A strategic planning session was held in conjunction with the Council meeting in Columbus on November 11. Those in attendance included Michael S. Nussbaum, President; Joseph Crowe, President-elect; Michael Stark, Treasurer and Cancer Committee Chair; E. Christopher Ellison, Secretary and Governor; Margaret Dunn, Immediate Past President and Governor; Gary Williams, Governor; Jeffrey Pruitt and Joseph Sferra, Northwest District Councilors; Christopher McHenry, Northeast District Councilor; Jan Elston, Southeast District Councilor; Robert Zollinger, Bylaws Committee Chair; G. William Parker, Distinguished Service Award Committee Chair; Richard Reiling, Newsletter Editor; Robert Falcone, Ohio Committee on Trauma Representative; Linda Barney, 2001 Program Committee and Young Surgeons Committee Chair; Deborah Meesig, AWS Representative; Michael Walker, Socioeconomic Committee Chair; John Dietrick, CAC Representative; Richard Nedelman, guest; Alice Gricoski, guest; David Fischer, CAS-ACS Representative; Jane Treiber, Executive Director; Jack Lynch, ACS Organization Department Director; and Tom Nelson, consultant.

Mr. Nelson has been in health care association management for more than 30 years with the American Academy of Family Physicians, the American Medical Association, the American Academy of Orthopaedic Surgeons, the American Orthopaedic Society for Sports Medicine, and the Arthroscopy Association of North America. He currently heads his own health care association consulting and search firm in Chicago, IL, and is working with the College in its strategic planning efforts.

The time and effort spent in the council’s planning session was quite productive and resulted in the development of a framework for our strategic efforts for the next 24 months. As a first step we reviewed and revised the chapter’s mission statement to better reflect current goals and objectives.

Original Mission Statement:
The mission of the Ohio Chapter, American College of Surgeons is to educate its members and the public about surgical care, to improve the standards of surgical care within the State of Ohio and to support the mission and goals of the American College of Surgeons.

Revised Mission Statement:
The mission of the Ohio Chapter, American College of Surgeons is to provide educational opportunities for its members, be an advocate for its members and the patients they serve, and support and uphold the standards of the American College of Surgeons.

We then identified four major areas of chapter activity upon which to focus: advocacy, education, member services, and relations with the American College of Surgeons. The group prioritized strategic initiatives under each area of activity and focus. The goal now is to concentrate on the top priorities in each area, accomplish these, and then move on to the other initiatives.

1. Advocacy

Objective: Aggressively represent the needs of our patients and members on public policy, legislative issues, and other matters impacting our health care delivery system.

Strategic Initiatives:
• Retain a lobbyist to assist in meeting our objective. The proper representation will require a significant annual financial commitment from the chapter. Initial inquiries have begun, and a preliminary proposal will be considered at the Spring Council meeting.
• Upgrade the chapter Web site to include policy information, member-only chat room, and patient information regarding policy issues. This information will be

(continued on page 2)
closely linked to the lobbying/advocacy activities.

- Retain an insurance ombudsman.
- Increase public understanding of the letters FACS and their meaning in the delivery of high-quality surgical care.
- Develop mechanisms to expand representation of surgeons on state government commissions and task forces dealing with issues impacting our members and our patients.

As a way to continue to expand representation of surgeons at both the state and federal levels, we will continue to encourage active participation of our members in visits to the Statehouse and to Capitol Hill. In conjunction with the OSMA, a joint legislative day for interested medical specialty societies has been scheduled for Tuesday, April 3. This visit will allow organized medicine to have a strong presence at the Statehouse and will give added strength to many of our common legislative agendas, including prompt payment by insurance companies, point-of-service, and physician-joint negotiations.

The chapter will also be sending a delegation to Washington, DC, on May 22–23 for a chapter visit to Capitol Hill. The Chapter Visit Program has been in existence for more than a decade and has become a mainstay of the College’s grassroots effort to educate legislators and their staff about the issues that concern surgeons and their patients. Anyone who is interested in participating in either of these legislative visits should contact Jane Treiber at the Ohio Chapter Office for further information.

