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RONALD K. TOMPKINS to give Jesseph Lecture

The 1999 Jesseph Lecture will be given by Ronald K. Tompkins, MD FACS. It will be held at the Columbia Club in Indianapolis on Friday, February 19 with the social hour starting at 6:30 PM. The lecture is: "An Amateur Looks at Chinese Cloisonné."

Ronald K. Tompkins, M.D. is Professor of Surgery, Gastrointestinal Surgery, at the UCLA School of Medicine, Los Angeles, California. He had his education at the Ohio University in Athens, Ohio. He attended the Johns Hopkins University School of Medicine graduating in 1960. He entered an internship and residency at the Ohio State University Hospitals under the professorship of Dr. Robert M. Zollinger. He received a Master of Science degree from Ohio State in 1968.

Dr Tompkins was appointed assistant professor of surgery at the UCLA School of Medicine under Dr. William P. Longmire, Jr. He has been at that institution since, becoming professor of surgery in 1979. He is currently director of surgical education. Dr. Tompkins' research and clinical interests are in the diseases of the upper gastrointestinal tract, including liver, pancreas and biliary tract and in surgical education.

CALL FOR PAPERS FOR THE ANNUAL MEETING



Dr. Jacobson

Lewis Jacobson, MD FACS, Chair of the Program Committee has issued a Call for Papers for the Annual Meeting which will be held May 6-8, 1999, at the Mariott North in Indianapolis, Indiana. Residents and non-fellows will need to submit an abstract. Fellows need to submit only the title of the paper. Clinical reviews and reports of spectacular cases will also be considered for presentation. The Abstract deadline is February 12, 1999.

THE Y2K PROBLEM

(Disclaimer: *I have been interested in this issue, but I am not an expert. The sources I have relied upon may not be correct. I use a Macintosh. Ed.*)

Every one writes about the year 2000 computer malfunction as if it were the approaching end of the world. This is easy to do because no one really knows how much difficulty will occur, and this generates fear.

It is worthwhile to check your own office. If your equipment and programs are new there is little worry. If you have a mainframe or a service that uses a mainframe computer, it needs to be checked professionally. You can check your own PCs by resetting the date to 12-31-99 at 11:58 p.m. then shutting off the computer. Restart it after five minutes and see if it shows a date of 1-1-2000 at 12:03 a.m. The next thing to check is reset the clock for 2-28-2000 at 11:58 p.m. to see if shows 2-29-2000. If these two tests are passed, your hardware is compliant. Not all Y2K problems are hardware related. Programs written utilizing

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PRESIDENT'S COLUMN -

WHERE ARE WE GOING?

The officers and councilors of the Indiana Chapter of the American College of Surgeons have identified several needs and issues to pursue in the next several years. As always, the Chapter will focus on surgical education and surgical fellowship. The need for a more unified voice with organized medicine is evident however, and the Chapter will be exploring ways to do this productively and continuously. Ralph Stewart, M.D., F.A.C.S. (ophthalmology) of Vincennes has been active with the ISMA over a long period of time. He and I are interested in finding a general surgeon wishing to be further involved with him at the ISMA. There are many state-level legislative, reimbursement, and socioeconomic issues that really need surgeons continuous input. The Chapter looks to find interested surgeons. This will require time away from practice and probably is not for the busy surgeon with only an occasional hour here or there to devote to this. It will take rubbing elbows with your state legislature and learning the state bureaucracy. We will need to develop a rapport with these people to facilitate the surgical view point being listened to by non-surgeons and non-physicians. This will take an individual who feels comfortable espousing the surgical view point and defending it without acrimony.

Those interested, please contact me.

Your President,

Robert E. Pennington, Jr., M.D., F.A.C.S.

Y2K - continued from page 1

only two figures for the year may crash even though the hardware is all right. I know of no certain way to predict this. It would be prudent to run programs while on the date of 2-29-2000 to see if they work satisfactorily. Continue with the next P.C. until you have checked them all. If any of them fail you should consider replacement or at least professional assistance. Macintosh computers do not have a Y2K problem. Any office equipment containing a clock as part of its computer will need to be checked.

Losses associated with Y2K are not insurable; the insurance industry will not insure an unpredictable loss.

