

PULSE

The Official Newsletter of the Ohio Chapter • American College of Surgeons

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From the Executive Office

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Spring Council Meeting Update

By Robert E. Falcone, MD, FACS

As a result of a 2001 strategic retreat, Council articulated a goal to make the Chapter more relevant to the membership's needs. Areas of focus would include management, advocacy and meeting strategy. The spring Council meeting provided an update on these three areas.

MANAGEMENT

After a careful and considered search of six management candidates, Council decided to move forward with new management, BLF Management, Ltd. This group brings additional depth and a central (Columbus) location into the picture, consistent with the Chapter's desire to focus on a structure that encourages advocacy. The Council thanked MEI and Doug Conrad for their years of service and looked forward to a smooth transition to BLF Management by this summer.

ADVOCACY

The Ohio Chapter of the American College of Surgeons working with Capitol Consulting, has been very successful in its advocacy efforts year to date. These have included successful implementation of trauma legislation, support of the tort reform bill and the successful election of two new Supreme Court justices who we feel share some of our views. Future activities include dovetailing, where

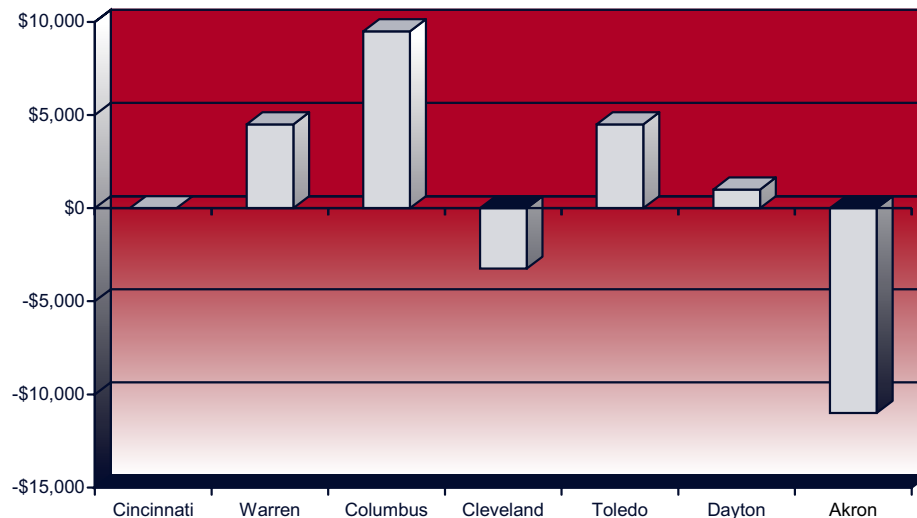
possible, our advocacy efforts with the OSMA and prioritizing these efforts in those areas most important to our membership. These include the following: assuring successful implementation of tort reform, improving physician reimbursement and decreasing the hassle factor

See Update, page 3

TABLE 1: ANNUAL MEETING ATTENDANCE HISTORY 1999 THROUGH 2002

	1999 Cleveland	2000 Toledo	2001 Dayton	2002 Akron
Members	81	68	66	67
Non-Members	11	2	0	2
Retired Members	5	9	2	3
Speakers (includes members)	15	19	25	21
Residents	31	57	24	32
Total Physicians:	143	155	117	125
Physicians Assistants	0	1	2	0
Nurses/Office Personnel	2	0	2	10
Spouse program/guest	7	13	9	3
Medical students	0	0	1	1
Complimentary	0	3	0	1
Total	152	172	131	140
President's Dinner	105	98	83	89
Exhibitors (# of vendors)	45 (24)	47 (18)	51 (24)	34 (15)
Workshop	15	14	7	14

TABLE 2: ANNUAL MEETING PROFIT AND LOSS PER VENUE



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President's Message

By E. Christopher Ellison, MD, FACS, and Gary Williams, MD, FACS

The Annual Meeting of the Ohio Chapter of the American College of Surgeons was held on May 8-10, 2003 at the Marriott Kingsgate Conference Center on the campus of the University of Cincinnati. John Howington of the University of Cincinnati arranged an excellent program. We had 120 registered attendees. This total included 24 exhibitor staff from 17 exhibitor organizations.

