Today I'm standing in for my friend Tom Russell
He is in our hearts and minds
We wish him well

Dr. Russell's Lecture title in your Program:
What Does the Patient Protection and Affordable Care Act Mean to Us?

Health Care Reform, The ACA, The ACS and You

UCSF Naffziger Surgical Society Day
March 7, 2014
San Francisco

A. Brent Eastman, MD, FACS
FRCS Ed (Hon), FRACS (Hon), FRCSI (Hon)
Past President ACS 2012-2013
Past President UCSF Naffziger Surgical Society 2013

The Next Hundred Years

Dr. Franklin H. Martin
Founder ACS
Circa 1910

AMERICAN COLLEGE OF SURGEONS
PRESIDENTIAL ADDRESS
A. Brent Eastman, MD, FACS, FRCS Ed (Hon), FRACS (Hon), FRCSI (Hon)

Our Proud ACS Heritage

Evarts Graham Harvey Cushing
George Crile
W.J. Mayo
William Halsted
Ernest Codman
A.J. Ochsner

ACS PRESIDENTS:
J.E. Dunphy UCSF
George Sheldon UCSF
Carlos Pellegrini UCSF

Dr. JMT Finney
First ACS President
1913-16

Our Proud ACS Heritage
My UCSF heritage
San Francisco 1966

I started my surgical internship and residency at UCSF –
Chair - Dr. J. Englebert Dunphy

First met Dr. William F. Blaisdell, Chief of Surgery at the
San Francisco General Hospital and began my own
career in trauma

If you remember San Francisco in the 60’s – you weren’t there...

Viet Nam Peace March
Filmed at SFGH IN 60s

U.S. Vice President Lyndon Johnson

Viet Nam Peace March

Interview with Dr. Blaisdell
Pacific Coast Surgical meeting
Fairmont Hotel
San Francisco, Feb 15, 2009

“In 1966
Everything changed
Advent of Medicaid/Medicare
Psych units closed people on the streets – drugs – violence
Viet Nam protests
Crimes of violence doubled.”

F. William Blaisdell
SFGH Trauma Center was born

UCSF-SFGH Trauma Team Circa 1966-72

Dr. Sheldon
Immediate Past Chair, Dept Surg, UNC
Died June 16, 2013
Born, raised, buried Salina Kansas

Dr. Lewis
Current Dir. American Board of Surg

Dr. F. William Blaisdell
Past Chief of Surgery SFGH
Our Mentor in Trauma
We have a global endemic of trauma, greater than AIDS or malaria. Trauma care is rudimentary in sub-Saharan Africa – we need trauma systems – need to use cell phones and wireless networks. “Global health should be the pillar of US foreign policy.” “We should have a Diplomacy of Health.”

Interview
Haile Debas, MD, FACS
Pacific Coast Surgical
Fairmont Hotel, San Francisco, Feb. 15, 2009

Dr. J. Englebert Dunphy, President ACS -1963-1964

THE NEXT HUNDRED YEARS

AMERICAN COLLEGE OF SURGEONS
PRESIDENTIAL ADDRESS
A. Brent Eastman, MD, FACS, FRCS Ed (Hon), FRACS (Hon), FRCSI (Hon)

Call to Action
Access/Quality Rural Surgery Surgical Education Affirm ACS Commitment to Internationalism
Access & Quality

“There is no Quality without Access”

The Value Proposition
Essential for Sustainability

Value = Quality/Cost

Value is What the Patient Sees

“Unfortunately, your plan covers only doctors who couldn’t possibly help you in any way”
ACS NSQIP: Data Matters for **SUSTAINABILITY**

- 82% of hospitals decreased complications
- 66% of hospitals decreased mortality
- 250-500 complications prevented annually per hospital

**In 1991**

My 7 yr old daughter, Ali, wrote this paper at school

Only we as surgeons should be deciding on what is appropriate surgical care for our patients!

