective advertising.
2. Medicare Physician Payment – trying to detach this from SGR (sustainable growth rate). The College is lobbying for Pay for Performance.
3. Goal for the PACS is to target contributions to issues and not to political parties or candidates.
4. Better access to the offices of legislators.
5. Raised 500k this year. More surgeons need to contribute.

Internet-Based Journal Club: To maintain the skills for practicing surgeons, this will help teach surgeons the critical analysis tools when looking at articles and establishing an evidenced-based practice.

1. There will be 8 “packages” per year (Oct – May). Online will present clinical articles on a topic.
2. Surgeons will analyze the methodology used in the article and answer questions as part of a “listserv.”
3. Surgeons will critique the articles which will be seen on the “listserv.”
4. Surgeons will answer questions for CME.

5. Surgeons will discuss the articles on the “listserv.”
6. There will be a library of past and present articles and discussions with links to the articles.

College Foundation: The fellows will now have opportunities to invest for retirement or other purposes in a College-sponsored mutual fund, which will have several vehicles, based on the individual fellow's desires. This will be after tax dollars.

Web Portal (e-Facs.org): This will be a personalized gateway to the Internet for the user. It will (1) filter and facilitate access to Web-based information; (2) initiate and facilitate collaboration and exchange of ideas among members; and (3) provide secure, **single sign-on service** that will be the entry point of access to organized Web information coming from the College and other validated and reputable sources. A Web portal has five unique features different from a Website: Authentication (logon), Personalization (highly focused), Customization (individualize preferences), Integration of multiple sources displayed just for the user, and Content Management (faster access with greater searching capabilities). There will also be specialties (general surgery, bariatric, breast cancer, burn medicine, MIS, endocrine, etc.) and special interest communities, i.e., bio-med engineering, career mentoring, history and philosophy, IT, residents, rural surgeons, senior surgeons, terrorism, translational oncology, uniformed services, and young surgeons. Discussions are being held with WebMD, ACS Surgery, CineMed, and ACS Digital Video Library for inclusion.

AMA: The College is pursuing and maintaining its close relationship with the AMA by utilizing the Surgical Caucus. There are still some policy conflicts with the AMA.

Top Issues that the College is dealing with:

1. Tort Reform
2. Reimbursement, CMS
3. MOC (Maintenance of Certification)
4. Health Care Reform
5. CME – going through a paradigm shift to **continuous professional development.** The College is planning to decentralize to Accredited Educational Institutes with the goal of addressing the entire spectrum of skills

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Specialty Surgeons Ban Together for Liability Reforms

Despite the enactment of the medical liability reforms of 2002 and 2003, quality specialty medical care continues to be endangered in Pennsylvania.

The symptoms of this crisis are clear:

- Patients are waiting longer for appointments with high-risk specialty surgeons such as general, orthopaedic and thoracic surgeons, obstetricians, and neurosurgeons;
- Doctors' practices and hospitals find it nearly impossible to recruit young surgeons to Pennsylvania even when those surgeons have been educated here;
- Medical liability insurance premiums have not decreased since the height of the crisis in 2002-2003; and
- Those specialty surgeons practicing here are being stretched thin to cover growing patient loads.

The one stabilizing force has been the state program to abate physicians' state-mandated excess insurance costs or MCARE. Without MCARE abatement many specialty surgeons would be forced to limit their practice to non-surgical procedures, or close altogether.

Pennsylvania Physicians for the Protection of Specialty Care, or 3PSC, was created last

year by a group of high-risk specialty surgeons to advocate for common sense medical liability reforms in order to preserve patient access to specialty medical care. This year the primary focus of 3PSC's efforts is to educate the public and policymakers about the need for long-term liability reforms as well as continued MCARE Abatement in 2006 and 2007.

3PSC has established a seat at the policy making table in Harrisburg and the physician-led organization keeps physicians, patients and other interested individuals informed through weekly e-mails.

Further, 3PSC has begun a public education campaign to advance the message that patients deserve more than just a right to sue; patients deserve quality medical care. Billboards and other means show that billions of dollars in our healthcare system are being diverted away from patient care to pay for medical liability insurance and lawsuit payouts.

Physicians and organizations, which contribute to 3PSC, will help expand the educational campaign to every corner of Pennsylvania. To learn more about how you can get involved, visit our website at www.3psc.org. ●

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for the surgeon with regional learning centers/communities.

6. Looking for ways to verify **knowledge and skills**.

Dues: Will now operate on the principle of small annual changes instead of large infrequent adjustments.

The committee I sit on, Physician Competency and Health, has devised a new mission statement as follows:

The committee on physician competence and health is interested in issues in these two related areas:

- Competence and maintenance of competence reflect the standards to which Fellows are expected to perform in their communities

and are intimately related to credentialing, privileging, and licensure. The committee will examine national, regional and local issues. The relationship of College activities in establishing credentials, reviewing credentials, and intervening in credentialing disputes will be an active task.

- The Committee focus on health will be to promote maintenance of physical and mental wellness in the Fellows and will be expanded beyond chronic issues such as substance abuse, chronic illness, aging and disability to include more acute situational issues such as fatigue, excessive duty hours or acute illness.

Finances: The college continues to be financially sound, with the appropriate investments.

We encourage all of you to contribute to the PACS.

Thanks and respectfully submitted. ●



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american college of surgeons

777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

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April 23-26, 2006

American College of Surgeons 34th Annual Spring Meeting
Wyndham Anatole, Dallas, TX

October 8-12, 2006

American College of Surgeons 92nd Annual Clinical Congress
Chicago, IL

November 3-4, 2006

Keystone Chapter, American College of Surgeons/Pennsylvania
Society of Oncology & Hematology Joint Scientific Meeting
The Crowne Plaza, King of Prussia, PA