



ALABAMA CHAPTER, AMERICAN COLLEGE OF SURGEONS JOURNAL

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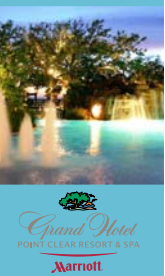
AMERICAN COLLEGE OF SURGEONS

Alabama and Mississippi Chapters

2013 Annual Conference



June 13-15, 2013
Grand Hotel
Marriott Resort,
Golf Club and Spa
Point Clear, Alabama



Grand Hotel
POINT CLEAR RESORT & SPA
Marriott

Make your plans to join us at the American College of Surgeons, Alabama and Mississippi Chapters Annual Conference. The conference will be held June 13-15 at the Grand Hotel Marriott Resort in Point Clear, Alabama. Our agenda has been finalized by the University of South Alabama. The program committee included: Dr. Carlo Contreras, Dr. Roy E. Gandy, Dr. William Richards, Dr. Paul F. Rider, Jr., Dr. Richard P. Gonzalez, and Dr. Charles Rodning. Panel sessions include: ***Inspiring Quality: Highest Standards, Diverticulosis/Diverticulitis, State Legislative Update, Surgical Critical Care, Lymphadenectomy: Diagnostic? Prognostic? Therapeutic?, High Quality/High Value Surgical Care, and Foregut Pathology.***

The conference brochure and registration form will be printed and mailed to all Alabama Chapter, ACS members by mid-April. It will be emailed to all members by the end of this week. Please make your hotel reservations early, as The Grand is a popular location and tends to sell out during the summer months. **We have a limited number of rooms in our Group Block. Please see the below information on reserving your hotel room.** We hope to see you at the conference!

Conference Facility:

The Grand Hotel Marriott Resort, Golf Club & Spa

Experience a stunning AAA Four Diamond beach resort in Point Clear, Alabama, one of the most stunning hotels Gulf Coast, Alabama, has to offer. A dramatic departure from standard Gulf Coast hotels, this grand resort boasts two challenging golf courses as part of the Robert Trent Jones Golf Trail, a luxurious 20,000-square-foot European-style spa, 10 tennis courts, and a fabulous array of exceptional dining options. The delightful beaches and extraordinary pool complex are distinct among Alabama Gulf Coast hotels, offering plenty of entertainment for the whole family. Overlooking scenic Mobile Bay, we are a proud member of Historic Hotels of America and boast 37,000 square feet of elegant meeting and event space. Outstanding among hotels on the Gulf Coast, it has been recognized by Conde Nast Magazine as one of the "Top 125 Golf Resorts" and "Top 500 Hotels in the World" by Travel & Leisure.



Make your reservations by calling: 1-800-544-9933
Group Code: SURSURA

or visit their website at: www.MarriottGrand.com and put in your check in and check out dates, then click + next to Special Rates and Awards and enter: SURSURA under Group Code. The room rate is \$229 / night. **Our group block has a limited number of rooms, and we do expect a sell-out, so make your reservations early!**

A quarterly publication of the Alabama Chapter of the American College of Surgeons

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LETTER FROM THE PRESIDENT

Dear Colleagues,

As March ends, I would like to bring several noteworthy events to the attention of Alabama American College of Surgeon Fellows.

Lobby Day was February 5 in Montgomery, the opening day of the Legislative Session as well as the evening of Governor Bentley's State of the State Address. We were invited to MASA's reception for Senators and Representatives following Governor Bentley's Address. Dr. Charles Rodning, Dr. Robert Willett, Dr. Duncan McRae, myself and our administrator Lisa Beard, attended the event. I am sure that all present would agree that the reception was great! However, direct contact with Senators and Representatives was limited.

As your president, I will be attending the American College of Surgeons Leadership and Advocacy Summit April 13-16 in Washington, D.C. The conference will feature panel discussions and stellar speakers in the field of health care. There will be opportunities to meet with members of Congress and mingle with American College of Surgeons Colleagues at receptions held on April 14 and 15. Thanks to the Chapter for the privilege of attending the Leadership and Advocacy Summit.

Mark your calendars for the upcoming Chapter meeting at the Grand Hotel in Point Clear, Alabama June 13-15. USA Surgery Department has planned a great CME program including both clinical and socioeconomic topics.