- Lima Peru
- Edinburgh Scotland
- London England
- Ottawa Canada
- Manila Philippines
- Mexico City Mexico
- San Juan Puerto Rico
- Fukuoka Japan
- Auckland New Zealand
- Cairo Egypt
- Kuala Lumpur Malaysia

**International Presidential Travels**

Plus many U.S. Chapter Visits 2012 - 2013

- London, Manchester, Oxford England
- Dublin Ireland
- Genoa Italy
- Helsinki Finland
- Rio De Janeiro Brazil
- Hong Kong
- Calgary, Canada
Universal challenges seeking common solutions

Presidents International Colleges & Societies

IN THE U.S.

HEALTH CARE REFORM
OR
INSURANCE REFORM
OR
NO REFORM ???

POLITICS

WHO IS THIS MAN?
POLITICS
Democrats and Republicans .....
Alfred E. Packer

“There was only six democrats in all of Hinsdale County and you ... you man-eating S.O.B., you ate five of them ... I sentence you to hang ... as a warning against further reducing the democratic population ...”

A Colorado Judge - 1874

WHERE HEALTH CARE REFORM GOT IT WRONG

Failure to permanently repeal the flawed Medicare payment formula—the sustainable growth rate (SGR)

No meaningful medical liability reform

Inadequate provisions to address overall workforce shortage

The Independent Payment Advisory Board

HEALTH POLICY AND ADVOCACY GROUP (HPAG)
WORKING IN CONJUNCTION WITH ACS DIVISION OF ADVOCACY AND HEALTH POLICY

Chair, Andrew Warshaw, President-Elect ACS
Legislative Committee chair
General Surgery Coding and Reimbursement Committee chair
Health Policy Advisory Council chairs
SurgeonsVoice
Surgical Caucus chair, AMA House of Delegates
Chair, Governors Committee on Socioeconomic Issues, Advocacy Pillar representative
Representative, Young Fellows Association
Representative, Resident and Associates Society
Chair, ACS Surgeons PAC

ACS ONLY PHYSICIAN GROUP TO TESTIFY BEFORE ALL 3 CONGRESSIONAL COMMITTEES WITH JURISDICTION OVER THE MEDICARE PROGRAM

WHERE HEALTH CARE REFORM GOT IT WRONG

Failure to permanently repeal the flawed Medicare payment formula—the sustainable growth rate (SGR)

No meaningful medical liability reform

Inadequate provisions to address overall workforce shortage

The Independent Payment Advisory Board

HEALTH POLICY AND ADVOCACY GROUP (HPAG)
WORKING IN CONJUNCTION WITH ACS DIVISION OF ADVOCACY AND HEALTH POLICY

Chair, Andrew Warshaw, President-Elect ACS
Legislative Committee chair
General Surgery Coding and Reimbursement Committee chair
Health Policy Advisory Council chairs
SurgeonsVoice
Surgical Caucus chair, AMA House of Delegates
Chair, Governors Committee on Socioeconomic Issues, Advocacy Pillar representative
Representative, Young Fellows Association
Representative, Resident and Associates Society
Chair, ACS Surgeons PAC

ACS ONLY PHYSICIAN GROUP TO TESTIFY BEFORE ALL 3 CONGRESSIONAL COMMITTEES WITH JURISDICTION OVER THE MEDICARE PROGRAM

WHERE HEALTH CARE REFORM GOT IT WRONG

Failure to permanently repeal the flawed Medicare payment formula—the sustainable growth rate (SGR)

No meaningful medical liability reform

Inadequate provisions to address overall workforce shortage

The Independent Payment Advisory Board

HEALTH POLICY AND ADVOCACY GROUP (HPAG)
WORKING IN CONJUNCTION WITH ACS DIVISION OF ADVOCACY AND HEALTH POLICY

Chair, Andrew Warshaw, President-Elect ACS
Legislative Committee chair
General Surgery Coding and Reimbursement Committee chair
Health Policy Advisory Council chairs
SurgeonsVoice
Surgical Caucus chair, AMA House of Delegates
Chair, Governors Committee on Socioeconomic Issues, Advocacy Pillar representative
Representative, Young Fellows Association
Representative, Resident and Associates Society
Chair, ACS Surgeons PAC

