Summer 2008

PULSE

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

Ranking Ohio's Hospitals

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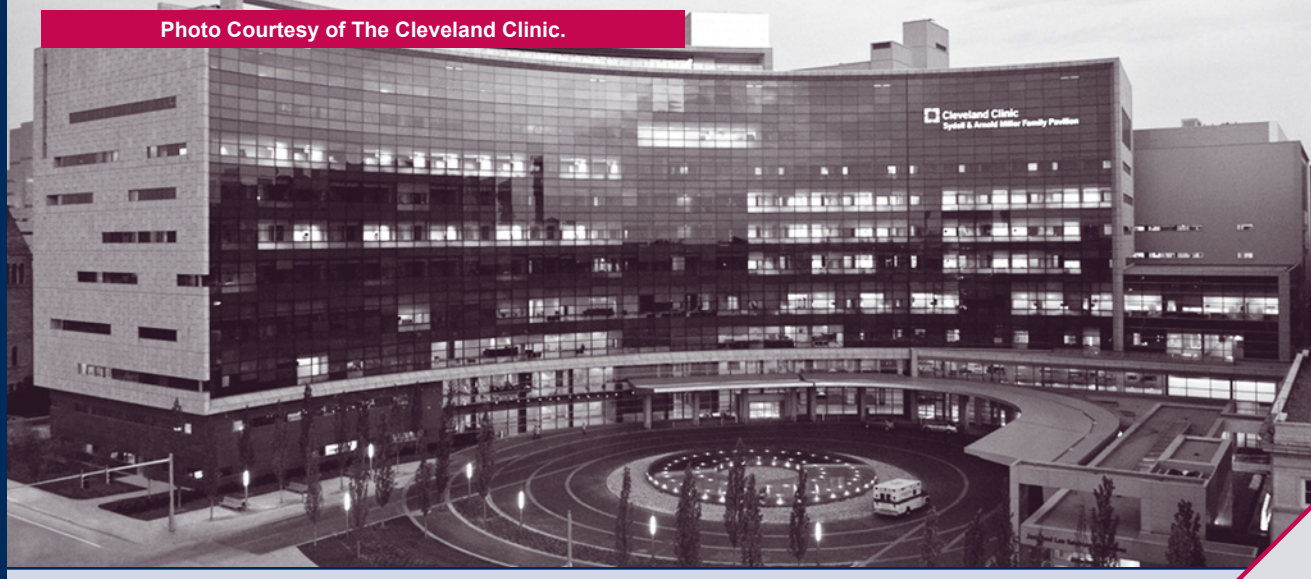

Member Spotlight:

Andrew C. Novick, MD, FACS

Save the Date!

2009 ANNUAL MEETING
OHIO CHAPTER
AMERICAN COLLEGE OF SURGEONS
MAY 8-9, 2009 | Hyatt Regency Cleveland at the Arcade

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Pulse is the official publication of the Ohio Chapter, American College of Surgeons. It is published four times a year in Columbus, Ohio as a benefit of membership and circulated free of charge to Ohio Chapter members.

OHIO CHAPTER,
AMERICAN COLLEGE OF SURGEONS
www.ohiofacs.org

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By Jeffrey S. Palmer, MD, FACS, FAAP

This issue of *Pulse* has several informative articles. In *Chapter News*, Dr. Andrew Novick, Chairman of the Glickman Urological and Kidney Institute of Cleveland Clinic, is highlighted in the "Member Spotlight." His illustrious career and development of the one of the most prestigious urology programs in the country are described. The newly formed Residents' Council recently met at the annual meeting of the Ohio Chapter of the ACS, and the results of their meeting are discussed in "Resident Liaison Committee Report." Cynthia Gibson, an attorney in Cincinnati, contributes an enlightening article on physician professionalism and its use as an instrument to managing legal risk. Photographs from the 2008 Ohio Chapter ACS Annual Meeting are included. Also included in this issue is a 2008 membership application. Membership in the Ohio Chapter is an essential component to the continued success of our society. We provide this application in order to simplify the renewal and recruitment process.

In *Advocacy*, a summary of the 2008 elections and the opportunity for Ohio's surgeons to engage the candidates are discussed in "Update from the Statehouse." In "Update from the Advocacy and Health Policy Committee," the success of the Legislative Day at the Ohio State House of the Ohio Chapter of the ACS is discussed, including mention that several of the issues that the Chapter has supported have come into law. A contribution form for S-PAC is included for your convenience.

