

# SCCACS NEWS

SOUTHERN CALIFORNIA CHAPTER

AMERICAN COLLEGE OF SURGEONS

SUMMER 2002

VOLUME 7

## *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.

*Fred A. Weaver, MD, FACS  
President-Elect, SCCACS*

## *Calendar*

### •2003 Annual Scientific Meeting

Jan. 24–26, 2003

Four Seasons Biltmore Resort

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### •2004 Annual Scientific Meeting

Jan. 16–18, 2004

Four Seasons Biltmore Resort

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Santa Barbara, CA

## President's Message

The 2002 SCCACS Annual Scientific Meeting at Four Seasons Biltmore Resort in Santa Barbara in January was a resounding success. Jesse E. Thompson, Jr., MD, FACS, is to be congratulated on planning and organizing our best-attended meeting in recent years. In no small part, the increased attendance was assisted by the efforts of H. Gil Cryer, MD, FACS, who brought in California Trauma Society for a combined meeting. The attendance was close to 300 surgeons, and the social events were particularly well subscribed. The Scientific Program, complimented by four distinguished visiting faculty, was extremely strong.

Board members and Fellows worked hard to obtain exhibitors and corporate sponsors. Today, almost 50 percent of the revenue supporting our College Chapter's annual activities is derived from commercial sources. The efforts of the Fellows in obtaining exhibitors and sponsors have placed the Chapter in a reasonably solid financial position.

In addition to planning last January's program, Jeffrey H. Peters, MD, FACS, secured attendance of Scott Jones, MD, current president of the American College of Surgeons; and Drs. John Mannick, Robert Rutherford and David Shoetz.

Our next Annual Scientific Meeting will be held again this year at the Four Seasons Biltmore Resort in Santa Barbara, Jan. 24-26, 2003. Program Chair Alan Lefor, MD, FACS, is hard at work planning the program and already has obtained these distinguished visitors: the new Chairman of the Department of Surgery at the University of Oregon, John Hunter, MD, FACS, a widely recognized specialist in minimally invasive and laparoscopic surgery; Barbara Bass, MD, FACS, representing the American College of Surgeons; Professor and Chair of the Mayo Clinic Department of Colon & Rectal Surgery Bruce Wolff, MD, FACS, who will instruct in the Colon and Rectal Surgery Specialty Section, and the visitor we will share with Los Angeles Surgical Society this year is scheduled to be Michael Zinner, MD, FACS, from Harvard Medical School.

We are planning on a traditional Friday evening reception, the luncheon and speaker on Saturday, and a wine and cheese poster session. There will also be a full array of specialty sections, which are currently being formatted. It is not too early to begin planning an abstract for the Santa Barbara meeting, and ideas for the specialty sessions are welcomed.

This year, the Southern California Chapter will lose one Governor position based on distribution of membership, both nationwide and in the state. Perhaps this is a good opportunity to recall the importance of maintaining our membership. Often, colleagues that we work with every day who are Fellows of the College do not realize that the Chapter requires a separate membership subscription. This year, let us make an effort to identify one qualified, potential member for the Chapter and personally invite them to join and attend the meeting in Santa Barbara.

Lastly, I would like to ask the Fellows to contact any member of the Board of SCCACS with concerns that you would wish to be addressed. The American College of Surgeons has now taken a much more aggressive socioeconomic position, in addition to the well-established educational mission. Attendance at the Chapter meeting will allow you to meet with a senior College official, Dr. Bass, to pass along concerns, and overall, to make our College responsive to the needs of the practicing surgeon.

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

# CMA Report

## *'The California Medical Association and them teachers...'*

The California Teachers Association (CTA) has been airing an infomercial on radio station 1070-AM during the past couple of months that is quite an example of parallelism. Warren Johnson, the station's president, rails at top-down bureaucracy, loss of teacher autonomy and flight from the profession. He points out the large sums of money allocated to education without apparent benefit – teachers remain underpaid and over-worked. He worries that we are not attracting the best and brightest to the profession. After hearing from him for the 19th time, it dawned on me that if one substituted "doctor" for "teacher," we'd have defined medicine's problems rather succinctly.

