

SCCACS NEWS

SOUTHERN CALIFORNIA CHAPTER

AMERICAN COLLEGE OF SURGEONS

SUMMER 2001

VOLUME 6

Editor's Note

In this brief *SCCACS News*, we've tried to summarize some of the many activities of your Chapter officers, committee chairpersons and representatives. The Southern California Chapter has an aggressive socioeconomic and educational mission, and seeks to represent the needs of its members in all of its activities. Please let us know how we are doing, give us your thoughts on the complex issues of the day, and tell us if there are ways in which we can better serve you.

*Samuel E. Wilson, MD, FACS
President-Elect, SCCACS*

Calendar

•Executive/Program

Committees meeting

5:30 pm, Aug. 29, 2001

Omni Hotel, Los Angeles

•2002 Annual Scientific Meeting

Jan. 18-20, 2002

Four Seasons Biltmore Resort

1260 Channel Drive, Santa Barbara

Call 805/969-2261 by **Dec. 18, 2001**

for a room at \$265/night (sgl/dbl)

•2003 Annual Scientific Meeting

Jan. 24-26, 2003

Four Seasons Biltmore Resort

Santa Barbara

President's Message

The 2001 Annual Scientific Meeting at the Four Seasons Biltmore Resort in Santa Barbara was a great success.

Then-President Richard A. Dorazio, MD, FACS, is to be congratulated for his innovative approach regarding exhibitors and corporate sponsors that has placed the Chapter in a solid financial position. This included a raffle for prizes donated by corporate sponsors, which created new energy and excitement in the exhibit hall and will become a welcome addition to future meetings. Program Chairman Roy Fujitani, MD, FACS, and his assistants arranged an outstanding program, which was well received.

Our next Annual Scientific Meeting will again be held at the Four Seasons Biltmore Resort in Santa Barbara. As mentioned in last year's SCCACS Newsletter, the Officers and Board of Directors have decided to hold the meeting there for several years running. We are considering the Biltmore as our permanent meeting location. Your input on this important issue would be appreciated (drjetmd@aol.com).

Program Chairman Jeffrey Peters, MD, FACS, Associate Chairman Alan Lefor, MD, FACS, and Assistant Chairman Michael Stamos, MD, FACS, are planning an interesting program of original papers, subspecialty sessions and lectures from invited guests at the meeting Jan. 18-20, 2002.

Special guests include John Mannick, MD, FACS, Moseley Distinguished Professor of Surgery, Harvard Medical School and Surgeon-in-Chief Emeritus, Brigham and Women's Hospital; R. Scott Jones, MD, FACS, President-Elect American College of Surgeons and Professor and Chairman, Department of Surgery, University of Virginia; Robert Rutherford, MD, FACS, Emeritus Professor of Surgery, University of Colorado, and David J. Schoetz, MD, FACS, Chairman,

Department of Colo-Rectal Surgery, Lahey Clinic, Burlington, MA. The always-popular "What's New in Surgery" session will feature updates on Breast, Vascular, Trauma and Hepato-Biliary Surgery.

This year our meeting will be held concurrently with California Trauma Conference. There will be plenary and parallel sessions for attendees of both meetings. We hope for more joint meetings in the future.

Continuing the precedent started by Jonathan Hiatt, MD, FACS, the Friday evening social function will be a bountiful cocktail party that many have found sufficient for dinner. Saturday's social functions include the traditional luncheon and the wine and cheese reception, which creates a nice ambiance for the Poster Session (this year to be held outside in the courtyard, weather permitting).

Tracy Arnell, MD, FACS, and Vincent Rowe, MD, FACS, attended the College's Annual Young Surgeons program in Chicago as our representatives. They found this to be a rewarding experience and are organizing activities of special interest to young surgeons for our Annual Scientific Meeting. See their report in this newsletter.

I attended the College's Annual Chapter Leadership Conference this year, also held in Chicago. This is a very well-run program, as chapter leaders from across the country convene to share ideas and solutions to common problems. An example of a struggle that chapters share is recruiting and retaining new members. To this end, your Board and I are planning a reception at the October Clinical Congress in New Orleans for new initiates in our region. We also hope to start making presentations to residents at various teaching hospitals, showing them

See PRESIDENT on page 2

Commission on Cancer annual meeting

Having attended the Commission on Cancer annual meeting in Toronto, Ontario, Canada in March 2001, I am going to report on some of the items discussed there.