Our block of rooms at the Grand Hotel is limited and tends to fill up quickly. I would urge everyone to make room reservations as soon as possible.

I look forward to seeing everyone in June and will update the chapter on the Advocacy and Leadership Summit at that time.

Sincerely,

David P. McKinley, MD, F.A.C.S.

President

Alabama Chapter, American College of Surgeons



David McKinley, M.D.
Alabama Chapter,
American College of
Surgeons, President



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Alabama Chapter, American College of Surgeons Lobby Day Reception - February 5, 2013

The Alabama Chapter of the American College of Surgeons will held their annual Lobby Day in conjunction with the Medical Association of the State of Alabama's Legislative Reception on the evening of **February 5th, 2013**. The event was held the same night as the Governor's State of the State Address in the Alabama Archives and History Building. After the governor delivered his address, members of the House and Senate convened for the reception with physicians from across the state of Alabama.

We appreciate those that attended on behalf of the Alabama Chapter, American College of Surgeons. We will continue to have Lobby Day in the Spring of 2014, so be looking for additional information on this event near the end of 2013. We are still looking for an ACS member to serve as the Legislative Member at Large that will oversee the upcoming Lobby Day and legislative issues that affect surgeons in Alabama.

(additional information on this position is provided on page 6)



**Dr. Robert Willett, Dr. Duncan McRae,
Dr. David McKinley and Dr. Charles Rodning
at Alabama Chapter, ACS Lobby Day /
MASA Legislative Reception**



**Dr. Charles Rodning and Dr. Duncan McRae
speak with Representative Victor Gaston and
Senator Slade Blackwell.**



**Dr. Rodning speaks with
Representative Jim Gaston**

NEW RESEARCH MAY HELP CLINICIANS DETERMINE FACTORS THAT INCREASE RISK OF BLOOD CLOTS AFTER SURGERY

New research from the UC Davis Comprehensive Cancer Center, published in the *Journal of Surgical Research*, may help clinicians determine which patients are at highest risk for post-surgical blood clots in the legs or lungs.

A team led by Robert Canter, UC Davis associate professor of surgery, studied the medical histories of more than 470,000 surgical patients to determine which factors increased their risk of blood clots, also called venous thromboembolism (VTE). The team then created a nomogram, a type of calculator, which can help clinicians predict an individual's 30-day VTE risk. The results could change clinical practice by providing a more rational approach to preventing dangerous blood clots.

Blood clots are a critical safety and quality challenge for hospitals around the nation. While they can be prevented by administering blood thinners, such as heparin, these measures increase the risk of bleeding. To complicate matters, clinicians have had no way of determining which patients are at higher risk for blood clots, forcing them to adopt a one-size-fits-all approach to prevention.

"The standard preventive measure is heparin," said Canter. "However, there are many questions surrounding its use: What type of heparin should be administered? What dosage? Should we give it to patients before or after surgery? By identifying patients who are at higher risk for VTE, we attempt to answer many of these questions and help to personalize treatment."

Blood clots of the legs or lungs are a serious surgical complication, which can cause shortness of breath, longer hospital stays and, in rare cases, death. Successful treatment often requires patients to take the blood thinner Coumadin for three to six months after discharge.

The researchers combed through the American College of Surgeons National Surgical Quality Improvement (ACS-NSQIP) database to identify 471,000 patients who underwent abdominal or thoracic surgeries between 2005 and 2010. Their goal was to identify VTE events within 30 days of surgery, both in the hospital and after discharge (VTEDC). VTE includes deep vein thrombosis (clots in the legs) or pulmonary embolism (clots in the lungs).

The team considered many patient factors: age, body mass index (BMI), gender, race, pre-existing conditions, medical history, smoking and others. The group also factored in different approaches to surgery—abdominal, thoracic, laparoscopic, etc. — as well as the specific procedure type such as gastrointestinal, hernia, bariatric, splenectomy or lung. They also looked at post-operative complications, as these could affect both the length of stay and blood clot prevention efforts.

"There are a multitude of factors that go into whether a patient is at risk for VTE, as well as how to prevent it," said Canter. "Prior to this study, no one had ever looked at so many of these factors so comprehensively."