In *From the College*, several informative articles are included. First, there is an article on the success of surgeons to reduce negative appendectomies, which was reported in *Surgery News*. Second, an article describes a postgraduate skills-oriented course on advanced ultrasound and stereotactic breast imaging technologies for diagnosis and therapy, which will be offered at the Clinical Congress in October. Third, there is an article on how 23 states have stopped billing patients and payors for serious, preventable medical errors.

In *Surgery News*, there is a report on the success of Ohio hospitals in the latest survey conducted by *U.S. News & World Report* magazine. An interesting article on the use of laser surgery to treat melanoma of the eye is also included. Moreover, a report on the how the average wait times at hospital emergency rooms is reported.

Finally, I would like to thank the members of ACS for the positive feedback on the last edition of *Pulse*. Your comments are appreciated and considered in order to provide our members with a newsletter that provides essential up-to-date information. Please do not hesitate to contact the editorial board of Pulse if you have any articles and/or any other recommendations.

Member Spotlight: Andrew C. Novick, MD, FACS

What is your current position at Cleveland Clinic and Lerner College of Medicine of Case Western Reserve College of Medicine? Describe your career development within the Institute during your tenure.

Andrew C. Novick, MD, FACS, is currently Chairman of the Glickman Urological and Kidney Institute at the Cleveland Clinic. He is also Professor of Surgery and Associate Dean for Faculty Affairs within the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University.

Dr. Novick joined the staff of the Cleveland Clinic in 1977 as Head of the Section of Renal Transplantation in the Department of Urology. In 1985, Dr. Novick was appointed Chairman of the Department of Urology. In 2002, this was renamed the Glickman Urological Institute. In 2007, Dr. Novick was appointed Chairman of a new Institute at the Cleveland Clinic -- the Glickman Urological and Kidney Institute, which houses a multidisciplinary team of urologists, kidney and pancreas transplant surgeons, nephrologists, dialysis physicians and basic scientists. In 2007, Dr. Novick was also named the inaugural holder of the Andrew C. Novick Distinguished Chair, which will be held in perpetuity by the Chairman of the Glickman Urological and Kidney Institute.

Who are the Glickman Urological and Kidney Institute and the new Glickman Tower named after? What was his/her contribution in the growth of the Institute?

The Glickman Urological and Kidney Institute and the Glickman Tower are named after Carl and Babs Glickman. Mr. Glickman is a Cleveland-based businessman who developed end-stage kidney failure several years ago. In 2002, at the age of 75, he underwent successful kidney transplant performed by Dr. Novick. The Glickmans elected to express their appreciation through philanthropic support for the urology program at the Cleveland Clinic. This led to the Urological Institute being named in their honor and, ultimately, a new facility to house the Institute termed the Glickman Tower. Mr. Glickman serves as Chairman of the Glickman Urological and Kidney Institute National Leadership Board, which comprises 54 prominent individuals from across the United States.

What makes the Glickman Urological and Kidney Institute unique compared to other urology departments?

In April 2007, the Cleveland Clinic Board of Governors approved the establishment of a new multidisciplinary institute termed the Glickman Urological and Kidney Institute. Our administration is moving toward a new paradigm in which clinical areas are organized around organ and disease systems rather than individual specialties, with the aim of enhancing both patient care and academic collaboration. The Glickman Urological and Kidney Institute was the second institute to be created around this new model and represents a coalescence of urologists, kidney and pancreas transplant surgeons, nephrologists, hypertension specialists, dialysis physicians and scientists working in these areas. This consolidation of disciplines allows us to better serve patients in the prevention, diagnosis and treatment of kidney disease while continuing to provide high-quality patient care and develop innovative approaches in all aspects of urology. This model is unique in United States medicine and, in our view, represents the future of healthcare in this country.

The Glickman Urological and Kidney Institute is composed of two Urology Departments and a Nephrology Department. Why are there 3 departments within the Institute?