There is a continued effort to have a collaborative approach to the treatment of cancer, with the American Cancer Society, State Cancer Registries and other organizations interested in cancer care. The effort is to coordinate activities and to help each of the individual groups meet common goals—rather than having multiple and different approaches to the same goal.

For that reason, there is going to be a comprehensive cancer control leadership institute, which is a 2.5-day meeting, coordinating activities of the American College of Surgeons, State Cancer Registries and the American Cancer Society. The institute for California is going to be held in September 2001, and I will have additional information for you after that meeting.

In order to improve collaboration and communication between the American College of Surgeons and the American Cancer Society, I have been appointed to the Cancer Control Committee of the California Division of the American Cancer Society. I will be a liaison between you and the American Cancer Society on the state level. In addition, we've asked all cancer liaison physicians to contact their local branch of the American Cancer Society and to invite the cancer control officer to be a permanent member of the Cancer Committee at their hospital. In this way, there will be local interaction and a coordinated approach between the two organizations.

As you all know, our cancer programs must be recertified by the Commission on Cancer at regular intervals. The College is working to improve this approval process to make it better and more relevant for the local hospital. In the future, there will be a trend away from one that has a number-driven type of approval to one that focuses on outcomes and quality improvement projects in the individual hospital. It is also felt that many of the prerequisites have been geared toward academic centers and may not be applicable or relevant to the vast majority of cancer care, which is undertaken in the community hospital.

There is a major movement to restructure this approval process to make it more relevant to the community hospital and to actually improve the cancer care. As a corollary of this, the grade and rating of the individual hospital on the approval program will be made available to the public. This should add more emphasis to the hospital to try to improve its cancer program and increase its grade and rating.

Website with Helpful Data

The National Cancer Database is constantly being upgraded, improved and made more user friendly and helpful to us as individuals. After collecting data from individual hospitals for years, the Commission on Cancer is now disseminating the data on an almost daily upgraded system. At the National Cancer Database website (www.facs.org/dept/cancer/ncdb), you can obtain data on your hospital as compared to national averages as well as similar

types of hospitals both in your locale and in the country. These other hospitals will be identified by type, not by name, to ensure privacy. Hopefully by analyzing this data, you can plan additional quality improvement projects based on this comparison.

Cancer Office being Reorganized

The Commission on Cancer office is being reorganized. This will be done based on nine cancer sites with multi-modality membership. For example, there will be an office on Breast Cancer represented by surgeons, radiation therapists, medical oncologists, etc. This site reorganization seems to be a better coordinated activity and also emphasizes the multi-modality approach and communication between various specialties.

As you probably know, the American College of Surgeons is organizing multiple research efforts in the surgical treatment of cancer—and you're invited to participate. However, the project became too large for the Chicago office, and that aspect of the Commission on Cancer has been moved to Duke University to utilize the necessary research support available at that institution.

Lastly, we are planning a Cancer Liaison breakfast meeting at the Annual Meeting of the Southern California Chapter of the American Cancer Society in Santa Barbara in January 2002. All cancer liaison physicians in Southern California will be invited to this meeting for mutual discussion and dialogue. Any of our Chapter members who are interested are also welcome to attend this meeting. More information on this will go out with the notification material for the Chapter's 2002 Scientific Meeting in Santa Barbara.

*Theodore X. O'Connell, MD, FACS, State Chair
Southern California, Commission on Cancer, Liaison Program*

PRESIDENT continued from page 1

the myriad of benefits of ACS membership.

This year, John German, MD, FACS, attended the annual California Medical Association meeting representing the Chapter. Your Board continues to support the CMA, and I refer you to the report on CMA activities in this newsletter by Donald Gaspard, MD, FACS, our CMA delegate.

Alan Lefor, MD, FACS, has agreed to participate in the Capitol Hill visit program this year as our Chapter representative. This program is sponsored by the College's Washington, DC, office and provides surgeons the opportunity to meet with California senators and representatives and/or their legislative assistants and to be an advocate for both practicing surgeons and patients we treat.