Highlights of the first day of the meeting included a panel on gastroesophageal reflux disease emphasizing outcomes of the surgical-based treatment, as well as the examination of alternative procedures including radioablative procedures of the lower esophageal sphincter and endoscopic suturing techniques and devices. The consensus of the panel was that laparoscopic Nissen fundoplication remained the gold standard for most patients with symptomatic gastroesophageal reflux disease, which is not responsive to medical therapy. It was recognized that other techniques might offer promise although there was a consensus to support and develop a multi-center trial to test these various alternative techniques against laparoscopic Nissen fundoplication.

The second session of the morning was a panel discussion on the 80-hour workweek including presentations by Dr. Betsy Wienberg, a resident at Good Samaritan Hospital in Cincinnati, Dr. William Wallace, chair of the Resident Education Committee currently training at The Ohio State University College of Medicine and Public Health, Dr. Brian Jones, the program director at NEOUCOM, and Dr. Mark Arnold, the program director of the surgical training program at The Ohio State University. The perspectives of the residents and faculty were similar and two approaches were recommended depending on the size of the surgical program. There was general consensus that larger programs could develop a float system, perhaps better call than emergency surgery service, in order to provide night coverage and reduce the call hours. It was recommended that smaller programs, such as programs finishing two chief residents per year, may be more appropriate to apply a Q4 call schedule with the resident leaving the morning after call (so called "Q4 and out the door"). The Ohio oration speaker was Dr. Julie Freischlag, professor and Halsted chair of Surgery at Johns Hopkins School of Medicine and secretary of the Board of Governors of the American College of Surgeons. Dr. Freischlag talked on diversity in surgery and it was a very well received presentation.

The afternoon session on May 9th included a surgical oncology session moderated by Dr. Valeriy Moysaenko. Dr. Sayeed Ahmed gave an excellent overview of controversies in pancreatic cancer. Ruth O'Reagan, MD, of

Northwestern University in Chicago provided an outstanding review of the current state of hormone therapy for breast cancer. The second session of the afternoon consisted of two enlightening lectures - one on the changing surgical practice in China - an eight-year experience by Dr. Robert K. Finley, Jr. where he reviewed his experiences working in China.

The final lecture of the afternoon was the first Frederick M. Douglas Foundation Memorial Lecture. Owing to efforts by Dr. Michael Stark, the Douglas Foundation donated \$50,000 to the Ohio Chapter of the American College of Surgeons to fund this lecture. Dr. Douglas was a pioneer in general surgery in the Toledo area and began a foundation to support surgical education. The purpose of the lecture is to forward surgical knowledge. Dr. Julius H. Jacobson, II of New York presented a review of observations of the development of surgical knowledge from his own professional experience including the banding of aneurysms, development of vascular suturing, experimental models of claudication, development of microsurgery techniques, and the use of hyperbaric oxygen therapy.

The highlight of the afternoon was the Resident Research Forum. Dr. Brian Jones, chair of the Resident Research Forum, reported that 29 abstracts had been submitted in the following categories: two in trauma, three in oncology, nine in basic science and fifteen in clinical science. Saleem S. Zafar, MD from the Medical College of Ohio won the John P. Minton Oncology Award for a paper entitled "Curcumin Prevents AY27 Bladder Transitional Cell Tumor Growth in Fisher 344 Rats." The first and second basic science awards were presented at the meeting. First place basic science award was awarded to Russell J. Juno, MD, for the paper entitled "Characterization of Small Bowel Resection and Intestinal Adaptation in Germ Free Rats" from the Cincinnati Children's Hospital Medical Center; and second place for the basic science award was won by Tang C. Lee, MD, "The Role of Endothelium in the Protection of Renal Ischemia/Re-perfusion Injury by Ischemic Pre-conditioning" from Case Western University and University Hospitals in Cleveland, Ohio.

The clinical sciences awards were then presented. The first place winner was Matthew Recht, MD, Good Samaritan Hospital in Cincinnati for "Predictors of Gastrointestinal Complication in Patients Undergoing Coronary Artery Bypass Grafting Surgery", and second place Dr. Eren Berber from the Cleveland Clinic Foundation for "Prospective Evaluation of Sestamibi, Ultrasound, and Rapid PTH to Predict the Success of Focal Exploration for Sporadic Hyperparathyroidism." Abstracts in poster presentation format were presented as well.