The programmatic development of the urology program at the Cleveland Clinic has been a collaborative effort between subspecialty-based, academically oriented faculty and high-quality community general urologists. In addition to our main campus activities, our urology faculty now provide medical and surgical care in 18 satellite locations in northeast Ohio. In recognition of this development, two separate urology departments were created within the Glickman Urological and Kidney Institute: a Department of Urology comprising main campus faculty, and a Department of Regional Urology comprising faculty who are predominantly based in outreach locations. The Department of Nephrology and Hypertension remains intact as a third department within the newly formed Institute.

The Institute paradigm was created with the aim of preserving individual departmental autonomy while also fostering collaboration in

Member Spotlight: Andrew C. Novick, MD, FACS (cont.)

shared areas of interest. Toward this end, two new multidisciplinary core centers have been created within the Glickman Urological and Kidney Institute: a Center for Quality Patient Care to promote excellence in healthcare quality, outcomes quality and outcomes measurement; and a Center for Research and Innovation to support translational and funded clinical research within the Institute.

What makes Glickman Tower unique?

The Glickman Tower is a 10-story facility being constructed on the main Cleveland Clinic campus which will comprise more than 200,000 square feet of space for clinical and academic activities. Construction of the Tower is nearing completion and it is scheduled to open in October 2008. The Glickman Urological and Kidney Institute will be housed on the top 5 floors of the Tower, and the Institute will also have a large conference center in the lobby of the Tower. The Glickman Tower has been carefully designed to provide patients with state of the art care in urological and kidney disease, to optimize every aspect of the patient experience, and to create an environment in which physicians and scientists from different disciplines can work together synergistically in patient care, education and research.

What have been your greatest academic and clinical accomplishments?

Dr. Novick's personal clinical and academic career has been devoted to the management of end-stage renal disease through renal transplantation, and to preserving renal function through reconstructive surgery in diseases such as renal malignancy and renal artery stenosis. Under Dr. Novick's leadership, the urology program at the Cleveland Clinic has grown from 7 to 74 full-time faculty. The program currently houses 40 residents/fellows and 7 basic research laboratories. It is currently the largest and most subspecialized urology program in the world. US News and World Report has ranked the Cleveland Clinic's urology program among the top 2 in the United States for the past 8 consecutive years.

How many times have you been a visiting professor and how many publications have you authored? What other accomplishments are you proud of?

Dr. Novick has served as a visiting professor at 136 academic medical centers throughout the world. He has authored 591 original scientific articles in peer-reviewed journals and 104 book chapters. He had edited or co-edited 14 urologic textbooks including Campbell-Walsh Urology, which is the major reference text in urology.

Dr. Novick is past-president of the American Board of Urology, past-chairman of the National Urology Residency Review Committee, and past-chairman of the American Board of Urology/American Urological Association Examination Committee. He is the only urologist ever to have held all 3 of these leadership positions within his specialty.

Dr. Novick has received several career-achievement awards including an Honorary Fellowship from the Canadian Urological Association (1997), the Sean O'Sullivan Canadian Research Award (2000), an Honorary Fellowship from the Royal College of Surgeons of Ireland (2003), the St. Paul's Medal from the British Association of Urological Surgeons (2004), the Russell Scott Jr. Award from the American Urological Association (2004), the Barringer Medal from the American Association of Genitourinary Surgeons (2007), the SIU Astellas Award from the Societe Internationale D'Urologie (2007), the Ferdinand C. Valentine Medal from the New York Section of the American Urological Association (2008), and the Ramon Guiteras Award from the American Urological Association (2008).

You have developed an Institute with three departments, a free-standing Urology/Nephrology building, and an internationally-renowned faculty. What is next for urology at Cleveland Clinic?

This is indeed an exciting time for our urology and nephrology faculty and trainees within the Glickman Urological and Kidney Institute. We are proud of our past accomplishments, energized by our ongoing activities and passionate about our future. Going forward, our paramount objectives remain to provide the highest quality of care for patients with routine or complex nephro-urological disorders, to nurture the future leaders of our specialties, and to continue to define the state of the art in urological and kidney disease through credible clinical scientific and translational research contributions.

Resident Liaison Committee Report

By Roy Phitayakorn, MD, MHPE, Chair of the Resident Liaison Committee

The newly formed Residents' Council met at the Ohio Chapter of the American College of Surgeons meeting in Columbus, Ohio. There were representatives from several Ohio general surgery programs including Wright State University, University of Cincinnati, Ohio State University, Mount Carmel, and Case Western Reserve University.