Please feel free to communicate with any of the officers or Board of Directors regarding ways the Chapter can better address your needs and concerns. It is an honor to serve as your president.

*Jesse E. Thompson, Jr., MD, FACS
President, SCCACS*

Update on CMA/Legislation

Keeping the lights on as well as the economic downturn have conspired to derail much of California's healthcare legislation.

SB254, the Dunn Bill that was supported by the California Medical Association, would have stabilized Emergency Medical Services as an essential public service, much like police and fire. The bill had a \$300 million price tag and, while not dead, is stalled in committee. Since this bill includes Trauma centers, it should be embraced by surgeons statewide. It'll be back next year.

Similarly, the Hertzberg bill, aimed solely at Trauma Center funding to the tune of \$100 million, was trimmed to \$25 million, most of which will come to Southern California, in particular to Los Angeles County's about-to-melt-down Trauma system.

Some good news: The Maddy fund will receive \$24 million this year. This fund pays physicians for otherwise uncompensated care. Some bad news: The raise-up of physician Medi-cal payment rates (to 80% of Medicare) has been put on hold.

Further bits and pieces include passage of SB1000, which eliminates triplicate forms for Schedule II controlled substances. One of the arguments in favor of this bill was that it would be easier for physicians to adequately treat painful conditions. This should be viewed in the context of AB487 which would make under-treatment of pain a misdemeanor. The Chapter has actively opposed this legislation.

SB149 and 150 both essentially destroy the 1157 protection afforded peer review committees and subject members of such committees to liability. The CMA actively opposes both, but their demise is not yet certain.

CMA's membership blipped upward on the strength of increased numbers of Kaiser physicians, which should suggest to all you non-CMA members the value of unity. I urge you to join!

CMA's attempt at fiscal salvation—the Medepass physician security system—continues to make progress. Hope springs eternal!

I can be reached via e-mail at:
dgaspard@Iopener.net.

*Donald G. Gaspard, MD, FACS
Delegate, California Medical Association*

Membership Report

Current membership in the Southern California Chapter of ACS is 1,480 members. This breaks down into 905 Active Fellows, 545 Senior Fellows and 30 Associate members. The Chapter membership represents just over half of all ACS Fellows in the Southern California region. We need your help in reaching out to your colleagues and the ACS Fellows who have not yet joined the Chapter.

As has been pointed out in this newsletter previously, the Chapter's membership in the California Medical Association's legislative bodies is directly proportional to the number of members that the Chapter has. We need a bigger voice in CMA to ensure that we have the opportunity to appropriately represent the interest of surgeons on legislative matters and other policy issues that come before the CMA. The more members we have, the more seats at the table we have to represent your interests.

Membership also provides the resources that the Chapter needs in order to continue to provide an outstanding annual Scientific Conference, financial support to surgical Residents to attend and participate in that meeting and to reward those who submit outstanding papers, and to carry out other activities of the Chapter.

The Southern California Chapter provides its member surgeons with unique services not offered in most other areas of the country. We are the only Chapter that provides a free subscription to *The American Surgeon*. This journal is provided to active members throughout the year. The Chapter also funds the cost of participation on the various CMA legislative bodies and meetings by surgeons representing this region. We are one of the few Chapters that conducts a major Scientific Conference, bringing outstanding nationally known surgeons to present to our members.

As articles elsewhere in the newsletter indicate, your Chapter leaders are representing you in a variety of ways at a time when medical practice is in great turmoil and under significant stress. To ensure your voice continues to be heard, your continued support of the Chapter is vital. But equally important is your assistance in reaching out to your colleagues who are not currently part of the Chapter to encourage their membership and their involvement.

During the last few weeks, we have invited all ACS Fellows in Southern California to join the Chapter to take part in these efforts to represent the surgical profession at all levels affecting our practice. It's in your interest to spread the word, too. If you know a colleague who's not part of the Chapter, please encourage him or her to accept this invitation to become a member.

The Chapter is doing much and providing a substantive level of service for a relatively modest annual investment on your part. Much more can and will be done as the Chapter membership continues to grow. Please contact the Chapter office (323/937-5514) if you need Chapter membership applications to pass on to your colleagues, or if you have any suggestions on steps that we should take to encourage them to join.