The Friday evening social event consisted of a dinner on the riverboat, Cincinnati Belle.

The Saturday morning events began with the Committee on Trauma breakfast. Dr. Jay Johannigman, MD, FACS, chair of the Ohio Committee on Trauma, moderated a discussion on homeland defense with featured speaker Major General Paul K. Carlton, Jr., USAF, Retired.

The first general session followed on the topic of "Trauma and Critical Care." Dr. Johannigman moderated the session that began with the presentation of the Resident Research Forum Trauma Paper, "Activation of NADPH Oxidase in Human Neutrophils Involves Recruitment of its Regulatory Components to Lipid Rafts," by Konstantin Umanskiy. Next, the following brief topics were presented: "Infections in Trauma Patients," by Joseph S. Solomkin, MD, FACS, director of research, Trauma/Critical Care, Department of Surgery, University of Cincinnati Medical Center; "The Challenges of Developing a Level III Trauma Center," by Anthony Borzotta, MD, FACS, director of trauma services, Bethesda North Hospital, Cincinnati; "Updates and Innovations in Critical Care," by Charles J. Yowler, MD, FACS, Trauma and Burns Surgery, Critical Care, MetroHealth Medical Center, Cleveland; and "Pediatric Cervical Spine Evaluation," by Brian Kenney, MD, FACS, director, Pediatric Trauma, Toledo Children's Hospital.

The second general session of the morning, moderated by Dr. Joseph Giglia, MD, FACS, discussed the following topics: "Treatment of Iliofemoral DVT in 2003: A Comprehensive Strategy to Preserve Venous Function and Quality of Life," by Anthony Comerota, MD, FACS, Toledo; "The Current State of Endovascular Therapy for Aortic Aneurysms," by Gary Lemmon, MD, FACS, Dayton; and "Endovascular Approaches to the Thoracic Aorta," by Dr. Giglia.

The meeting was to conclude with the Annual Golf Outing at the Golf Center at Kings Island, but the event was cancelled due to bad weather.

E. Christopher Ellison, MD, FACS, is president, Ohio Chapter, American College of Surgeons. Gary Williams, MD, FACS, is secretary, Ohio Chapter, American College of Surgeons.



The Ohio Chapter Moves to Columbus

By Brad L. Feldman, MPA, Executive Director

I would like to thank the Ohio Chapter of the American College of Surgeons for allowing me to serve as its executive director. I am looking forward to helping the Chapter achieve its mission and goals. 2003-2004 will prove to be an exciting year for the Chapter with an outstanding annual meeting being planned in Columbus. The move to central Ohio is intended to strengthen the Chapter's focus on a structure that emphasizes advocacy. So, our advocacy program is gearing up and the new Ohio Chapter Political Action Committee is being founded (see article on page 7).

As you can also see, the newsletter (*Pulse*) just got a facelift. We hope that you like the new look. We will continue to strive to bring you more detailed information on a timely basis.

I would like to thank the Ohio Chapter leadership for allowing me to attend the American College of Surgeons Leadership Conference for Officers and Young Surgeons in Washington, DC, in June. It was a great learning experience, plus I truly appreciate the time spent with Drs. Michael Stark and Christopher Grove. It was a perfect introduction into ACS' advocacy efforts and future goals as I get acclimated with the Chicago office and the Ohio Chapter's operations.

Important contact information is listed here. The toll-free phone number remains the same, but the other information has changed. Please make a note of the changes and contact the Executive Office at any time.

Your Executive Office is excited about getting to know each and every one of you. If there is anything that I can personally assist you with, you can also reach me directly at ocacs_exec@ohiofacs.org. We want to help you in any way possible!

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Update (from page 1)

associated with the practice of medicine. Finally, Council approved the establishment of a Political Action Committee (PAC) to allow us to channel political contributions to those candidates we feel best represent the Chapter's needs.