2. Education

**Objective:** Be a source for clinically relevant information and practice-related material for our members and promote the high standards of quality care expressed in the letters FACS.

**Strategic Initiatives:**

- Create a member-only Web site and increase the opportunities for members to receive high-quality education data and material and practice-related information. These initiatives would be closely linked to the aforementioned advocacy objectives.
- Develop information for the public and our patients on the chapter Web site.
- Expand our collaboration with other groups and individuals regarding chapter support for other education programs.
- Become a CME provider.
- Develop regional courses apart from the annual meeting; partner/network with other organizations and meetings in Ohio.

3. Member Services

**Objective:** Be the primary state surgical organization delivering valuable member services and dynamic and meaningful leadership.

**Strategic Initiatives:**

- Immediately create and deliver on a tangible and viable list of member benefits and services.
- Create a marketing tool for one-on-one member recruitment and retention.
- Develop, along with the College, cross-marketing programs at the national and chapter levels.
- Expand the availability and accuracy of membership information and data.
- Promote a program for new Initiates, waiving their registration fees for their first annual meeting.

4. Relations with the American College of Surgeons

**Objective:** Enhance two-way dialogue and increase the exchange of information and programs to better serve the needs of all surgeons.

**Strategic Initiatives:**

- Immediately create a framework between the College and the Ohio Chapter to accomplish the following:
ACS Elects New Regent and Board of Governors

At Clinical Congress, two members of the Ohio Board of Governors officially stepped down as two other members took their places. Governors serve as a vital link between the Fellows, chapter, and surgical specialty societies; and the officers, Regents, and staff of the College.

Much appreciation goes to D. Ross Irons, Bellevue, and Michael A. Flynn, Jr., Akron, for serving Ohio on the Board of Governors. Dr. Irons served as Governor-at-Large for six years, while Dr. Flynn served a three-year term.

New Ohio members to the Board of Governors include Mark Malangoni, Cleveland, and Gary Williams, Akron. Re-elected to the Board of Governors for a second term were Margaret Dunn, Dayton, and E. Christopher Ellison, Columbus.

Elected to the Board of Regents, which establishes policy and directs the affairs of the College, was Josef E. Fischer, Cincinnati. In 1999, Dr. Fischer served as First Vice-President of the College, and he previously completed two terms as Ohio Governor-at-Large.

Congratulations!
Appointments

American College of Surgeons
Governors’ Committees

Governors’ Committee on Ambulatory Surgery: Ronald Berggren, Chair, Galena; Martin Resnick, Cleveland, member

Governors’ Committee on Bloodborne Infections: Ronald Ferguson, Columbus, member

Governors’ Committee on Chapter Activities: Margaret Dunn, Dayton, member

Governors’ Committee on Physician Competence: E. Christopher Ellison, Columbus, member

Governors’ Committee on Physicians’ Healing: Ezra Steiger, Cleveland, member

Governors’ Committee to Study the Fiscal Affairs of the College: William Sternfeld, Toledo, and Edward Luce, Cleveland, members

American College of Surgeons Standing Committees

Committee on Operating Room Environment: Sidney Miller, Dayton, member

Pre- and Postoperative Care Committee: Jay Johannigman, Cincinnati, member

Note: For 2001, nominations for appointments to ACS Standing Committees will be solicited from the chapter beginning in the spring. Members will be notified of the committees that have vacancies to fill.

State of Ohio Trauma Committee

Working closely with the Regional Physician Advisory Boards, the committee will assist the EMS Board over the next two years to develop the rules and protocols necessary to ensure that the most seriously injured trauma victims in Ohio are matched with an appropriate level of medical care. Ohio Chapter members who were appointed by the Director of the Ohio Department of Public Safety, Lt. Gov. Maureen O’Connor, to the committee include Jay Johannigman, Cincinnati, representing general trauma surgery; Michael Shannon, Zanesville, representing neurosurgery; and Sidney Miller, Dayton, representing surgery with burn victim specialty.