The basic message is that teachers are underpaid and so are doctors. In capitalist America, the algorithm for getting – and keeping – the best and brightest is to financially reward them... remember when the Russians put a man on the moon? We sought/bought the best and brightest rocket scientists. A spate of airline crashes and only the best and brightest pilots were recruited. Now, every surgical meeting ponders the issues of unfilled residencies, poor test performances in core surgical knowledge, and medical student grouching over perceived difficulties of life as a surgeon. Where are the best and brightest? I submit that there are only so many best and brightest and to get and keep them requires a reward. While money is important, Mr. Johnson's other gripes offer potential rewards – autonomy, personal satisfaction, job security – as well as more physician-specific perks – patient satisfaction, an educational, non-punitive, collegial environment, a malpractice system that can actually identify bad luck from bad medicine and the creation of a one-tier system to cover everybody's health care.

The CTA is a trade union, no doubt about it. The California Medical Association has long denied that it, too, is a trade union. Mr. Johnson wants more money for teachers – “the best and brightest.” We must do the same. Traditional thinking has held medicine to a zero sum balance. If inter-nists needed more money, it had to come from surgeons – remember cognitive vs non-cognitive? Today, upper level nurses, upper level firefighters and airline pilots all earn more than pediatricians, who arguably do more good than anybody. The CMA says that the issue is "access" – presumably chosen because the inability to see a doctor is detached from the fact that the doctor cannot afford to see the patient. One cannot, in any business model, lose money per unit but make it up in volume. The fact is, "access" blinds the public to the real plight of the physician. The best

and brightest are, at least, tempted to go elsewhere.

The CMA, in my view, needs to be more of a trade union – garner more members, speak with a bigger voice, lobby harder, push our patient-oriented agenda, seek the best and brightest and reward them, all the while keeping up the drumbeat of scientific excellence and ethical refinement.

Having had my say, I would offer the opinion that CMA is still your single best bet to accomplish these goals. Those of you who choose not to support the CMA, seeking to ride on the coattails of those who do, limit legislative efforts that are mainly a matter of dues-derived dollars. Your solitary voices – like a tree in the forest – are rarely heard. Health care, and the doctors' role in it, is changing and, believe me, CMA needs your help at the table. Consider CMA's initiative set for the November ballot, which would have sur-charged SERIOUS MOVING VIOLATIONS to create a \$300 million fund to support E.D.s and Trauma. It was backed by California firefighters and the California Hospital Association. Test polls, however, showed poor public support, so the initiative was withdrawn.

The public just doesn't get it – yet. Consider Los Angeles County's proposal to shut the E.D.s down at MLK and Harbor to save money. An example of what happens to non-voters.

On a positive note, this year CMA calls on hospitals not to require E.D. coverage as a condition of staff membership, but if they do, then the docs should get paid.

AB1600, which essentially forces the state to enforce the Knox-Keene Act – or to allow class action law suits by injured parties, should pass this year since there is little cost to the state, and HMOs are already an endangered species.

CMA's Med e Pass system will help users meet the upcoming HIPAA requirements, which start next April. CMA members get a price break.

CMA is quite serious about increasing specialty group representation in The House. Here, again, it costs money to send ACS delegates derived from your Chapter dues. It is currently a moot point as to whether an ACS Fellow who does not belong to a California Chapter counts as an ACS member insofar as delegate allotment in CMA goes. Nonetheless, the Chapter seeks to represent all Fellows, and we stand ready to make your voice heard.

E-mail me at: [dgaspard@iopener.net](mailto:dgaspard@iopener.net). Have a nice summer.

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

## Commission on Cancer Liaison Report

The following items are of particular importance to be shared with all Cancer Liaison Physicians and others interested in the treatment of cancer.

1. The collaboration between the American College of Surgeons and the American Cancer Society is ongoing. On the statewide level, there is currently a "California Dialogue on Cancer" consisting of the College as well as the Cancer Society and other interested parties to develop a "state cancer plan." There have already been several meetings, and the preliminary plan will be developed within the next six months and finally promulgated and implemented in approximately the next year. Hopefully with coordinated effort among all the various groups, the result will be the best treatment for cancer patients in our state.

2. As you know, there has been much discussion regarding the approvals process and its lack of flexibility and relevance. This was brought up and discussed at our meeting of the Southern California Chapter in January. All feelings and thoughts have been taken to the central headquarters office, and they have responded to them. Obviously although the problem was voiced locally in California, it is a nationwide problem. Due to your feedback, there have been meetings during the past year to develop new approval criteria that will be available this summer. This will be less numbers driven than in the past and much more consumer friendly (i.e., hospital and doctor friendly) and oriented towards quality improvement criteria rather than strict numbers' criteria. It will also be more flexible and be amenable to the individual cancer program, whether this be a community hospital, cancer center, etc. Also, it will be more revenue efficient and take less ancillary personnel to collect the data necessary for approval process. Hopefully this is a giant step forward and will be gratefully received by all member hospitals.