Overall, 1.5 percent of patients experienced a blood clot before discharge, while .5 percent experienced one after discharge. These rates were very consistent throughout the study years. A variety of factors were associated with increased blood clot risk, including age, high BMI, preoperative infection, cancer and non-bariatric laparoscopic surgery. Splenectomies carried the highest risk for blood clot, while bariatric surgeries had a lower incidence. In addition, major complications after surgery raised the incidence of VTEDC.

Perhaps most significant, the risks indicated by the study deviate sharply from current Joint Commission risk appraisals. For example, based on the study's findings, a patient with a history of colon cancer who is having his colon partially removed laparoscopically to treat recurrent cancer has a 10 percent chance of suffering a blood clot. Meanwhile, a patient having an emergency hernia repair has less than a 5 percent risk. Under current guidelines, however, both patients would be treated as having equal risk. Use of the nomogram to calculate risk could allow clinicians to more precisely respond to each patient's individual risk factors. Charles LaFlamme, of Sacramento, is a good example of a patient whose care could have benefited from a better understanding of blood-clot risks. After having a very large liposarcoma removed from his abdomen, he was sent to the intensive care unit, where he experienced a persistent elevated heart beat but no other symptoms. Approximately a week later, he experienced shortness of breath while walking in his hospital room. A CT scan identified a pulmonary embolism. Aggressive treatment

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NEW RESEARCH MAY HELP CLINICIANS DETERMINE FACTORS THAT INCREASE RISK OF BLOOD CLOTS AFTER SURGERY, CONTINUED

was prescribed for his remaining hospital stay and, after discharge he was placed on Coumadin for six months. The treatment was successful and LaFlamme fully recovered.

"The medical staff handled the situation well, but I would have preferred to have avoided it altogether," said LaFlamme.

The UC Davis research produced a couple of surprises. Though high BMI generally increased risk, the risk did not carry over to bariatric procedures, perhaps because more aggressive measures are often taken to prevent blood clots in bariatric cases. That splenectomies put patients at higher risk for clots was also a surprise, as the researchers expected the procedure would instead expose them to a higher risk of bleeding.

Canter notes that while hospitals around the nation have been focused for several years on reducing VTE and VTEDC, these measures have not reduced their frequency.

"Despite all the attention to eliminating this as a post-operative complication, the numbers have remained static," said Canter. "This shows us that the approach needs to be more individualized."

While these results need to be validated, Canter believes the data will help clinicians take a more evidence-based approach to administering heparin and reducing the incidence of blood clots. He says use of the information fits with hospitals' overall concern about safety, quality and cost. Specifically, these data could help hospitals and clinicians better focus their quality-of-care initiatives, ensuring that incentives and penalties are based on an accurate model of patient risk.

SOURCE: UC Davis Comprehensive Cancer Center

Free Online EHR Comparison Resource Available

Free to ACS Members

ACS is now a professional society partner of AmericanEHR Partners, a Web-based resource for Electronic Health Records (EHR) system selection/implementation developed by the American College of Physicians and Cientis Technologies.

All ACS members can access this free service to compare certified EHR systems to find the system that best suits their specific needs. Below are key program features:

- The EHR Readiness Assessment Tool will help you and your practice to assess a number of critical areas and gauge the effort and commitment required to make EHR adoption easier and more successful.
- The EHR Comparison Engine and Rating System, based on selected specialty and other search criteria, helps practices evaluate and compare products and user ratings.
- An interactive physician community allows users to share experiences.
- An EHR Blog invites guest bloggers to post about the HIT industry and other timely technology topics.
- A biweekly EHR Educational Newsletter.
- Specialty and subspecialty society specific information and resources.
- Educational resources and podcasts.

AmericanEHR Partners does not endorse or indicate a preference for any EHR system. The goal is to provide unbiased information on all participating EHR vendors.

To visit the site, go to
www.americanehr.com/Home.aspx

Practice Management Corner

HHS RELEASES NEW OMNIBUS PRIVACY AND SECURITY RULE

The Department of Health and Human Services Office for Civil Rights (OCR) has released a final rule implementing a wide range of privacy and security changes. The long-awaited "omnibus" regulation finalizes three rules mandated by the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act, including breach notification for unsecured protected health information (PHI), enhanced enforcement authority, and a variety of privacy, security and enforcement changes. This rule also finalizes changes mandated by the Genetic Information Nondiscrimination Act.