State of Ohio EMS Board

The newly appointed Trauma Committee members, working with the Regional Physician Advisory Board, will play a significant role in helping the EMS Board develop a state triage protocol for the treatment of adult and pediatric trauma victims. Reappointed in November to the EMS Board, representing surgery with an active participation in EMS, is Ohio Chapter member Richard Fratianne, Cleveland.

Note: HB 138, which establishes a statewide trauma system, linking EMS, hospitals, and trauma centers, became effective 3 November 2000.
Cancer Committee Report  
by Michael E. Stark, MD, FACS

Although the winter holidays often seem to put other items on a slow track, this has not been the case with cancer initiatives of the American College of Surgeons and the Ohio Chapter. There have been many new appointments of Cancer Liaison Physicians in Ohio, and all are welcomed to their new position. The College is making every effort to keep the Liaison Physicians informed of their responsibilities. As State Chair, I am always available to help in any way.

The Ohio Division of the American Cancer Society has completed its needs assessment for Ohio to determine where efforts should be made toward reaching the 2015 goals. In Toledo and Lucas County, a new partnership has been formed. The Lucas County Partnership for Cancer Prevention and Control was formed from representatives of all of the approved cancer programs (six) in the county. Since we are all charged with the same goals and with working with the county Cancer Society, it made sense to consolidate efforts. I will use this column to keep the state updated.

Please mark your calendars for the next Cancer Committee meeting. The meeting precedes the Ohio Chapter Annual Meeting and will be held from 10:00–11:30 am on Thursday, 10 May, in Dayton. I encourage all to stay for the academic meeting, which takes place 11–12 May. As always, I am available to help programs and Liaison Physicians with our unified task of improving cancer care and prevention for Ohio.

Medical Mutual Denies Reimbursement  
by John A. Dietrick, MD, FACS

Many surgeons have taken notice of denials for reimbursement for preoperative care provided to patients insured by Medical Mutual of Ohio. Calls and letters of complaint have flooded both the Ohio Chapter and the Ohio State Medical Association (OSMA) offices. The Socioeconomic Committee, in cooperation with the OSMA, asked Medical Mutual of Ohio (MMO) to provide written documentation of this apparent and sudden change of policy.

MMO policy states that reimbursement for an operation will include all care provided to that patient seven days before and 42 days after an operation. That is to say, any consultative or EM service provided to the patient within seven days prior to an operation will not be separately compensated, but rather, reimbursement for these services is included with payment for the operation.

MMO states that this policy has been in effect for more than 10 years, yet denials for preoperative care have only been seen by clinicians within the past nine months. MMO officials believe that the existing policy is being perceived as new as a result of a new billing system that went into effect about nine months ago.

While insurers are not required to follow any “rules” with regard to policies for reimbursement, most will look to Medicare as an industry standard, and Medicare will reimburse physicians for care provided to patients prior to an operation. If the service is provided on the day of the operation, a modifier is used.

After an unfruitful exchange of letters for the past several months, on March 1 Jennifer Hyle of the OSMA, Teri Martel, Country Square Surgeons office manager, and I met with Debbie Tombra in the MMO office in Toledo to discuss the issue. Ms. Tombra said that due to numerous complaints of this “global surgery” policy, it will be reviewed by the company in early April. Members who are MMO providers can expect some form of correspondence from MMO regarding the outcome of this review. The Ohio Chapter will also keep you informed.
New Initiates Welcomed During Clinical Congress

The Ohio Chapter held a welcome luncheon for new Initiates during the ACS Clinical Congress in Chicago in October. Attended by 13 chapter members and five new Ohio Initiates who cracked the maze of McCormick Place to find the remote luncheon, it was a nice respite from the hustle and bustle of the meeting’s other activities.

