

Report from the ACS Board of Governors and Clinical Congress 2018

To serve all with skill and fidelity

Responsibility through the eyes of a surgeon

Oct 21-25, 2018

Boston, MA

1. Fellowship

- a. Current membership 80,000 Fellows (>4,000 from outside U.S. and Canada)
- b. 2018 - 1,970 new initiates to fellowship (largest class ever!)

2. Revenue Sources

- a. 21% Dues
- b. 54% Quality Programs, 7% Product Sales, 5.3% Clinical Congress, 3.2% Grants

3. ACS Dues

- a. 2018 – Application Fee \$200 (new initiates)
- b. 2018 – Annual U.S. Dues \$622, Annual Canada Dues \$443
- c. Annual increase - Up to 3% per year

4. ACS Quality Programs

- a. Four Guiding Principles: 1) Standards, 2) Supportive Infrastructure, 3) Data, 4) External Peer Verification
- b. Examples: Captured in the Red Book – *Optimal Resources for Surgical Quality and Safety*
<https://www.facs.org/quality-programs/about/optimal-resources-manual>
- c. Future targets: EHR Adapter, extension of Strong for Surgery, Incorporation of Patient Reported Outcomes
- d. ACS Quality and Safety Conference, Washington, D.C. July 19-22, 2019

5. ACS Strategic Priorities – condensed list for fellows:

“The future through the eyes of a surgeon”

- a. Division of Research and Optimal Patient Care
 - i. Quality: Standardization of verification and accreditation programs
 - ii. Trauma: Registry development, data quality, education, firearm injury prevention (Stop the Bleed)
 - iii. Cancer: Revision of cancer program standards, staff reorganization, cancer toolkit for older cancer patients
- b. Division of Education
 - i. Revised core programs, faculty development, ACS tracking for education
- c. Division of Advocacy
 - i. Federal and state levels on education and regulations regarding opioid epidemic
 - ii. MIPS program evolution
 - iii. Surgical workforce support and regulatory relief

- d. Division of Member Services
 - i. Cross college communication, international strategy for ACS outreach.
 - ii. Support for chapters
- e. Information Technology
 - i. Standardize accreditation and verification websites on new Aptify vendor platform
 - ii. Standard AV communication throughout the College
- f. Conventions & Meetings
 - i. Chapter management 5 yr business plan
- g. ACS Foundation
 - i. Strategic planning ongoing

6. 2018 Governor's Survey – Target topics

- a. Gender inequality – commonly witnessed or experienced, important issue to be addressed by the ACS
- b. Burnout – also common issue affecting more women, younger surgeons, most did not seek treatment
- c. Disruptive physician – sometimes an inappropriate label used to curtail opposition
- d. Impaired physician – ongoing importance for ACS to address

7. BoG Pillars (5) and Workgroups (13)

- a. Advocacy and Health Policy
- b. Communications
- c. Education
- d. Member Services
- e. Quality, Research, and Optimal Patient Care
- f. Fiscal Affairs

8. BoG Workgroups

- a. Evaluate and translate the ACS mission and strategic focus of the ACS for gaps and opportunities
- b. Represent the interest of the Fellows to the ACS Leadership
- c. Deliver policy recommendations and updates, whitepapers, educational session for Clinical Congress

9. Advocacy

- a. Education: The Employed Surgeon – ACS Handbook
https://www.facs.org/~media/files/advocacy/regulatory/2018_employed_surgeons_primer.ashx
- b. Leadership and Advocacy Summit 2019: March 30-Apr 2, 2019
- c. Advocacy Targets 2018
 - i. Medicare and Global Surgical Payments
 - ii. Administrative burden and regulations
 - iii. Burnout
 - iv. Workforce/GME/Rural Surgery
 - v. EMR Interoperability
 - vi. E/M Documentation Guidelines

- vii. Opioid epidemic
- d. State Affairs
 - i. Lobby Day Grants – up to \$5,000 with \$2,500 chapter match
 - ii. All grants funded!
- e. SurgeonsPAC
 - i. Facilitates access to Members of Congress
- f. <https://www.surgeonspac.org/home.aspx>
- g. ACS Foundation
 - i. Support for non-funded, mission-related and innovative programs
 - ii. www.facs.org (donate button, upper right)