3. National cancer data figures are available on the National Cancer Data Base (NCDB) through the American College of Surgeons. We ask all cancer committees to use this as a basis for comparing their data to nationwide figures to determine whether they need a quality improvement project in their hospital. Not only is this good for local quality improvement, but will also be a necessary prerequisite in the newly developed cancer approval process.

*See CANCER on page 4*

## Membership Report

Current membership in the Southern California Chapter of ACS is 1,622 members. This breaks down into 1,020 Active Fellows, 547 Senior Fellows and 55 Associate members. The Chapter membership represents just over 60% 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 next few weeks, we will be inviting 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*

# Young Surgeons Representative Report

The Chapter Leadership Conference and Young Surgeons Representatives Annual Meeting in Chicago in May began with a review of various legal issues that affect the College's chapters. Chapters are not-for-profit, tax-exempt organizations that are outside of the legal structure of the college. Tax-exempt does not mean one is exempt from all taxes. Unrelated business income, such as from advertising and corporate sponsorship, is subject to taxation.

There are two types of non-profit tax-exempt organizations, 501(c) 3 and 501(c) 6. The c-3 organizations are most commonly focused on charitable endeavors, research, and/or education, while the c-6 organizations function primarily for the benefit of its members. The ACS has a new tax-exempt non-profit entity, called the American College of Surgeons Professional Association, which is a 501 (c) 6 organization, rather than a 501 (c)3. This allows greater flexibility in political activity and lobbying, as well as in providing educational resources to benefit the professional advancement of members.

Other issues were discussed, including copyright, trademark laws and contract laws. ACS chapters need to make sure there are no copyright or trademark violations in their printed materials or websites. Contracts between chapters and convention centers/hotels for meetings should be reviewed carefully for liability protection and enforceability.

Conference attendees were given an update on ACS activities and programs. The College is active in efforts to pressure Congress to address the reduction in Medicare payments for 2002 and future

years. The Centers for Medicare and Medicaid Services project additional significant payment reductions for physicians in 2003, 2004 and 2005. The College is joining with 12 other medical and surgical specialty societies to form the Coalition for Fair Medicare Payment (CFMP). This group supported the patient protection bills last year and hopes to complement the AMA in its lobbying efforts in both the House and Senate. Dr. Russell testified before the House Energy and Commerce Subcommittee on Health on Feb. 14 regarding Medicare payment reductions.

In other legislative activities, the College has worked to have medical liability reform legislation introduced in the House. On April 25, 2002, a bipartisan group of legislators introduced the Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2002, modeled after the California MICRA law, which includes a \$250,000 cap on non-economic damages. The legislation also imposes a three-year statute of limitations, requires proportional damages among defendants, and limits attorneys' fees. The College's website ([www.facs.org](http://www.facs.org)) contains links that are helpful to members in communicating with legislators on both the national and state levels. Databases are provided to identify key legislators. In addition, tips are given for more effective communication with government officials through written correspondence, telephone calls and meetings.

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*See YOUNG SURGEONS on page 5*

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## **CANCER continued from page 3**

4. The American College of Pathology is finally presenting a new synoptic approach to staging. This is a nationwide project emphasizing decision-making and outcomes. It will produce consistency from city to city and state to state, and should be a major step forward. The final version will be ready this summer, and it is mandated to be implemented in the approved hospitals by December 2002. I think the pathologists in all approved hospitals are aware of this, but again the Cancer Liaison Physicians should remind them of their responsibilities in this area.

5. The National Cancer Information Center (NCIC) is a cooperative venture between the American College of Surgeons and the American Cancer Society. Data from individual hospitals is entered into this database and then patients, referring doctors, etc. can tap into this database to display facilities in their area best suited to treat the patient. Obviously, this is very important for patient accrual and for marketing. I suggest that all approved hospitals be involved in this. The first step in doing this is to submit your data to the Facility Information Profile System (FIPS) at the Commission on Cancer at the American College offices. When this data has been accumulated and approved by your local Cancer Committee, it will then be referred on to the NCIC.

6. One of the ongoing complaints has been that new cancer liaison officers at individual hospitals do not understand their duties, do not know who to contact with problems, questions, etc.