We reviewed the results of an anonymous survey that was sent to all resident members of the Ohio Chapter. In terms of demographics, there was a 40 percent response rate (n=23) to the survey with 13 male residents (56 percent) and 10 female residents (44 percent). Approximately 70 percent of resident respondents were PGY1-3 with 83 percent in general surgery, 9 percent in ENT, and 8 percent in other surgical specialties. Interestingly, approximately 78 percent of resident respondents plan to pursue a fellowship after residency training.

When asked why they joined the Ohio Chapter, the three most frequently cited responses included:

1. Career networking opportunities and mentorship
2. Educational opportunities to learn about medical coding/billing, practice management, and skills training
3. To become involved in state and national health policy advocacy

When asked what types of resident activities should be sponsored by the Ohio Chapter, the three most frequently cited responses included:

1. More seminars and workshops on how to maintain a successful medical practice after residency
2. Practice sessions with surgical simulators or in surgical skills labs
3. Greater resident involvement in the Ohio Chapter committees, especially the committees that work with the state legislature on health policy issues

When asked why more residents do not attend the Ohio Chapter Annual Meeting, many resident respondents noted that they were not permitted to have time off of rotations for the meeting and that there were no program resources to pay for the costs of the meeting.

The Residents' Council hopes that the results of this survey will help the Ohio Chapter membership when planning for the 2009 Ohio Chapter Annual Meeting in Cleveland.

Ohio Chapter, ACS Past Presidents

Edwin Ellison, MD. 1957
Robert T. Allison, MD 1958
Byron G. Shaffer, MD 1959
Jack W. Cole, MD 1960
Berton M. Hogle, MD. 1961
Franklin L. Shively, Jr, MD, FACS. 1962
Stanley O. Hoerr, MD. 1963
Tom E. Lewis, MD, FACS 1964
Walter A. Hoyt, Jr, MD, FACS 1965
Warren Wendell Green, MD 1966
Stephen Ondash, MD 1967
Richard Zollinger, MD. 1968
Tom Morgan, MD. 1969
C. William Loughry, MD 1970
Miles Flickenger, MD. 1971
Mary M. Martin, MD, FACS 1972
Charles Lovingood, MD. 1973
P.J. Robechek, MD. 1974
Byers Shaw, MD 1975
William J. Flynn, MD 1976
Tom Kelly, MD 1977
Robert P. Hummel, MD, FACS 1978
Robert E. Hermann, MD, FACS 1979
Roland A. Gandy, Jr, MD, FACS 1980
Robert K. Finley, Jr, MD, FACS 1981
Larry C. Carey, MD 1982
Robert M. Zollinger, Jr, MD, FACS 1983
William V. Sharp, MD 1983-1984
Sterling W. Obenour, MD, FACS. 1984
Rex K. Whiteman, MD 1985-1986
Richard B. Reiling, MD, FACS 1987
John Peter Minton, MD, FACS, PhD 1988
Richard B. Fratianne, MD, FACS. 1989
Lawrence H. Linder, MD, FACS 1990
Sidney F. Miller, MD, FACS. 1991
Josef E. Fischer, MD 1992
Juan R. LaCerda, MD 1993
Dennis Ross Irons, MD, FACS 1994
Jeffrey L. Ponsky, MD, FACS 1995
Ezra Steiger, MD, FACS. 1996
Michael A. Flynn, MD, FACS 1997
G. William Parker, MD, FACS. 1998
Mark A. Malangoni, MD, FACS 1999
Margaret M. Dunn, MD, FACS 2000
Michael S. Nussbaum, MD, FACS 2001
Joseph P. Crowe, Jr, MD, FACS. 2002
Robert E. Falcone, MD, FACS 2003
E. Christopher Ellison, MD, FACS 2004
Michael E. Stark, MD, FACS 2005
Gary B. Williams, MD, FACS 2006
William C. Sternfeld, MD, FACS 2007
Linda M. Barney, MD, FACS. 2008

Physician Professionalism: An Instrument to Manage Legal Risk

By Cynthia L. Gibson, JD, SPHR

Professionalism is defined in Webster's dictionary as behavior that conforms to the technical or ethical standards of a profession. In the surgical community, professionalism has been aptly defined as behavior that describes relationships with patients and families, peers, students, other health care personnel, and the community[1]. In the legal realm, professionalism is an important instrument for a surgeon to utilize for managing legal risk in claims of discrimination, harassment, and malpractice.