ANNUAL MEETING

The majority of the Council meeting surrounded a good debate on a new format for the Annual Meeting. In 2002, Council appointed an ad hoc committee consisting of Robert Falcone, MD (President), Margaret Dunn, MD (Governor and Past President), Christopher Ellison, MD (President-Elect), John Howington, MD (Current Annual Meeting Chair), Gary Williams, MD (Governor, Secretary and Former Annual Meeting Chair), Doug Conrad (Interim Executive Director) and Fran Rickenbach, CAE (President MEI and Facilitator). This group spent the day reviewing the Chapter's meeting activities; identifying strengths, weaknesses, opportunities and threats; and developing a plan for a revitalized meeting structure. Table 1 is a summary of attendance history 1999 through 2002.

The meeting, as it has traditionally occurred, provided an excellent opportunity for cost effective education, resident exposure, an opportunity for young faculty to build their curriculum vitae, an opportunity for programs to showcase their experience and an opportunity for all of the membership to network and socialize. However, it became apparent from reviewing the numbers and the

discussion that followed, that alternatives to all of these goals were abundantly available in other venues, meeting attendance was low and profitability was poor (see Tables 1 and 2 on page 1).

The committee recommended, and the Council approved, a meeting structure that produces a leaner, more mission-driven meeting which will focus equally on cutting edge clinical subjects and socioeconomic issues, such as advocacy:

- The annual meeting will be held in Columbus for the next three years. This central location will allow for a one-day drive in for those who choose to attend. Using the same meeting venue each year will enable logistic efforts to be streamlined and a reasonable cost structure to be negotiated.
- Meeting in Columbus will allow the organization to dovetail with its mission to increase the Chapter's advocacy activities.
- The meeting will be moved to the middle of the week allowing interested individuals to attend a reception for the legislature.
- The one-day meeting will eliminate the spouse program and golf outing held in conjunction with the annual meeting and will replace the president's dinner with an awards reception at the conclusion of the day.
- A second half-day, either immediately before or after the clinical meeting, will be available for special courses, committee meetings and recertification courses. This will be followed by a reception for

legislators, which will allow networking with local political representatives in a central location.

- A new product, electronic proceedings that are tied to online CME credit, will be developed from the educational presentations and distributed to the membership.
- The Resident Research Forum will be redesigned. The Chapter will work to co-sponsor regional resident research competitions already held throughout the state. The winning papers from each program will automatically be included in the OCACS Research Forum (and presented as posters) and prizes will be awarded for the best of these papers.

It is hoped with these changes that the meeting will become shorter, less costly, easier to attend and more relevant to the general membership.

OHIO SURGICAL PANEL

The final important area discussed at Council was the Ohio Surgical Panel. It is felt that the panel is no longer providing value to the membership. It will be dissolved and its funds returned to the Ohio Chapter for its use.

As always, if you have comments, questions or suggestions, please write or call.

Robert E. Falcone, MD, FACS, is immediate past president of the Ohio Chapter, American College of Surgeons.

Ohio Chapter, American College of Surgeons

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Dr. Falcone receives President's plaque from Dr. Ellison.

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Cancer Committee Report

By Michael E. Stark, MD, FACS

This is my last article as chair of the Cancer Committee. It has been my privilege to serve the Chapter for the last six years. My final committee meeting as chair was held in Cincinnati in May, 2003. The attendance was the best so far and participation by our liaison physicians is appreciated. The role of the cancer liaison physician is changing. We are charged with acting as a community outreach liaison to work on cancer prevention and control issues with the American Cancer Society.

The Ohio Partners in Cancer Control released the Ohio Cancer Plan: 2010. This addresses the comprehensive approach to cancer control and prevention for Ohio over the next seven years. The Ohio Chapter of the College was very involved in the process. The

basis of the plan has been the American Cancer Society's 2015 goals. Implementing the Ohio Cancer Plan will be a giant step forward to reaching these goals. A copy of the plan may be obtained from the Ohio Division of the American Cancer Society.

The College's website contains a wealth of information. The Cancer Department pages are constantly updated. There is information regarding the Liaison Program as well as the approval process, data bank, clinical trials and much more. Please visit it often at www.facs.org. Every cancer liaison physician should be receiving the electronic newsletter CoC Flash. Anyone who would like to receive this newsletter should send an email to coc@facs.org. Include your name, address, telephone and fax numbers and ask to be

added to the email list.