The central office has responded with the development of the Cancer Liaison Orientation program. This will be run essentially from Chicago but with the input of the state liaison chair. It will be done on a quarterly basis for new Cancer Liaison Physicians being appointed during that time and will be performed by a conference call. Hopefully, this interactive feedback and orientation will be helpful to all newly appointed Cancer Liaison Officers. However, even more experienced Cancer Liaison Officers may ask to be oriented in this way. If they do, they can contact either me or the central offices to make arrangements.

7. Finally, we will again have a Cancer Liaison Breakfast meeting at the annual Chapter Scientific Meeting in Santa Barbara in January 2003. More information regarding time and place will be announced as the date becomes closer. I strongly encourage all Cancer Liaison Physicians to attend and invite other physicians interested in the treatment of cancer. This is an excellent forum for discussion of problems and a conduit between the local hospitals and the Commission on Cancer in Chicago. You can be assured that your problems, concerns, outlooks, etc. are forwarded to the national office for their consideration and action. This is the way that grassroots have their voice heard in Chicago. Again, I urge all of you to attend in January 2003.

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

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***YOUNG SURGEONS continued from page 4***

The Communications Division of the ACS gave an update on their activities. This division is responsible for the College's public information activities, its print and electronic publishing endeavors (including [www.facs.org](http://www.facs.org)), and for liaison activities with the public, the Fellows and the media. The communications office maintains positive working relationships with the press and facilitates dissemination of information for both the lay and scientific press. It publishes the "When You Need an Operation" brochure series that helps patients make informed decisions about their surgical care, evaluate a surgeon's credentials, seek a second opinion and give informed consent. Other publications include the monthly *Bulletin*, *Clinical Congress News*, *Surgical Forum*, *ACS NewsScope*, and the manual *Practice Management for the Young Surgeon*.

Dr. Ajit K. Sachdeva, director of the ACS Division of Education, reported on the key activities of his division. This division aids in planning the educational programs of the annual Clinical Congress and Spring Meeting. In addition, it is responsible for SESAP. Authoring of SESAP 12 has begun and a number of changes are planned to ensure a close link to topics covered on the Recertification Examination of the American Board of Surgery.

An interactive Surgery Case Simulation is also being planned for SESAP 12. Faculty development activities include the annual *Surgeons as Educators Course*, designed to enhance the educational skills of surgical faculty. One-day programs for surgical faculty are also planned for the Clinical Congress and Spring Meeting and at regional sites. Experiential post-graduate courses, such as ultrasound and stereotactic breast biopsy skills, continue to be emphasized by the Division of Education. Video-based education products are being updated and critically reviewed. There are plans to create an ethics curriculum for surgical residents.

David B. Hoyt, MD, FACS, medical director of Trauma for the College, reviewed the ACS Committee on Trauma's approach to responding to bioterrorism. He described the bioterrorism response plan of San Diego County. Key centers are designated as command posts, with triage and decontamination facilities available. Medical centers must coordinate actions with police, fire, media, and other community service departments.

John H. Armstrong, MD, FACS, spoke about membership issues pertaining to the ACS and chapters, focusing on generational differences. Dr. Armstrong has a long-standing interest on issues pertaining to professional medical society membership, particularly those related to young physicians. He has been chair of the AMA Young Physicians Section, AMA House of Delegates Task Force on Membership, and AMA Advisory Committee on Membership. He spoke of the declining interest of younger physicians to join professional medical societies. This partly due to the financial burden of membership fees—a surgical specialist often has more than one specialty society to which he/she must pay dues. Dues for these societies, in addition to ACS, AMA, and state medical associations can cost several thousand dollars.

There is also less interest in younger physicians to join professional associations. To combat these obstacles to membership by

young physicians, associations such as the ACS need to improve communication, emphasizing the benefits of membership and the strength in numbers provided by the ACS in lobbying for legislation. Young physicians could also be given a reduction in dues or manageable payment plans to ease the financial burden.

Throughout the meeting, there was much emphasis on surgical education and mentorship. There is a great concern about the declining numbers of applicants to general surgery residency programs. This will affect both manpower needs for general surgery and future membership in the ACS. There are many factors that play a role in this phenomenon, including the future financial uncertainty for surgery reimbursement, long work hours, lifestyle issues pertaining to a surgical career, and lack of role models particularly for women and minorities.