*C. James Dowden
Executive Director, SCCACS*

'The truth is out there' for young surgeons

As surgeons beginning practice today, we are faced with many demands on our time and finances. Early in practice, we must learn the economics and business aspects of our practice, increase our patient volume and market ourselves, get involved with hospital committees, and keep up with a seemingly endless supply of forms and applications.

With all of those requirements, joining organizations that are not required is not a priority. Many young surgeons' impression of the American College of Surgeons is that it is largely a "club" that provides educational opportunities and does not have any direct effect on their practice. As the Young Surgeons representatives, we had the opportunity to go to Chicago and participate in a weekend program exploring the mission of the ACS. In speaking to young surgeons on this topic, we came across many misconceptions about the ACS and would like to address some of them. Some of the most common misconceptions and realities regarding the ACS are as follows:

1. "The ACS mission is limited to education for physicians in the form of meetings, and I can get this same information from journals."

TRUTH: The ACS mission statement includes "promoting the highest standards of surgical care through education and advocacy for its Fellows and their patients." Education is addressed at the resident level in programs such as "Surgical Education: Principles and Practice," the SESAP series and ATLS education. There is also information available to patients on the website (www.facs.org) and educational brochures regarding surgical procedures and diagnosis. The ACS continues to provide education at local and national meetings with the opportunities for fellows and residents to present clinical and basic science research.

2. "Because the ACS is primarily involved with education, it doesn't directly impact my practice as a surgeon."

TRUTH: The ACS recognizes that the practice of surgery is greatly affected by legislative forces both economically and legally. There is an active committee involved with promoting the interests of surgeons locally and nationally. Current actions include Medicare regulations, student loan interest deductions and funding for trauma. With a membership of more than 56,000 in the United States, the ACS presents a strong force to politicians. The larger the membership and the more actively involved the members are, the greater the political clout the ACS has. It is the largest body representing surgeons to our legislators.

3. "There is only one meeting a year, and that does not help me network with physicians in my areas."

TRUTH: There are regional chapters throughout the

United States that meet throughout the year often with invited speakers, as a research forum and as an opportunity to meet with local surgeons. They also allow young surgeons to become personally involved with grass roots policy initiatives. This local involvement often leads to opportunities for national ACS committee assignments and broader influence.

4. "The ACS is for general surgeons."

TRUTH: The ACS includes surgeons from all specialties and sub-specialties such as urology, otolaryngology, orthopedics, plastics, neurosurgery, ophthalmology, obstetrics and gynecology, cardiothoracic, pediatric and vascular surgery. The more diverse the membership is, the better the educational conferences, the more integrated research efforts can be, and the stronger our political voice is.

5. "Gaining membership is difficult and expensive."

TRUTH: Surgeons can become qualified for membership after one year in practice. The website (www.facs.org) offers instruction and application materials. The cost of membership is less than 75 lattes, three ski lift tickets, two NBA seats, etc., and includes a subscription to the Journal of the American College of Surgeons and access to educational, research and career opportunities.

6. "I don't know what the College does or how to access its opportunities."

TRUTH: The College is easy to contact through its website (www.facs.org) and e-mail (Susan Grunwald at: sgrunwald@facs.org) as well as by mail (633 N. Saint Clair St., Chicago, IL 60611-3211) and telephone (312/202-5000). The website of the American College of Surgeon has hundreds of links to sites, including surgical education, oncology, legislative actions, research and career opportunities, and a trauma database. We are convinced that a small amount of time spent navigating this website will impress you with the diversity and importance of the College's activities.

While education remains a cornerstone of the mission statement of the ACS, practical issues faced by all surgeons in this rapidly changing environment are being aggressively addressed. If surgeons are to have an impact on shaping the future of medicine, they must remain active in those organizations promoting their interests. We need to recognize that the success of our individual practices is dependent on providing a "cohesive voice addressing societal issues relating to surgery."