Issues regarding the Facility Information Profile System (FIPS) and the National Cancer Data Base (NCDB) have been previously discussed. Please refer to the College's website for more information if needed.

I thank the Chapter for giving me the opportunity to serve as chair of this important committee. Valeriy Moysaenko, MD, FACS, will serve as the next committee chair and chair of the state liaison program. Please welcome him with enthusiasm and cooperation and we will continue to make Ohio a leading Chapter and cancer program in the nation.

Michael E. Stark, MD, FACS, is chair of Cancer Committee, Ohio Chapter, American College of Surgeons.

Distinguished Service Honored

By Beth Bickford, RN, Communication & Services Director

At the recent annual meeting of the Ohio Chapter of the American College of Surgeons, two members were honored for their outstanding service.

Dr. William Parker, MD, FACS, received the Distinguished Service Award for his dedicated service to the Ohio Chapter. Dr. Richard Reiling, MD, FACS, was recognized for twenty-five years of service to the Council.

The Ohio Chapter extends its gratitude and appreciation to Dr. Parker and Dr. Reiling for their long and loyal commitment to the mission of the Ohio Chapter of the American College of Surgeons.



Dr. William Parker receives the Distinguished Service Award from Dr. Margaret Dunn.



Dr. Reiling receives recognition for 25 years of service to the Council from Dr. Falcone.



Ohio Chapter Establishes PAC

By Dixie J. Russell, Assistant Executive Director

In order to advance the goals of the profession through political involvement, the Ohio Chapter is proud to announce that it has established a Political Action Committee (PAC).

Developing a strong PAC fund will assist the Ohio Chapter in forming relationships with

legislators who are in tune with the problems and needs of our profession and patients. Engaging in the political game will help the Chapter "fight fire with fire" and enable your association to support the key legislators who support your profession.

This is your opportunity to become a charter contributor. Take a moment NOW to make a contribution, payable by personal check only, and send to:

Ohio Chapter S-PAC
P.O. Box 1715
Columbus, OH 43216-1715

Legislative Debate on Physician Ownership of Boutique Hospitals Intensifies

By Dan Jones, Legislative Agent

Ohio House Bill 71, introduced by State Representative Jon Peterson (R-Delaware), appears to be gaining greater momentum in the House Health and Retirement Committee. Committee Chairman Greg Jolivet

(R-Hamilton) has told interested parties that he intends to work through the summer at bringing the two sides of the issue to the negotiating table to see if a compromise can be fashioned. Lobbyists from both sides are

being told to expect a vote on the legislation "up or down" later this summer.

House Bill 71 was introduced largely at the request of central Ohio community hospitals

See Debate, page 7

Debate (from page 6)

that are opposed to the recent construction and development of “boutique” orthopedic hospitals in Columbus suburbs. The community hospitals contend that boutique hospitals will “cherry pick” the most profitable patients from the community hospital’s revenue base thus leaving the costlier low-pay and non-pay patients. It is argued that boutique hospitals will financially undermine the ability of community hospitals to continue to provide the same level of charitable care and less profitable services to the community.

The debate on boutique hospitals has put physicians squarely in the middle of the struggle. House Bill 71 would prohibit physicians from self-referring patients to any hospital in which they have an ownership interest. The debate on physician self-referral has divided organized medicine and has created several “camps” of thought. A relatively small number of physicians who have ownership interests in the handful of Ohio boutique hospitals obviously oppose HB 71 (support boutique hospitals). Still others who are community hospital based physicians support HB 71 (oppose boutique hospitals). Another camp of physicians philosophically

oppose the restriction placed on physician ownership in hospital facilities. While the legislation is directed at hospitals providing inpatient services, the president of the Ohio Hospital Association, at a news conference promoting the legislation, stated it was their desire to see the prohibition of physician self-referral extend to ambulatory surgical facilities as well.