As one speaker noted, the role models for today's medical students are "overworked, underpaid and stressed-out surgical residents and attendings." In addition to the academic faculty, community surgeons should be recruited to mentor medical students. In this way, students can see an aspect of a surgical career that is not immediately obvious in an academic center. Since lifestyle issues are increasingly important to students as they choose a career, exposure to surgeons as "human beings" would be beneficial. Students could see that surgeons can be male or female, they can have time for their families, an enjoyable lifestyle and time for some leisure activities.

Suggestions were given to improve mentoring opportunities for chapter members. Young people should be exposed to surgery as a career beginning in junior and senior high school, if not earlier. ACS members should be encouraged to participate in community and school career days to increase the visibility and attractiveness of surgery as a career. The College is looking at the pros and cons of limiting surgical residency programs to an 80-hour work week, as in New York state. Some programs are already voluntarily enforcing the 80-hour work week to increase their attractiveness to potential applicants.

The meeting was informative and worthwhile, particularly to young surgeon representatives. It gave us a clearer view of the valuable and diverse activities of the College and encouraged us to continue active participation on both the local and national level. Surgeons need to come together with a strong voice that can be heard during these challenging times.

***Marilene B. Wang, MD, FACS***  
***Young Surgeons Representative, SCCACS***

## ***Call for Abstracts Deadline***

Remember, the deadline to submit an abstract on the clinical or laboratory research project of your choice is **Friday, Aug. 16, 2002**. Accepted abstracts will be published in the program. If you need a copy of the forms to submit an abstract, call SCCACS headquarters (323/937-5514).

# Board of Regents meeting Feb. 8-9, 2002

Highlights of ACS Board of Regents meeting Feb. 8-9, 2002:

## Executive Services

**501(c)(6) Corporation** - The ACS Board of Regents approved a business plan to establish a 501(c)(6) corporation. A task force was created and charged to develop and submit a formal business plan to establish a 501(c)(6) corporation affiliated with the College. Task force recommendations included:

- The College should establish a separate 501(c)(6) corporation with a name similar to its own.

- The first goal of this new entity would be to facilitate an expanded legislative support program, including the creation of a **Political Action Committee**. Other potential activities outside the scope of the Division of Advocacy and Health Policy could be assigned to this entity in the future following deliberation by the Board of Regents.

- A Board of Directors comprising the same individuals who serve on the Board of Regents would govern activities conducted by the new corporation. The College's Executive Director would serve as its Chief Executive Officer. A separate governing body would be appointed by the Board of Directors to oversee policies and operations pertaining to the political program.

The name of this corporation will be *The American College of Surgeons Professional Association*.

## Society of American Gastrointestinal Endoscopic Surgeons

(SAGES) - SAGES is developing a program designed to set a minimum standard of knowledge and skills in laparoscopic and minimally invasive surgery, which is meant to be applied nationally as an educational and credentialing tool for laparoscopic surgery. SAGES recognizes the need to partner with the College and other major national organizations to administer this program, and intends to formally request a partnership with the College.

## Division of Advocacy and Health Policy

**Medical Liability Reform** - Fellows continue to identify tort reform as one of their top legislative priorities. The College has supported a series of medical liability reforms that mirror those enacted by California under the Medical Injury Compensation and Reform Act. To advance these reforms the College is actively participating in three medical malpractice reform coalitions.

In the House, legislation has been introduced by Rep. Patrick Toomey (R-PA) that encompasses all of the College-supported malpractice reforms. Sen. Mitch McConnell (R-KY) has introduced legislation that is similar to Rep. Toomey's bill.

The College is participating in a new multi-specialty task force convened by the American Medical Association that hopes to develop and coordinate comprehensive state and federal strategies. The Division also plans to provide advocacy resources on

medical liability reform to the Chapters.

**Medicare Physician Payment** - On November 1, 2001, the Centers for Medicare & Medicaid Services (CMS) published a final rule for the 2002 Medicare physician fee schedule. The regulation included a 5.4% across-the-board cut in payments for all physician services beginning in 2002. Dr. Russell traveled to Washington, DC, on Oct. 23, 2001, to meet with CMS Administrator Tom Scully to express the surgical community's concern about the impending payment reduction, particularly since it follows significant pay cuts for surgical services that have occurred during the past decade.

The College is continuing its efforts to pressure Congress to immediately address both the 5.4 percent negative payment update and the problematic sustainable growth rate (SGR) formula. In addition, the College has joined 12 other medical and surgical specialty societies to form the Coalition for Fair Medicare Payment.