Key provisions of this rule impacting physician practices include:

- Presuming that any improper use or disclosure of PHI is a breach triggering the stringent notification requirements unless it can be demonstrated that there is a low probability that the PHI was compromised based on a risk assessment of specific factors
- Extending the requirements of the privacy and security rules to business associates and their subcontractors
- Establishing new limitations on the use of PHI for marketing and fundraising purposes
- Prohibiting the sale of PHI without individual authorization
- Expanding an individual's right to receive electronic copies of their PHI
- Expanding an individual's right to restrict disclosures of PHI to health plans in certain instances
- Strengthening the government's enforcement capabilities
- Requiring modifications to, and redistribution of, a covered entity's notice of privacy practices

Physician practices, other covered entities and business associates must comply with its requirements by Sept. 23. Additional time is allowed for modification of certain business associate agreements. OCR's press release can be found at: <http://www.hhs.gov/news/press/2013pres/01/20130117b.html>. This provides more details on this 563-page rule.

A Sample Business Associate Agreement (published January 25, 2013) can be found at: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/contractprov.html> on the Office of Civil Rights website.

Alabama Chapter Seeking Legislative Member at Large

The Executive Council of the Alabama Chapter, American College of Surgeons is seeking a member-at-large to serve as liaison with the Legislators/State of Alabama regarding issues germane to the organization. That individual would serve as a coordinator/facilitator of the Annual "Meet the Legislators/Lobby Day" when the state legislature is in session in Montgomery, Alabama. In addition, they would interact with Mr. Sutton, Ms. Grill, and Ms. Macias, of the Division of Advocacy and Health Policy/State Affairs of the national organization. Part of that interaction would include application for financial support of our advocacy endeavors and a summary report to them regarding Lobby Day. Please ponder and reflect upon this important role.

Those individuals willing to serve in such a capacity, please contact Ms. Lisa Beard, Executive/Administrative Director, Alabama Chapter/American College of Surgeons, P.O. Box 380647, Birmingham, Alabama 35238. Telephone Number: (205) 585-4000; Fax Number: (205) 981-2901; E-mail: alcollegesurgeons@yahoo.com. Thank you for your consideration and assistance.

ADJUSTING TO SEQUESTRATION

On or around April 15th, the first sequestration claims will begin clearing the Medicare payment floor with the new 2% adjustment for sequestration which is required by law.

The 2% payment adjustment (reduction) will be for dates of service and dates of discharge on or after April 1, 2013. The sequestration adjustment will appear at the line item level on the remittance with the code CARC 223 "Adjustment code for mandated Federal, State or local law/regulation that is not already covered by another code and is mandated before a new code can be created."

The adjustment will be applied to Medicare's final payment to the service provider and will not reduce the patient's responsibility for co-insurance and deductible. The provider cannot collect the adjustment amount from the patient.

Medicare Allowed Amount	\$ 100.00
Patient Co-Insurance (20%)*	\$ (20.00)
Remaining 80% balance previously paid by Medicare	\$ 80.00
2% Medicare Sequestration Adjustment	<u>\$ (1.60)</u>
Medicare Pays Provider (98% of the 80%)*	\$ 78.40
Total Payment for Physician*	\$ 98.40

Under sequestration, providers will collect approximately 98.4% of the Medicare allowable for services with a co-insurance requirement. The effective collection percentage for claims with patient deductible could be slightly higher. For services without co-insurance, such as laboratory tests, the provider will collect 98% of the Medicare approved amount. For non-assigned claims, the patient's payment from Medicare, after applicable deductible and co-insurance, will also be reduced by the 2%.

Although sequestration applies to Medicare Advantage programs, the implementation can vary by the Plan. Medicaid is exempt from sequestration cuts.

Technically, sequestration is scheduled to last through FY 2021. However, the Administration and Congress could agree to end sequestration if alternative savings are identified, outright repeal it or modify the sequestration requirements.

To prepare for the Medicare sequestration adjustment, continue to look for updates from Cahaba GBA and Medicare Advantage plans. Check with your practice management vendor and clearinghouse for updates on specific processing details, especially for electronic payment posting.