The Ohio Hospital Association, Ohio Health, Mount Carmel Health Care Systems and the Columbus Dispatch have been leading the charge for proponents of the bill. In recent weeks, the grassroots efforts have intensified by local community hospitals and hospital board members contacting legislators and urging their support of the bill. It is safe to say that upon introduction the bill had little support in committee; however, since the hospital blitz there is noticeable surge in momentum in the committee from local supporters of this legislation. To date, the Ohio State Medical Association has taken a formal position of opposition to the bill; however, several hospital based physicians have testified in support of the legislation. Ohio Chapter, American College of Surgeons thus far

has remained neutral on this legislation.

Governor Bob Taft has already publicly voiced his support for House Bill 71. His lieutenant, J. Nick Baird, M.D., Director, Ohio Department of Health, will be a central player during the upcoming negotiations of the interested parties. The Ohio Department of Health currently sets quality standards for ambulatory surgical facilities and inspects and collects data from Ohio hospitals. For many years, the Ohio Department of Health provided oversight to the state’s certificate of need program that regulated the development of new health care facilities and the purchase of expensive diagnostic and treatment devices.

To a large extent, the current debate is a continuation of an old debate about the necessity of a certificate of need program. There is little likelihood that the Republican controlled House and Senate will re-institute a certificate of need program. It remains to be seen how the conservative House and Senate feel about physician self-referrals.

Dan Jones is president of Capitol Consulting, Inc., and legislative agent for the Ohio Chapter, American College of Surgeons.

The Medical Liability Crisis: Recent ACS Activities

By Thomas R. Russell, MD, FACS

The Board of Regents’ recent decision to redouble College efforts to address the medical liability crisis should not be interpreted to mean that we have not been devoting considerable effort and resources toward the problem. A few examples of ongoing and current activities to address the issue in meaningful ways include the following.

ADVOCACY

For several years, medical liability reform has occupied a prominent position on the College’s advocacy agenda. Surgeons traveling to Washington as part of the Chapter Visit Program to Capitol Hill, as well as those who participated in this year’s Leadership Conference, have been working to persuade federal legislators about the patient access issues that have emerged and about the merits of civil justice reform. We’ve also invested in web-based grassroots advocacy tools that are used continually to advocate for medical liability reform. The Legislative Action Center allows Fellows to write to federal policymakers, with calls to action stimulated by stories published in the College’s weekly electronic newsletter, *ACS NewsScope*. The Surgery State Legislative Action Center, established earlier this year, is used by the College and other surgical specialty societies to generate support for state reforms.

MEDICARE PAYMENT

The College successfully brought to the attention of the Practicing Physicians Advisory Council (PPAC), a panel that advises the Centers for Medicare and Medicaid Services (CMS) on physician payment issues, the need to review the component of the Medicare fee schedule that is supposed to reimburse physicians for their medical liability costs. PPAC subsequently issued a formal recommendation to CMS that called for such a review. The College also led a coalition engaged in a direct effort to persuade the agency to revise that fee schedule component. In addition to organizing coalition meetings and corresponding with agency officials, the College successfully sponsored a resolution in the American Medical Association’s House of Delegates calling for fee schedule adjustments to more accurately reflect recent premium hikes.

COLLABORATIVE EFFORTS

For many years, the College has participated in large and well-financed coalitions that are committed to reforming the liability system. Our representative sits on the board of the American Tort Reform Association (ATRA), which supports broad reform efforts on the state level. In addition, a College

representative chairs the Health Coalition on Liability and Access (HCLA), another broad-based coalition that is working for federal reforms.

INTERNAL REVIEW

To address the problem of surgeons who lack the qualifications to appropriately serve as plaintiff witnesses in medical malpractice trials, the College’s Central Judiciary Committee is actively reviewing cases to determine whether Fellows are adhering to our Statement on the Physician Expert Witness. A library is also being built as a repository for depositions and court records that can be used to detect patterns of inappropriate testimony.

RESOURCES FOR SURGEONS

In addition to annual educational offerings at the Clinical Congress, the College’s Patient Safety and Professional Liability Committee has developed helpful risk management tools over the years, such as *Professional Liability/Risk Management: A Manual for Surgeons*. The College also subscribes to *Idex*, a collaborative network for expert witness research that can provide assistance to Fellows who are defendants in medical liability actions.

Thomas R. Russell, MD, FACS, is executive director of the American College of Surgeons.

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