On Dec. 27, the College submitted comments to CMS regarding the agency's final rule on the 2002 Medicare physician fee schedule. The College reiterated concerns over the agency's calculation of the payment update for 2002 and took CMS to task over the unexpected reduction of practice expense RVUs for selected codes with no physician work (zero-work pool). The College took special issue with the agency's failure to address this change first in a proposed rule, particularly since it will impact vascular surgeons who perform non-invasive diagnostic studies in their offices.

**Trauma Systems Funding** - The 107th Congress approved \$3.5 million FY 2002 for the Trauma Care Systems Planning and Development Act. This provides federal grants to assist states in planning, developing, and coordinating statewide trauma care systems.

Congress had also approved \$3 million FY2001 for the trauma program, most of which has been used by the Health Resources Services Administration to conduct a state-by-state needs assessment of trauma system capabilities around the country. It is hoped that the results of the study will clearly illustrate the patchwork nature of the nation's trauma care network and bolster arguments for a significant increase in program funding.

**Certified Registered Nurses Anesthetists (CRNAs)** - On September 5, 2001, the College submitted comments to Centers for Medicare & Medicaid Services (CMS) supporting its decision to restore the long-standing requirement that CRNAs be supervised by physicians, as well as the proposal for a comprehensive Agency for Healthcare Research and Quality (AHRQ) outcomes study. Regarding states' ability to opt out of federal supervision requirements, the College cautioned CMS that these applications be carefully reviewed and evaluated before they are granted.

*More highlights from this ACS meeting are posted online at: [facs.org/news/regentsfeb2002.html](http://facs.org/news/regentsfeb2002.html).*

# 2003 Annual Scientific Meeting

## Four Seasons Biltmore Resort

[www.fourseasons.com](http://www.fourseasons.com)

1260 Channel Drive  
Santa Barbara, CA  
Jan. 24-26, 2003

The Program Committee, headed by Chair Alan T. Lefor, MD, FACS; Associate Chairman Michael Stamos, MD, FACS, and Assistant Chairman Marianne Cinat, MD, FACS, is hard at work planning a great meeting at this world-class resort. In his President's Column on the front page, Samuel E. Wilson, MD, FACS, explains why we're having the 2003 Annual Scientific Meeting in Santa Barbara again. These are some highlights:

## Guest Faculty

### John Hunter, MD, FACS

Professor and Chair  
Department of Surgery  
Oregon Health Sciences University  
Portland, OR

### Michael Zinner, MD, FACS

Professor of Surgery, Harvard Medical School  
Chairman, Department of Surgery, Brigham & Women's Hospital  
Boston, MA

### Bruce Wolff, MD, FACS

Professor and Chair  
Department of Colon & Rectal Surgery  
Mayo Clinic  
Rochester, MN

### Barbara Bass, MD, FACS

Board of Regents  
American College of Surgeons  
Professor of Surgery  
Department of Surgery  
University of Maryland Medical Center  
Baltimore, MD  
Chief of Surgery  
Baltimore VA Medical Center  
Baltimore, MD

## 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 Thoracic Surgery (Rob McKenna, MD, FACS, Cedars-Sinai Medical Center)

--Surgical Education (Michael Zinner, MD, FACS, Brigham & Women's Hospital, Boston)

--Morbid Obesity (Ninh Nguyen, MD, FACS, UC, Irvine)

--Minimally Invasive Surgery (John Hunter, MD, FACS, OHSU, Portland)

--Hepatobiliary Surgery (Richard Selby, MD, FACS)

·Specialty Sections and their Chairs:

--Pediatric Surgery (Sherif Emil, MD, UCI)

--Vascular Surgery (Roy M. Fujitani, MD, FACS, UCI)

--Cardiothoracic Surgery (Bassam Omari, MD, FACS, Harbor)

--General Surgery (Lelan F. Sillin, MD, FACS, USC)

--Head and Neck Surgery (Elliot Abemayor, MD, FACS, UCLA)

--Plastic Surgery (James Watson, MD, FACS, Harbor UCLA)

--Colon and Rectal Surgery (Tracey Arnell, MD, FACS, Harbor UCLA)

·High-quality, original papers, general and sub-specialty sessions and lectures from invited guests

Please join us in Santa Barbara Jan. 24-26, 2003. You need to call 805/969-2261 by **Dec. 24, 2002** to reserve a room for \$265/night (single/double) at the Four Seasons Biltmore Resort.

*Alan T. Lefor, MD, FACS  
Program Chairman*