Discrimination

Claims of discrimination are on the rise. The most recent statistics published by the Equal Employment Opportunity Commission (EEOC) indicated a six percent rise in discrimination claims filed with the agency. Claims of discrimination are generally made when an adverse job action, such as refusal to hire, denial of a promotion, or termination, is alleged to have been based upon a legally protected category. The most well known, legally protected categories are race, color, religion, sex, and national origin. However, some states have added additional categories such as sexual orientation in California, smokers in Kentucky, and height and weight in Michigan.

Because no one ever admits taking an adverse job action based on a person's protected category, the disgruntled employee will always point to examples of behavior that suggest a person might be pre-disposed to discrimination. These examples often include treating people differently or using stereotypes. A hospital in Bangor, Maine was hit with a $1.1 million jury verdict after its male chief financial officer was terminated, despite the fact that an outside auditing firm uncovered poor financial recordkeeping that the hospital claims prompted his termination. The CFO presented evidence to the jury that women with performance issues were given warnings and the opportunity to correct poor performance before being terminated. He also claimed that the Board of Trustees exhibited an anti-male animus through comments such as, "Men are rigid chauvinists and power hungry" and "Men think they can do anything because they have a penis." Obviously, the jury was convinced.

LESSON: Treat all employees consistently and do not use stereotypes.

Harassment

Harassment claims are likewise on the rise. The EEOC's most recent statistics in this area revealed a 17.7 percent increase in claims over the prior year. Harassment is defined generally as conduct based on a protected category that is unwelcome and so severe and pervasive that it alters the terms and conditions of employment. Basically, it is conduct directed at an employee because of their protected category that has the effect of making their life miserable. Because the conduct must be directed at a protected category to be considered harassment, some will assume that being a jerk to everyone is therefore legal. While perhaps technically correct, it is unwise to think you can get away with bad behavior. A surgeon in Iowa found this out the hard way.

There was no doubt that he consistently treated everyone badly. His outrageous behavior included shouting, throwing things, using vulgar names, swearing, and, believe it or not, shocking a respiratory technician with the defibrillator paddles because she did not move quickly enough. The court found that while he was a jerk to both men and women, the incidents involving women were more frequent and severe and thus constituted actionable harassment. Obviously by percentage the workforce in a hospital is predominantly female so it is not surprising there were more incidents involving women. In the end, it is likely that the court just didn't want the surgeon to get away with such awful behavior. There is no doubt that a jury would feel the same way.

LESSON: It is not a good defense to be a jerk to everyone.

Malpractice

A physician's level of professionalism – even in other surgeries – can be relevant in a malpractice claim. A jury awarded a $3.2 million verdict against an anesthesiologist in New Mexico. The verdict included an award of $2 million in punitive damages. A 16-year-old boy died during surgery to repair his knee after an equipment malfunction cause by an extra disk in the machine. The plaintiff was

[1] Welling and Boberg, Professionalism: Lifelong Commitment for Surgeons, Arch Surg. 2003; 138:242-264

Physician Professionalism: An Instrument to Manage Legal Risk (cont.)

allowed to introduce evidence that the anesthesiologist read magazines during other surgeries. The court found that admission of evidence regarding the anesthesiologist's behavior in other surgeries was relevant for the jury's assessment of her professionalism and credibility. Obviously the tactic was effective given the jury's large verdict.

LESSON: Unprofessional behavior – even in other surgeries – can come back to haunt you in a malpractice claim.

Conclusion

While professional behavior in itself is a laudable goal, it is also a valuable instrument for a surgeon in managing legal risk.

Cynthia Gibson is a partner in the law firm of Katz, Teller, Brant & Hild in Cincinnati, Ohio where she leads the firm's labor and employment law practice. Gibson regularly represents physician groups and individual physicians in connection with all employment related matters. Her practice includes defending claims of discrimination and harassment, negotiating employment contracts, drafting policies and handbooks, and providing ongoing compliance advice for all personnel related matters.