Congratulations to the following new Fellow Initiates of the College:

Laurence M. Baibak, MD, Maumee  
Charles A. Bashour, MD, Cleveland  
Kenneth A. Beckman, MD, Columbus  
Geoffrey B. Blossom, MD, Columbus  
Edward L. Bold, MD, Mentor  
Patrick F. Brophy, MD, Cincinnati  
Brian C. Brost, MD, Toledo  
Mark L. Cecil, MD, Canton  
Charles H. Cook, MD, Columbus  
Gregory P. Cook, MD, Sandusky  
Julia F. Corcoran, MD, Cincinnati  
Samuel J. Durham, MD, Toledo  
Robert A. Fada, MD, Columbus  
Randall W. Franz, MD, Dover  
Robert J. Gewirtz, MD, Columbus  
Lydia E. Hernandez, MD, Mason  
John A. Howington, MD, Cincinnati  
Dalibor I. Hradek, MD, Lima  
Robert P. Hummel III, MD, Cincinnati  
H. Stanley Jenkins, MD, Dayton  
Scott O. Johnson, MD, Lancaster  
Christopher W. Juergens, MD, Cincinnati  
C. Jeff Kesler, MD, Maumee  
Ghassan F. Khayyat, MD, Akron  
Richard T. Laughlin, MD, Dayton  
Clark J. Leslie, MD, Cambridge  
Matthew E. Levy, MD, Cleveland  
Charles G. Linderman, MD, Cleveland  
Mark A. Lindsey, MD, Columbus  
L. Stewart Lowry, MD, Piqua  
Kurtis W. Martin, MD, Cincinnati  
Lee Anne Matthews, MD, Canton  
Gregory E. Maupin, MD, Centerville  
Joseph R. McShannic, MD, Akron  
Christopher S. Meyer, MD, Centerville  
John M. Miller, MD, Kettering  
Eugene A. Minevich, MD, Cincinnati  
Lofton N. Misick, MD, Kettering  
Charles S. Modlin, Jr., MD, Cleveland  
Oscar Nicholson, Jr., MD, Cleveland Heights  
Kevin J. Paley, MD, Dayton  
Steven E. Park, MD, Cincinnati  
Thomas P. Rak, MD, Springfield  
Christopher J. Riordan, MD, Toledo  
Alexander K. Saba, MD, Cincinnati  
Joseph F. Sabik III, MD, Cleveland  
Catherine A. Schmid, MD, Kettering  
Raymond M. Seballos, MD, Brecksville  
Andrew J. Seiwert, MD, Toledo  
Renato F. Simon, MD, Niles  
Maj Deane L. Smith II, MC USAF, Wright Patterson AFB  
John M. Smith, MD, Cincinnati  
Kenneth E. Stanley, MD, Lima  
Christopher A. Stiff, MD, Salem  
James R. Stille, MD, Youngstown  
Jeffrey J. Sussman, MD, Cincinnati  
Todd R. Tamlyn, MD, Canton  
Anne Taylor, MD, Columbus  
Louis C. Thibodeaux, MD, Cincinnati  
Robert L. Toscano, MD, Columbus  
James C. Ulchaker, MD, Cleveland  
Victoria Light VanFossen, MD, Akron  
Paul F. Vanek, MD, Mentor  
Mark A. Wainstein, MD, Toledo  
Lyn E. Yakubov, MD, Youngstown  
John F. Zavell, MD, Toledo

New Surgeons Survival Manual

The 2001 edition of the New Surgeons Survival Manual was produced on CD-ROM in November and sent to all Ohio general surgery residency program directors for distribution to junior residents. Young Surgeon Committee Chair Linda Barney, Dayton, says the change in format came about because young surgeons asked for the material on CD. The disk is easy to navigate using Adobe Acrobat Reader; any topic or any article can be easily accessed from the table of contents with one click of the mouse.