*Tracey Arnell, MD, FACS and Vincent Rowe, MD, FACS
Young Surgeons, SCCACS Representatives*

2002 Annual Scientific Meeting

Four Seasons Biltmore Resort
1260 Channel Drive, Santa Barbara
Jan. 18-20, 2002

The Program Committee, headed by Chairman Jeffrey H. Peters, MD, FACS; Associate Chairman Alan T. Lefor, MD, FACS, and Assistant Chairman Michael J. Stamos, MD, FACS, is hard at work planning a great meeting at this world-class resort. In his President's Column on the front page, Jesse E. Thompson, MD, FACS, explains why we're having the 2002 Annual Scientific Meeting in Santa Barbara. These are some highlights:

Guest Faculty

R. Scott Jones, MD, FACS

President-elect
American College of Surgeons
Professor and Chairman
Department of Surgery, University of Virginia

John Mannick, MD, FACS

Moseley Distinguished Professor of Surgery
Harvard Medical School
Surgeon-in-Chief Emeritus
Brigham and Women's Hospital

Robert Rutherford, MD, FACS

Emeritus Professor of Surgery
University of Colorado

David J. Schoetz, MD, FACS

Chairman, Department of Colo-Rectal Surgery
Lahey Clinic, Burlington, MA

Program Highlights

- Friday evening Cocktail Reception with hors d'oeuvres and a Saturday afternoon Wine & Cheese Reception running concurrently with the Poster Session
- The Young Surgeons breakfast and special activities
- What's New in Surgery, an update on the latest in Breast Surgery (Helena Chang); Trauma (Dan Margulies, Cedars Sinai Medical Center); Vascular Surgery (Robert Rutherford, MD) and Hepatobiliary Surgery (R. Scott Jones, MD, University of Virginia)
- Specialty Sections and their chairs: Pediatric Surgery (Nicholas Saenz, MD, San Diego); Vascular Surgery (Hugh Gelabert, MD, UCLA); Cardiothoracic Surgery (Bassam Omari, MD, Harbor-UCLA); General Surgery (Lelan F. Sillan, MD, USC); Head and Neck Surgery (Elliot Abemayor, MD, UCLA); Plastic Surgery (James Watson, MD, Harbor-UCLA) and Colon and Rectal Surgery (Phillip Fleshner, MD, Cedars-Sinai Medical Center)
- High-quality, original papers, general and sub-specialty sessions and lectures from invited guests.

Please join us in Santa Barbara Jan. 18-20, 2002 for a stimulating scientific and socioeconomic program and a great weekend for you and your family. And note, you need to call 805/969-2261 by Dec. 18, 2001 in order to reserve a room for \$265/night (single/double) at Four Seasons Biltmore Resort.

Jeffrey H. Peters, MD, FACS
Program Chairman

CME opportunity for trauma surgeons

This year's California Trauma Conference will be held in conjunction with the annual Southern California Chapter ACS 2002 Scientific Meeting. There will be some combined sessions as well as separate trauma sessions, which members and guests can attend for the same registration fee.

This year's combined meeting will provide an exceptional opportunity to hear scientific papers, state-of-the-art lectures, and to participate in interactive case presentations and panel discussions regarding the hottest topics in Trauma and Emergency General Surgery.

Furthermore, the meeting format will allow increased participation of multi-disciplinary subspecialties involving trauma, including orthopedic surgery, neurosurgery, pediatric surgery, plastic surgery, ENT surgery, thoracic surgery, vascular surgery and colorectal surgery.

H. Gil Cryer, MD, FACS
Chair, 2002 California Trauma Conference

Board of Regents meeting June 8–10, 2001

The June Board of Regents meeting consisted of the traditional business meeting and two days of sessions designed to frame a strategic plan for the College and to approve an internal reorganization structure to enable staff to proceed with the implementation of the strategic plan. These highlights review both parts of the meeting, first outlining actions taken during the traditional meeting and then highlighting major results of the strategic planning session.

Financial Reports

The Regents approved the 2002 budget prepared for the 12 months ending June 30, 2002 representing the first full year since the change in fiscal year end from the previous calendar year-end budget. The budget included discretionary provisions for new College programs, provisions for strategic planning activities, competency activities and the second phase of the Board of Governors “Volunteerism and Giving Back To Society Among Surgeons” pro bono program.