KTBH: 4825-4234-3682, v. 1

2008 Annual Meeting Photos

2008 ANNUAL MEETING
OHIO CHAPTER
AMERICAN COLLEGE OF SURGEONS
MAY 9–10, 2008 | Hyatt Regency Columbus

Dr. Linda Barney passes the gavel to Dr. Chris McHenry, the new Ohio Chapter President.

Dr. Linda Barney presents the Distinguished Service Award to Dr. Michael Nussbaum.

Dr. Chris McHenry speaks at the 2008 Annual Business Meeting.

Dr. Randy Woods presents Dr. Kathleen Dominguez with a Residency Award.

Ohio Chapter, American College of Surgeons

2008 Membership Application

January 1 – December 31, 2008

Telephone: (614) 221-9814
Toll Free: (877) 677-3227
Fax: (614) 221-2335

GENERAL INFORMATION (Please print or type)

Name: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax*: _____

Web Address: _____

Preferred Email*: _____

Gender: ☐ Male ☐ Female Year Born: _____

Year you became FACS, or Associate Fellow: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax*: _____

Preferred Mailing Address: ☐ Home ☐ Work

*Fax and/or email will be used for member communications.

ADDITIONAL CONTACT PERSON

If you have a support person who the Chapter may contact when you are in surgery, please provide his/her information:

Office Contact: _____

Email:_____

Phone: _____

PRACTICE INFORMATION

Primary Practice Type: _____

Primary Practice Specialty: _____

Primary geographic area of Practice: ❑ Urban ❑ Rural

TYPE OF MEMBERSHIP

☐ $ 245 Fellow - Must have met all of the requirements and been formally admitted into Fellowship of the ACS.

☐ $ 115 Associate Fellow - Must be recognized by the ACS as an Associate Fellow.

☐ $ 25 Retired - Must have been granted retired status by the ACS.

☐ $ 0 Resident – Residents enrolled in approved surgical residency programs, and surgeons in a surgical research or fellowship program.

METHOD OF PAYMENT

☐ Check # _____ enclosed
(Make checks payable to OCACS.)

☐ Please charge my credit card.

_____
Account Number

_____
Name of Cardholder

_____
Authorized Signature

_____/_____ _____
Expiration date Pin/3-4 digit security code
(Located on back of card.)

Address that credit card is issued to:

☐ Home ☐ Work ☐ Other

Other: _____

Please send your completed form to:

Ohio Chapter Payment Processing Center
P.O. Box 71-3055
Columbus, Ohio 43271-3055

Or fax to (614) 221-2335

The mission of the Ohio Chapter of the American College of Surgeons is to educate its members and the public about surgical care within the state of Ohio, and to support the mission and goals of the American College of Surgeons.

Payment of dues or other contributions to the Chapter are not tax deductible as charitable contributions for income tax purposes. They may, however, be tax deductible as ordinary and necessary expenses to the extent not allocated to lobbying expenses. The OCACS estimates that the non-deductible portion of your dues is 15%.

The Ohio Chapter of the American College of Surgeons (OCACS) collects credit card information to make it easier for you to register for seminars and events online, as well as paying for other services. OCACS does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting record keeping requirements. Every step is taken to protect the loss, misuse, and alteration of the information under our control. If you prefer, please use a check or money order to make any necessary payments. Thank you.

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www.ohiofacs.org

Update from the Statehouse

2008 Elections Present Opportunity for Ohio's Surgeons to Engage Candidates

Are you ready for 30-second commercials and political mail? Are you prepared for endless phone messages from your favorite politicians and local celebrities? Even if you are not ready for the political onslaught, it still will happen. And as a professional advocacy organization, elections present a great opportunity for our members to engage in the political process and to get to know future elected officials.

This year, the 2008 elections will result in the biggest turnover in the Ohio Statehouse since 2000, the year that the effect of term limits were first felt in Ohio's state government. This year, the Senate has eight open seats of the 33 total open for election by a non-incumbent candidate, while the House has 28 open seats waiting to be filled November 4, 2008.

In the Ohio House, Republicans control the 99-member chamber, 53 to 46. However, Democrats have a decent shot of gaining the four seats necessary to take control. Democrats have their eyes on several GOP-held seats while Republicans will be digging in deep to hold on to their current majority status.

The Ohio Senate, with a more stable 21-12 Republican majority, is expected to continue to be led by Republicans. However, with a potential shift in majority power in the House, what follows is a highlight of their most contested races.

