

American College of Surgeons Statement on Health Care Reform

INTRODUCTION

The American College of Surgeons (ACS) is an organization of 74,000 surgeons from all surgical specialties who perform more than 30 million operations in the United States on an annual basis. The ACS was founded in 1913 and is dedicated to high-quality, safe surgical care delivered in a compassionate, ethical manner. The American College of Surgeons appreciates the challenges facing the U.S health care system. It believes that the time has come to move beyond rhetoric and to start taking action to improve on the three critical and interrelated areas of concern:

1. **QUALITY AND SAFETY**
2. **ACCESS/WORKFORCE**
3. **REDUCTION OF HEALTH CARE COSTS**

The College also believes that achieving these goals will require all stakeholders to work together in order to build a better U.S. health care delivery system.

QUALITY AND SAFETY

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.

--Mission statement of the American College of Surgeons

With this mission driving all of its activities, the ACS believes that providing safe and effective quality surgical care will also help reduce the cost of health care delivery; the College also believes that efforts to reduce costs should be similarly linked to quality improvement efforts.

• *Improve the quality of care for patients with surgical diseases*

The American College of Surgeons urges Congress and the Administration to support:

1. Research and financial aid to encourage the adoption of risk-adjusted outcomes of surgical care such as those developed by the National Surgical Quality Improvement Program (NSQIP) and to promote transparency of quality measurement.
2. Efforts to ensure available and appropriate care to prevent, detect, and treat cancer, vascular disease, and other surgical diseases at the earliest stage possible and to deliver well-coordinated care for patients across the health care continuum. Increased funding for research to prevent these diseases should also be supported.
3. Increased funding for wellness programs with an emphasis on personal responsibility.
4. Funding for injury prevention and trauma systems that provide well-coordinated care for trauma patients across the health care continuum.
5. Increased preparedness for mass casualties and disasters.
6. Adoption of fully deployed, interoperable, integrated and coordinated Health Information Technology (HIT) systems featuring care and safety prompts. Help for surgeons in shouldering the financial burden of adopting such systems should be supported.

The American College of Surgeons commits to:

1. Taking steps to help the *individual* surgeon easily measure his or her quality and to enable surgeons to report their quality data to other institutions, the boards, and the public.
2. Improving cancer and trauma care by coordinating data collection with enhanced feedback and reporting to hospitals, individual providers, patients, and the public.
3. Taking strategic steps to ensure that the National Surgical Quality Improvement Program (NSQIP) becomes a quality measurement leader for surgical patient care.
4. Providing educational programs to assist surgeons in developing the professional competencies and clinical skills they must demonstrate to attain and maintain board certification and licensure.
5. Refining and reorganizing ACS educational resources to better equip the surgeon across the surgical care continuum with regard to the delivery of quality care and the measurement of quality, health care efficiency, clinical skills, and other factors related to quality.
6. Pursuing continued development of educational and programmatic efforts for trauma and cancer care by the ACS Committee on Trauma and the Commission on Cancer.
7. Promoting further expansion of the Advanced Trauma Life Support (ATLS) course, Pre-Hospital Trauma Life Support (PHTLS) course, and Rural Trauma Team Development Course (RTTDC) to reduce the cost, morbidity, and mortality due to trauma.
8. Partnering with Congress to direct resources to aid adoption of electronic medical records and other health information technology (such as e-prescribing) into surgical practice.

QUALITY AND SAFETY (CONTINUED)

• *Improve safety and reduce medical errors and adverse events*

The American College of Surgeons urges Congress and the Administration to support:

1. The development and testing of surgical and other patient-safety initiatives in partnership with the ACS and the surgical community that will reduce medical errors, improve safety, provide patients with higher quality care, and potentially reduce the incidence of medical liability cases.
2. Testing of established safety initiatives for validity and effectiveness, with the goal of increasing safety while reducing the cost of unnecessary, repetitive, or redundant processes and regulations.
3. The development or adoption of evidence-based guidelines and pathways, as well as promotion of those guidelines and pathways into clinical practice.
4. Legal protection of improvements in surgical quality efforts, including continued protection of peer-review and quality improvement processes from discoverability

The American College of Surgeons commits to:

1. Pursuing the development and adoption of surgical patient-safety initiatives and the testing of safety initiatives for validity and effectiveness.
2. Continuing the development and adoption of quality and safety measures to eliminate medical errors.
3. Developing and supporting the adoption of guidelines and compliance measures for surgeons and other health care professionals that will reduce medical errors, provide patients with higher quality and safer care, and potentially reduce the incidence of medical liability cases.
4. Developing and promoting patient education programs surgeons can use to improve communications with patients and their families and involve them in joint decision making regarding their care. Such programs should foster a better understanding of surgical diseases and their management and should help to improve the health literacy of patients and their families.
5. Assisting surgeons in learning techniques such as improved, open communication and open acknowledgement of mistakes in geographic areas where federal and state liability laws encourage and support such disclosure.
6. Developing policy statements on patient safety standards outlining support for safety mechanisms and efforts by the surgical team to protect patients.