In other financial matters the Regents approved the Audited Financial Statements of the American College of Surgeons as of December 31, 2000, and for the year then ended, including the independent auditors report of the firm Deloitte & Touche, LLP. The Regents also approved transaction approval levels and a purchasing policy, a Board of Regents conflict of interest policy, and a misconduct in science policy.

Working Group on Archives and Properties

The Board of Regents approved a recommendation from its Working Group on Archives and Properties to select a vendor, Deloitte & Touche LLP (includes a subcontract with Skidmore, Owings & Merrill LLP), to evaluate the potential use and financial impact of the use of the College properties at 50 E. Erie (Murphy Memorial Auditorium), and 40 E. Erie (Nickerson Mansion).

Clinical Congress Date Changes

The Regents approved date changes for the 2006 Clinical Congress in Chicago to October 8-13, and for the 2009 Clinical Congress in Chicago to October 11-16.

Board of Governors “Volunteerism and Giving Back to Society Among Surgeons” Project

The second phase of the B/G Giving Back to Society pro bono project was approved by the Regents. The project, coordinated by the B/G Committee on Socioeconomic Issues, will include a *Bulletin* article on Giving Back with a tear-off reply card for Fellows to report their volunteer activities, a follow-up survey of respondents to begin developing a data base of volunteer activities, interviews of selected Fellows at the Clinical Congress, panels and PG courses on volunteerism at future Clinical Congresses, efforts to identify and reduce legal and personal barriers to volunteer activities among surgeons, and endeavors to promote linkages with organizations

such as Volunteers in Health Care.

Revised ACS Statement on Diversity

The Regents approved the following revised ACS Statement on Diversity developed by the B/G Committee on Chapter Activities and approved by the Board of Governors at its meeting on October 22, 2001:

ACS Statement on Diversity

“The American College of Surgeons wishes to promote full participation in College activities by all surgeons; young surgeons, women surgeons, surgeons from minority groups, and surgeons from all practice venues. The College strongly supports and is committed to ensuring pluralism and equal opportunity which recognizes and respects the diversity of its members to maintain the highest standards of leadership in the profession. Specific recruitment of Fellows from under-represented groups within the American College of Surgeons including women, minorities, young surgeons, as well as private practitioners, is essential to maintain the strength of the College.

Furthermore, the American College of Surgeons will underscore this commitment to diversity by ensuring that meaningful positions of leadership within the College be held by Fellows derived from all the members, including young surgeons, women surgeons, surgeons of minority origin, and surgeons from all types of surgical practices. Nominations for leadership positions should be based on individual qualifications, willingness and ability to participate and attend meetings, and expertise.”

Task Force to Establish a 501(c)(6) Organization

The Board of Regents approved the recommendation from the Health Policy Steering Committee to establish a task force to make the necessary plans to form a 501 (c)(6) organization for the purpose of enhancing the Colleges’s legislative advocacy program and disseminating its health policy agenda. The committee in making this recommendation emphasized that:

- The College should retain its 501(c)(3) status, (organized for charitable, educational, and research purposes).

- The new, separate 501(c)(6) entity should be considered as a potential “umbrella” organization to enhance the representation of all surgical specialties.

- Any program established under the 501(c)(6) may be used to support specialty-specific issues on occasion, as long as they do not conflict with the interests of surgery as a whole.

- The 501(c)(6) should form the basis of a more comprehensive legislative support program for use in fostering constructive personal relationships between Fellows and their legislators.

The Task Force report suggesting the model for forming a 501(c)(6) organization will be presented to the Board of Regents for consideration at its meeting in October.

Proposed Partnership for a VA and non-VA National Surgical Quality Improvement Program

The Regents reviewed a proposal for a partnership between the U.S. Department of Veterans Affairs (VA) and the College to establish a combined VA and non-VA National Surgical Quality Improvement Program (NSQIP). The U.S. Department of Veterans Affairs has developed, implemented, conducted and supported a national data collection and feedback system of risk-adjusted surgical outcomes for the purpose of continuous quality improvement in its surgical service for the past ten years. Coincident with this program has been a 43% reduction in 30-day postoperative morbidity and a 28% reduction in 30-day postoperative mortality in the VA system. The ACS-VA partnership would facilitate the sharing of the NSQIP methodology with the private health care sector in the U.S., thereby providing leadership to the national surgical community in developing a surgical quality improvement program to improve patient outcomes throughout the U.S.