The gurus who supposedly know indicate that the time for correcting computer problems associated with Y2K is past. The testing of corrected systems

Coming Events

February 19, 1999 - Winter Quarterly Meeting, The Jesseph Lecture: Ronald Tompkins, MD FACS, Professor of Surgery at UCLA.

Columbia Club, Indianapolis. Social 6:30PM, Dinner 7:30 PM (Council meets at 5:00PM)

April 17-18, 1999 Annual Meeting of Young Surgeon Representatives, Chicago, IL.

May 6-8, 1999 - Annual Meeting, Indpls. Marriott North Hotel, Near Keystone Crossing, off 86th St.

May 13-15, 1999 - Chapter Officers Seminar and Administrators Special Session, Chicago, IL

should be in process now. They indicate that now is the time to make contingency plans. Even though you check with your suppliers and services about Y2K preparedness and they reassure you, they may still run into unexpected glitches. The most likely delay is going to be in claim payment. The insurance industry and medicare are the most likely source of problems. They have little motivation to correct payment systems ahead of time, and logically will correct their billing systems first. With past computer difficulties medicare has made estimated payments based on past billings, with corrections later. Consider having enough cash available to run your office for two to three months. A source of revolving credit, already established, is an alternative. Paper back up of computerized billings, and paper records of medical records and medications may be needed to weather the interval while systems come back into operation.

The surgeon must have some knowledge of the compliance of systems in the operating room. Those systems you rely upon must be checked and work. Experience working with older non computerized systems may suddenly become beneficial. Check to see if your hospital is compliant and has a contingency program.

Some Y2K problems have already occurred in systems that handle 1999 as 00 minus one. There are many other possible sources of Y2K problems such as air traffic control, electric power supply, stock market dysfunction and banking systems. These are all beyond our control or ability to form contingencies. A thoughtful consideration of what can be controlled and preparation for it is the best we can do. I am cautiously optimistic that disasters are not going to occur.

Governor's Report, Fall 1998

The College is in a period of transition, having moved into a new building this year, and having a new director at the helm. Dr. Samuel Wells started in March - ahead of time - so that he could supervise the Clinical Trials Program. **There is to be more emphasis placed on the Chapters.** The Chapters have closer contact with surgical residents, they play an important part in recruitment of new members, and maintain a more direct dialog with legislators on socioeconomic issues. There is to be **emphasis on informatics and electronic communication** as we approach the twenty first century. Your E-mail address is needed, since the College plans to start sending monthly newsletters by E-mail in January. The formation of Chapter web sites is being encouraged. There are presently fifteen sites and four in the process of formation. The **Clinical Trials program** now has twenty-two protocols. All Fellows are encouraged to participate in the clinical trials.

Dr. David Nahrwold, Chair of the Board of Governors, indicated that the number one concern of the Fellows, as reflected in the Governors Reports, had to do with **Reimbursement, Medicare and Assistants at Surgery.** Surgeons are "locked out" of any input in negotiations that determine reimbursement, claims payment is slow, even in spite of contractual agreement, global fees are inadequate, retrospective denials have increased, and payors refuse to reimburse for surgical assistants. As income has declined, surgeons have had less time and money to devote to education. With **Medicare**, the College has had some past successes, but also limited or no success in other efforts. Work continues with Congress.

The second major issue is **Managed Care, HMOs, PPOs, Gatekeepers and Health Care Reform.** The presence of **mergers and acquisitions** and the increasing competition between managed care organizations brings uncertainty and concern about the future of surgical practice. The level of reimbursement in managed care has dropped below that of

Medicare in all parts of the country.

The College plans to be aggressive in its relationship with private insurance carriers. The emphasis to date has been on government medicine. The effort continues to make payors legally responsible for clinical policies and decisions. The **College continues to hold workshops** on managed care, and information has been sent out on pertinent issues. Sessions have been held at the Spring Meeting and Clinical Congress. A manual, Practice Management for the Young Surgeon, was published, and a Statement on the Use of Proprietary Guidelines by Managed Care Organizations was published in the Bulletin. The College continues its advertisements on patient choice. **We, as Fellows, need to be proactive in opposing disruption of high quality care.**

Professional Liability is the third major issue. Unfortunately there has been little progress. The College continues to support tort reform and Chapters are encouraged to do this on a local level.