ACCESS/WORKFORCE

The American College of Surgeons has had a long-standing policy supporting universal access to affordable, high-quality, and safe surgical care delivered in a timely and appropriate manner. This effort requires that our nation have a well-trained and available surgical workforce to meet the needs of all surgical patients.

The American College of Surgeons urges Congress and the Administration to support:

1. The elimination of disparities in the availability and delivery of surgical and other health care in America—for example, expanding the National Health Service Corps to include surgeons as a means of increasing public service and providing medical school debt relief.
2. Increased funding for and national awareness of graduate surgical medical education and other programs in order to maintain an optimal surgical workforce and to promote retention of surgeons.
3. The establishment of demonstration projects that explore alternative methods of paying for health care and that ensure the presence of an adequate and robust surgical workforce over time. Surgical care is an essential component across the full spectrum of the health care continuum. Surgeons, with their unique expertise and training, are not interchangeable with other physicians.
4. Options to improve access to surgical care by reducing liability costs through such means as alternative compensation mechanisms for adverse events.
5. Funding for the creation of a national health workforce database to identify areas of need as the nation faces an impending crisis of a surgical workforce shortage.

The American College of Surgeons commits to:

1. Providing educational programs to address new paradigms of surgical specialists and the delivery of surgical care in order to ensure that there is an adequate workforce to supply high-quality care through the changing delivery system in this country.
2. Focusing research and advocacy efforts in order to gain an understanding of the challenges that exist in attempting to ensure the availability of a sufficient, yet flexible, surgical workforce that will provide equitable access to quality and timely health care.
3. Developing systems to eliminate disparities in the availability and delivery of surgical and other health care in America.
4. Conducting research on the adverse impact of the declining surgical workforce, focusing on rural and underserved hospitals and providing analysis for the national health workforce database.
5. Providing educational outreach and respite support for surgeons practicing in rural and underserved areas in order to maintain a surgical workforce in these areas.

REDUCTION OF HEALTH CARE COSTS

Provision of high-quality, cost-effective, safe, and appropriate patient care will involve enhanced patient participation in their own health care decision making, as well as the development of a payment mechanism that promotes quality and value. This effort should be inclusive of the need for available, appropriate, and compassionate palliative care for patients with life-limiting illnesses, including an understanding of all potential options.

The American College of Surgeons recognizes that payment reform that maintains a sustainable workforce needs to be accomplished in conjunction with overall health care reform. The ACS positions on Medicare payment reform are addressed in a separate document. Surgeons should be driven to eliminate waste and inefficiency wherever possible, including consideration of overuse, underuse, and misuse of services where identified.

The American College of Surgeons urges Congress and the Administration to support:

1. A focus on reducing the payor waste and inefficiency that currently characterizes the health insurance industry in this country. The College also supports enhancing administrative simplicity, reduction of administrative overhead, and provision of incentives to do so.
2. The concept of shared savings within surgery in situations where it benefits patients and reduces cost
3. Research on the development or adoption of evidence-based, value-driven care algorithms to promote appropriate care for surgical diseases
4. Research focused on the comparative effectiveness of the treatment of surgical patients as well as an assessment of technology in providing that treatment. This research should include comparable cost/benefit ratios across the range of potential treatment options, including cost utility analyses and incremental cost-effectiveness considerations.
5. Funding for research on patient shared decision making regarding surgical care and enhanced patient education. A major focus on health literacy is necessary.
6. Patient- and family-centered care that focuses on information exchange, understanding, and a joint decision process at all levels of care to ensure that patients and their families are engaged, educated, and consulted in health care decisions.
7. The development of educational and support programs for health care providers on the importance of palliative care and when to utilize those programs for the patient's benefit in order to lessen harmful, painful, costly, and unnecessary procedures and testing of patients with life-limiting illnesses.

The American College of Surgeons commits to:

1. Assessing, developing, and promulgating guidelines for surgical disorders leading to cost-effective care of the patient with surgical disease, so that care is optimized and coordinated across the full spectrum of health care.
2. Developing, maintaining, and educating a surgical workforce that is responsive to public demands for outcome and cost data and committed to providing cost-effective, safe, quality care with maximum value.
3. Actively participating in projects that define quality and cost of health care delivery for major categories of surgical diseases or procedures, assist in prioritizing components that improve the quality and safety of care, and reduce administrative overhead.
4. Seeking endorsement from the Agency for Healthcare Research and Quality (AHRQ) of the surgical Consumer Assessment of Health Providers and Services (CAHPS).
5. Developing and promulgating patient education materials, Web-based resources, and other educational material to assist the surgeon in communicating with patients and their families and to fully involve patients and their families in the decision-making process regarding the surgical disease and its treatment.
6. Developing and adopting guidelines, educational resources, and tools for the care of patients with surgically related, life-limiting illnesses to address the dangers and costs of futile care, while addressing the physical, psychosocial, economic, and spiritual needs of patients and their families, with a focus on quality of life.