Under the agreement, the ACS would endorse the use of the NSQIP by non-VA medical centers and their surgical services, provide members for the Board of Directors of the NSQIP, commit to pursuing with the JCAHO establishing the NSQIP risk-adjusted outcomes as performance measures for surgery, and provide financial support for NSQIP expansion. Among the VA's responsibilities would be provision of the conceptual foundation of the intellectual property of the NSQIP. This would include the statistical and computational foundation of the NSQIP, as well as the organizational practices developed for data collection, analysis, and feed back of findings to medical centers. The VA would also provide the core database of over one million major surgical cases from which the expected outcomes model has been developed, refined, and validated.

The College has submitted a grant proposal to the Agency for Health Care and Research Quality (AHRQ), to further study the effect of the NSQIP program in non-federal hospitals. The Regents approved the recommendation of their Finance Committee to further examine the NSQIP program and the College's relation to it. There was very positive discussion among the Regents concerning the merits of this program, and the proposal will be reviewed again at the October meeting of the Board of Regents.

Information Reports

The Board considered several information reports prior to the strategic planning meeting. These included reports from several committees including the Regents' Committee on Ethics, the B/R Executive Committee, the Committee on Young Surgeons, the Graduate Medical Education Committee, the Committee on Women's Issues, the Committee on Emerging Surgical Technology and Education, the Health Policy Steering Committee, and the Committee on Patient Safety and Professional Liability. Organization reports were presented from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Council of Medical Specialty Societies (CMSS). Staff reports covering the results of the 2001 Chapter Leadership Conference, Federal legislative and regulatory activities, the *Journal of the American College of Surgeons*, cancer,

trauma, communications and informatics activities, and a development program update were also presented as information items for consideration by the Regents.

Strategic Planning Meeting

The two-day strategic planning meeting featured a review of the ACS strategic plan, consideration of the internal reorganization staffing structure to carry out the plan, a review of the results of the member survey entitled, "Needs, Participation, Attitudes, and Assessment: The 2001 Study of Fellows," four work group reports, a presentation on assessing the health care environment, reports from four break out sessions, and business plan presentations on the National Trauma Data Bank, Office of Evidence-Based Surgery, and a National Marketing/Advertising Program.

ACS Strategic Plan

The Regents approved the "ACS Strategic Plan," with a mission, vision, primary focus, goals, objectives, and strategic initiatives. Briefly the mission of the ACS as approved by the Board states that "the American College of Surgeons is dedicated to improving the care of the surgical patient and to safeguarding standards of care in an optimal and ethical practice environment."

The approved vision states that "as an association of surgeons, the American College of Surgeons is dedicated to promoting the highest standards of surgical care through education of and advocacy for its Fellows and their patients. The College provides a cohesive voice addressing societal issues relating to surgery."

The primary focus of the College approved by the Regents, includes the areas of education, research and optimal patient care, advocacy and health policy, and member services. To provide assurance to its Fellows and their patients that the College will fulfill its mission and implement its vision, the Board reviewed a series of goals and objectives which will be included in the final version of the strategic plan.

To meet its goals and objectives, the Regents approved a reorganization of the College staff into four major divisions:

1. Division of Education - will coordinate all College activities in continuing surgical education including increased ACS presence in Web-based learning, interactive education, and self-directed learning to assure life-long learning and competency.

2. Division of Research and Optimal Patient Care - will coordinate all College activities in this area to improve the delivery of care including coordinating ACS data banks and expanding this critical information, especially in the areas of cancer, trauma, and outcomes.

3. Division of Advocacy and Health Policy - will coordinate all College activities in this area including developing a proactive, prioritized surgical agenda for public policy debate, and an agenda to further the quality care of the surgical patient.

4. Division of Member Services - will coordinate all programs and services developed for College members, chapters, advisory councils and international activities. This will include creating a customer service center to support all ACS programs and members, and developing enhanced programs for ACS chapters in education, planning and support.