Republican Hopes

The Ohio House GOP will be targeting the seat held by first-term Rep. Jennifer Brady (D-Westlake), who won an upset victory last year. Nan Baker, a Westlake City Council member, is the Republican candidate for this district.

And as the majority party with 53 Republican seats, the caucus will be working hard to hold these seats and play defense as the Democrats step up the offense.

Democrat Dreams

A top priority for the House Democrats is the 22nd House District being vacated by Rep. Jim Hughes (R-Columbus). John Carney, a health care attorney, won nearly 47 percent of the vote against Rep. Hughes in 2006.

The Dems also have their eyes on the 50th House District, a seat being vacated by term-limited Rep. John Hagan (R-Alliance). Democrat Celeste DeHoff will face off against Todd Snitchler on the November ballot.

The 42nd House District is also in play as Hudson City Council member Mike Moran runs against Republican Richard Nero. Rep. John Widowfield (R-Cuyahoga Falls) recently resigned his seat after admitting he sold Ohio State University football tickets, purchased with campaign funds, for personal profit.

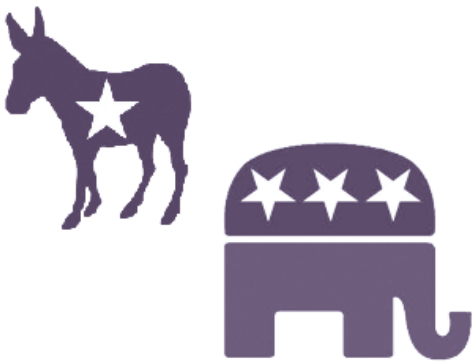
Democrats are also targeting the 63rd House District, a tough seat for the Republicans, currently help by first-term Rep. Carol-Ann Schindel (R-Leroy). Assistant Cuyahoga County Prosecutor Mark Schneider will attempt to take control of this seat.

An open seat in the 92nd House District being vacated by Rep. Jimmy Stewart (R-Athens) will be the battleground for Democrat and Athens City Council Member Debbie Phillips and Republican and Athens County Auditor Jill Thompson.

What does all of this mean to you as a member of the Ohio Chapter of the American College of Surgeons?

It is simple: elections and term limits means opportunity for advocacy organizations like ours. Take the time to introduce yourself to the candidates in your district. Invite him or her to coffee or to visit your practice to learn more about the health care system in Ohio. Building a relationship with a candidate early can create a great relationship with a public policymaker in the future.

If you have any questions or would like give us feedback on your relationship building efforts with candidates or elected officials, please contact your Statehouse lobbying team, Capitol Consulting Group at (614) 224-3855 or email *ccolburn@capitol-consulting.net*.



Update from the Advocacy and Health Policy Committee

It is hard to believe that another general election is just around the corner. The Ohio Chapter's Committee on Advocacy and Health Policy keeps up to date on the current issues that affect health care. Although national issues are always in the news, much more happens on the state level.

The Chapter's Legislative Day at the Ohio State House was a great success. We have had contact and communication with several of the legislators. Many issues that the Chapter has supported have come into law. The most influential is the "Health Simplification Act." This bill, which was signed by Governor Strickland and is now law, simplifies contracting and credentialing with all insurance companies. Physicians should see these events become easier and this should translate into better access to care for our patients. Of course, the Smoke Free Ohio has become law, and this translates into a healthier environment. Although there are still a few challenges to the law, the Chapter and the American Cancer Society continues to aggressively oppose any objection and exception to the law. The General Assembly has been debating a law to mandate insurance companies cover the cost of colon cancer screening. We are now halfway to this reality and the Chapter continues to support this effort.

Liability reform in Ohio continues to be a reality. As we have seen, liability premiums have stabilized and in many cases have decreased. More companies are writing liability insurance than in the past and the direction continues to be positive. The current Supreme Court of Ohio has yet to hear a challenge of medical liability reform; however, a product liability reform law was upheld by the Court. Two seats on this Court are up for re-election this year.

The chair of this committee, Michael E. Stark, MD, FACS, has been appointed to the Ohio State Medical Association (OSMA) Focus Task Force on State Legislation. This task force is charged with reviewing health care related legislation and recommending policy positions of the OSMA. A surgeon was needed to help review legislation and Dr. Stark was honored to be named. This demonstrates the high regard the OSMA has for the Ohio Chapter.