ACS ONLY PHYSICIAN GROUP TO TESTIFY BEFORE ALL 3 CONGRESSIONAL COMMITTEES WITH JURISDICTION OVER THE MEDICARE PROGRAM

WHERE HEALTH CARE REFORM GOT IT WRONG

Failure to permanently repeal the flawed Medicare payment formula—the sustainable growth rate (SGR)

No meaningful medical liability reform

Inadequate provisions to address overall workforce shortage

The Independent Payment Advisory Board
ACS opposed Medicare physician payment legislation when released in November

While it included a number of positive aspects, particularly repeal of the SGR ...

It also included a 10 year freeze in Medicare payments to doctors

The incentive program was budget neutral - any increases to doctors would be paid for by cuts to other doctors

Alternative Payment models (i.e., ACO, bundling) – left much confusion of where surgery would fit

Valuation of Services
- 10% penalty to any physician who doesn’t turn over data to federal government
- Requirement that Medicare finds 1% per year for 3 years in overpayments to doctors with a specific attack on global surgical services

Language REMOVED:
- Attack on the surgical global payments
- The 10% penalty for not giving the government data from physician offices

Language INCLUDED:
- The criteria for the VBP now includes surgery specific examples – surgical checklists, registries
- Alternative payment model section now includes the ability to add new Alternative Payment Models that could be more surgery centered.
POLITICAL ACTION SUCCESS

On February 6, Congress reached a bipartisan, bicameral deal for the repeal of Medicare's sustainable growth rate (SGR) formula and to fix the Medicare physician payment system. The SGR Repeal and Medicare Provider Payment Modernization Act of 2014 is the product of a yearlong collaborative effort between Congress and key stakeholders, including the American College of Surgeons (ACS).

The ACS played an instrumental role in the makeup of the final bill by taking strong stances in opposition to bad policy and intensely lobbying for changes to the legislation. Congress took our concerns seriously and made appropriate changes.

SGR REPEAL AND MEDICARE PROVIDER PAYMENT MODERNIZATION ACT (1)

The SGR would be repealed immediately
Positive annual payment updates of 0.5% would be provided for five years
Provisions similar to the Standards of Care Protection Act are included

SGR REPEAL AND MEDICARE PROVIDER PAYMENT MODERNIZATION ACT (3)

The 5% added incentive payment for physicians in Alternative Payment Models was retained
Funding for technical assistance to small practices of 15 or fewer professionals was doubled

STANDARD OF CARE LIABILITY LANGUAGE IN MEDICARE REFORM BILL

ACA contained quality measures that potentially expands the risk of lawsuits against providers

House/Senate Medicare SGR proposal ensures that lawsuits cannot be simply based on whether providers followed national guidelines created in federal health laws
(Provider Shield legislation passed in Georgia, 2013)
**AFTER THE SGR DEBT IS PAID**

ACS is working on a new payment system:
A value-based update (VBU) tying payment to quality processes and measures determined by surgeons!

**WHITHER IPAB?**

**COST-CUTTING BOARD IS IDLE, BUT NOT GONE**

- The IPAB has no members and has never met
- Congress has stopped its funding for 2 years in a row
- IPAB recommends cuts when per capita Medicare spending exceeds a set target
- The CBO estimates that slow growth in health care costs could mean that the board may not be called into play until 2023

**THE AMERICAN COLLEGE OF SURGEONS BROUGHT LOBBYING TO STATE CAPITALS**

*Fourteen grants given out to ACS State Chapters*

- Alabama
- **Northern California**
- Connecticut
- Florida
- Georgia
- Illinois
- Indiana
- Kansas
- Massachusetts
- NY/Brooklyn Long Island
- Ohio
- Oregon
- Tennessee
- Virginia

**New Position in ACS Washington DC Office**

*Full time surgeon to be our surgical “face” in Washington*
WHY SURGICAL WORKFORCE ADVOCACY?