If you would like a copy of the manual on CD, contact the chapter office. A limited number of manuals are also available in paperback format.
here is an increasing concern of the public in assuring safety in office-based surgery. Several states have taken the initiative to enact very restricting legislation—to wit, Florida and New York—regulating office-based surgery. The major concern is the safe use of medications and techniques of “conscious-sedation.” However, the “halo” effect of this concern has spilled over into a total look at safety.

The American College of Surgeons has published a manual on guidelines for office-based surgery, which is currently in its third edition. Although the thought and intent of this effort was to provide a small surgical practice with the means to assure quality and not have to resort to expense surveys and accreditation bodies, such as the JCAHO and others, the current legislative activities have not acknowledged the efforts of the ACS. Either the surgeons in the individual states that are debating the issue now or have enacted legislation were not an integral part of the process, or they were unaware of the ACS guidelines. Or, more importantly, the legislators just do not trust us to make the best decisions about safety in our own practices. The latter is quite probable and very disturbing.

It is only a matter of time until the State of Ohio will be involved in regulating office-based surgery. Medicare already has regulations regarding reimbursement for ambulatory surgery, which requires certification by one of the three major organizations doing such certifying. There is a serious interest by the AMA in safety in these types of practices. The ACS is working with the AMA to come up with model legislation if the need arises in the remaining states, which most assuredly it will. It is the position of the ACS that determining safety in office-based surgery is rightfully the realm of the ACS in cooperation with the anesthesiologists and also the subspecialties that utilize office-based facilities, such as orthopaedics, plastic surgery, ophthalmology, and otorhinolaryngology. The gastrointestinal endoscopists also have a real interest.

The Ohio Chapter will closely monitor activity in the Ohio State Legislature. At this time, there is no specific legislation in the hopper, but this is a new Congress, and many initiatives could be introduced soon. We will need all the help from Fellows in the chapter if and when these discussions begin to present clear and unbiased discussions with our individual legislators in order to come up with effective regulations that make sense and are not so burdensome as to limit ambulatory surgery only to large facilities.

Guidelines for Optimal Ambulatory Surgical Care and Office-Based Surgery (00GR-02): Developed by the Subcommittee on Guidelines Development of the Board of Governors Committee on Ambulatory Surgical Care. A set of optimal educational guidelines to help the surgeon in the office practice of surgery provide this service to patients in an appropriate manner and in a safe environment. May 2000.
The chapter’s 46th annual meeting program offerings in Dayton will appeal to surgeons on all levels. Starting with the College’s Coding Workshop and the chapter’s Kugel Hernia Repair Workshop on Thursday, May 10, through the chapter’s six general sessions on Friday and Saturday, May 11 and 12, the annual meeting offers residents, practicing and retired surgeons, and office personnel many good reasons for attending.

The general sessions, which are designated for 12.25 CME credit hours, encompass topics in general surgery, modern surgical techniques, surgical oncology, trauma and critical care, and vascular surgery. The Resident Research Forum includes presentations by the resident authors of the top two basic and clinical science abstracts, as well as the oncology and the trauma award winners.

A special session on Friday, May 11, stresses important considerations regarding contract negotiations that residents will be facing. The College’s Health Policy and Advocacy Department representative will discuss ways Ohio surgeons can impact what goes on nationally, and the Ohio State Medical Association will provide an update on issues of local concern.

John Preskitt, MD, FACS, Dallas, TX, ACS Regent, joins the chapter for the Friday Ohio Oration, while David Hoyt, MD, FACS, San Diego, CA, ACS Committee on Trauma Chair, is the Saturday breakfast speaker and also a speaker on vascular injury exposure during the trauma and critical care general session.

The President’s Dinner will be held Friday night at the U.S. Air Force Museum, and the annual golf outing, at the Moraine Country Club. A fun spouse/guest program focuses on the history of Dayton and Dayton medicine.

A program brochure will reach your mailbox in March. Contact the chapter office for more information.