The fourth issue was **Education, Credentialing, New Technology, Hospital Privileging and Peer Review.** The intrusions of other specialties into traditionally surgical areas has resulted in "scope of practice" credentialing issues which the College has addressed and continues to address. The credentialing criteria for surgeons who do image-guided breast biopsy have been revised, but still have critics. There is **concern about the lack of resident interest in academic surgery.** Vascular surgery as a separate Board has been an issue and the American Board of Surgery has established Sub-Boards in Oncology, Vascular, and Pediatric Surgery.

The fifth issue was **Graduate Medical Education, Funding, Medical Schools, Medical Education, and Research.** The concerns are how this is to be funded. An "all payor" system is needed to fund GME in the future. There is concern that HCFA regulations requiring attending surgeon involvement are decreasing independent decision making of surgical residents. Concerns are expressed that mandatory reductions

Governor's Report continued

in the number of surgical trainees will cause problems in patient care.

The College has supported continued federal funding for graduate medical education. This has been emphasized in appearances before Congress. Reduction in Medicare support to just three years of a five year residency program has been opposed. **The College advocates that all private and federal health care financing programs should support GME.** More private support has been encouraged and the College has awarded \$1,140,000 in scholarships.

Robert P. Inlow, MD FACS
Governor at Large, Indiana

Legislative and Regulatory Update

From: Highlights - Meetings of the Board of Regents October 23-25 and October 30, 1998.

On August 28, the College submitted its comments on the notice of proposed rulemaking (NPRM) published by the Health Care Financing Administration regarding the implementation of resource-based practice expense relative value units (RVUS) in the Medicare fee schedule. The new methodology differs significantly from what the agency proposed to use in 1997 to develop the new practice expense RVUS. In particular, the NPRM sets forth a new preferred "top down" approach that would rely on aggregate, specialty-specific data on total practice costs, that after being subjected to several methodological steps, would be allocated down to the procedure code level. The College stressed that the "top down" approach is a substantial improvement over HCFA's previous proposal. Nevertheless, specific data problems still threaten equitable implementation of the RVUS. For example, the College identified and offered proposed solutions to the important data problems that affect calculations of the practice expenses per hour that are incurred by the various specialties. The ACS also recommended that HCFA should reconsider its position on the appropriate "base year" to begin the transition to resource-based payments for practice expenses.

In other issues, efforts to implement Medicare

documentation guidelines for E&M services were obstructed once more during the June 1998 AMA House of Delegates meeting in Chicago. On August 18, Dr. Wells, ACS Director, sent a letter to Robert Berenson, MD, Director of the Center for Health Plans and Providers, emphasizing the College's very strong interest in any guidelines HCFA may develop for Medicare's use. Dr. Wells outlined the College's concerns pertaining to the fraud and abuse/compliance implications of the guidelines.

In the area of managed care, Dr. Wells sent a Dear Colleague letter on August 31 to all U.S. Fellows, regarding managed care related issues. The letter provided information on current federal efforts to address the public's concerns about managed care and to outline ways that the Fellows may contribute to the debate. More specifically, the letter summarized recent Congressional action on managed care reform legislation and efforts by HCFA to implement the Balanced Budget Act requirements to establish the Medicare+Choice program.

In other socioeconomic efforts, it was emphasized that the College continues its coding workshops for general surgeons, which included presentation of a postgraduate course on coding for general surgeons during the Clinical Congress in Orlando. The College continues its coding hotline for its Fellows in all the surgical specialties. Since the hotline was established in 1993, more than 64,000 calls have been received. Recent calls averaged 700 per month. The telephone number is 800/ACS-7911. The ACS continues to present its workshop programs on practice management, how to run a more profitable practice, audit-proofing your surgical practice, negotiating better managed care contracts, successful techniques for surgical office staff, and surgical practice assessment. In 1999, the College will begin offering a workshop on surgical practice mergers.

Regarding the chapter Capitol Hill Visit Program, the Washington office will improve the program by reserving one week each month for chapters to visit Washington, DC beginning in March and running through July. The number of chapters visiting during a given week will be limited to six, and chapters can begin their visit either on a Monday or Wednesday afternoon with Capitol Hill visits occurring the following day.