- U.S. population ↑9% per decade
- Surgeons ↓1% per decade
- Geographic and specialty maldistribution
- Who will care for the newly insured?
- Expansion of Medicare-supported training positions
- Protection of GME funding (IOM Committee)
- Analysis by ACS Health Policy Research Institute

Death Rate per 100,000 - Motor Vehicle Crashes

Fewer surgeons = Higher trauma death rate

Number of Surgeons by County, 2006
ACS Sheps Health Policy Research Institute – Chapel Hill

Surgeon Shortage & Maldistribution
Work of George Sheldon at ACS Health Policy Research Institute, Chapel Hill

By Permission of Lee Annest, PhD, CIPC, CDC

Number of Surgeons per 100,000 Population
Motor Vehicle, Traffic, Unintentional, All Races, Both Sexes, All Ages* Preliminary Data, 2000-2006, United States

* Based on age-adjusted death rates for ages 1 to 99.
** Adjusted to population.” Standard Population is from year 2000. 95% confidence interval (CI) for each age category is calculated.

By Permission of Lee Annest, PhD, CIPC, CDC

Number of Surgeons by County, 2006
ACS Sheps Health Policy Research Institute – Chapel Hill

Surgeon Shortage & Maldistribution
Work of George Sheldon at ACS Health Policy Research Institute, Chapel Hill

By Permission of Lee Annest, PhD, CIPC, CDC
**Conclusions:**
Higher density of surgeons is associated with significant reduction in deaths from MVCs. Ensure surgical access.
Chang, Eastman, et al, JACS, 2011

**Unintended Consequence of health care reform?**
EMPLOYMENT OF SURGEONS
68% of US surgeons self-identify as employed
- 71,000 in group (83%) or HMO (17%)
- 8,000 medical school or hospital
- 5,000 government
33% decrease in self-employed surgeons 2001-2009
32% increase in full-time hospital employment
Younger surgeons and women favor employment

**To help surgeons deal with this**
ACS has created:

---

Dec 2013, *Health Affairs*
Eastman, Mackenzie, Nathens.
**RURAL SURGERY**

- New ACS Rural Surgery Advisory Council (AC)
  - First new AC since 1988 vascular surgery
- Listserv for rural surgeons

**THE TOOLS OF BEING A STRONG ADVOCATE ...**

Grassroots

Policy research

Political Activity

Coalitions
  - Surgical coalitions
  - Other coalitions (AMA, AHA, Nursing, Anesthesia)

**WHY ISN’T WASHINGTON WORKING FOR US?**

Surgeons are not united and have very little leverage

PACS are too small (4% of Fellows are members of ACSPA Surgeons PAC)

Medicare participation is VERY high

Doctors are disengaged politically
  - 250 out of 250,000 surgeons at Joint Surgical Advocacy Conference (JSAC)
  - < 3% respond to "calls for action"

**ACS LEADERSHIP & ADVOCACY SUMMIT**

J. W. Marriott Hotel, Washington DC, March 29-April 2, 2014

Focus
  - Leadership for young surgeons
  - Mentorship programs
  - Emotional Intelligence development
  - Chapter Development
CONCLUSION
I hope I’ve shed some light on:
Health Care Reform, The ACA, The ACS and You

Summary
In this volatile time of health care reform
We as surgeons must unite and forcefully
advocate for a sustainable high quality health care system
For us to care for our patients

If not now when?
If not us who?

THANK YOU
For the privilege of standing in for Dr. Russell today
We wish him well

UCSF Naffziger Surgical Society Day
March 7, 2014
San Francisco