The Ohio Chapter S-PAC continues to support candidates who share a vision to improve the health care environment in Ohio. With this current election close at hand, involvement and contributions are encouraged. The Council of the Chapter is heavily involved, and we recommend for all members to contribute. A modest contribution from everyone allows the S-PAC to advocate on behalf of patients and physicians.

Above all, please exercise your right and responsibility to vote this November. Ohioans can vote absentee without declaring a reason, so if going to the polls is not possible or even convenient, request an absentee ballot. If we do not participate in the legislative process, we have no right to complain. Be assured that this committee of the Chapter continues to work on behalf of the community and the physicians. We can only be effective with the support of those we represent.

Ohio Chapter S-PAC Needs You!

In order to advance the goals of the profession through political involvement, the Ohio Chapter has a Political Action Committee (PAC).

Having a strong PAC fund assists 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 Ohio Chapter "fight fire with fire" and enable our association to support the key legislators who sustain our profession.

In 2007, S-PAC received $4,535.00 in donations, a total that was instrumental to Ohio Chapter's influence on the legislative front.

On behalf of the Ohio Chapter, thank you to all members who contributed to S-PAC in 2008 (as of July 31):

Gold Level
***

Silver Level
Michael E. Stark, MD, FACS
John W. Thomas, MD, FACS

Bronze Level
Alex G. Little, MD

General Level
Linda M. Barney, MD, FACS
Raymond J. Boniface, MD, FACS
Christopher A. Grove, MD, FACS
Brian T. Jones, MD, FACS
Fraser M. Keith, MD
Mark A. Malangoni, MD, FACS
Michael D. Sarap, MD, FACS

Other Contributors
***

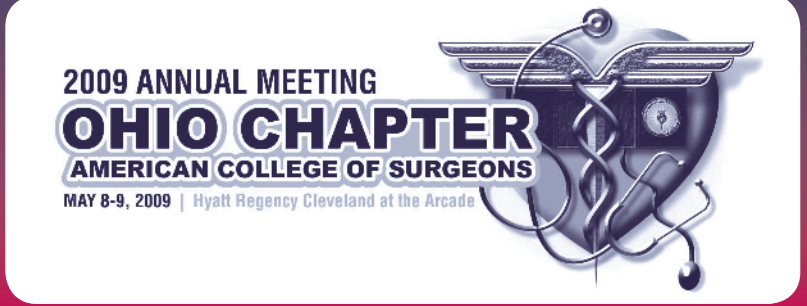
Again, we thank the above individuals for their support and contribution to S-PAC. Together, we will fight the legislative battles for the Ohio surgical profession. For more information on the Ohio Chapter legislative agenda or how you can participate, contact the Ohio Chapter Executive Office at (877) 677-3227 or email *ocacs@ohiofacs.org*.

2009 Ohio Chapter, ACS Annual Meeting

May 8-9 2009 • Hyatt Regency Cleveland at the Arcade

Ohio Chapter's 54th Annual Meeting will provide guests with pertinent information in a meeting format and exclusive networking opportunities. This is the Ohio Chapter's most important event of the year, so we would appreciate participation from all who are able to attend, including members, non-members, residents, initiates, and retired members.

Save the Date!



This is NOT a gag order.

Make yourself heard. Donate to S-PAC today.

OHIO CHAPTER

S-PAC

Surgeons Political Action Committee

☑YES! *I want to contribute to the Ohio Chapter Political Action Committee Fund.*

Personal Information

Name:

Employer

Home Address*:

City/State/Zip:

Daytime Telephone #:

Email:

**** State law requires a home address. Post office boxes are not permitted.***

Contribution

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Surgeons Succeed in Reducing Negative Appendectomies

An innovative, surgeon-led, quality improvement collaborative has achieved markedly reduced rates of negative appendectomy at participating hospitals in Washington state. Experience gained through the state's Surgical Care and Outcomes Assessment Program (SCOAP) suggests that negative appendectomy (that is, appendectomy performed in patients who turn out not to have appendicitis) appears to be a modifiable adverse outcome, according to David R. Flum, MD, FACS.

As reported in the August issue of *Surgery News*, the official newspaper of the American College of Surgeons, the overall negative appendectomy rate at participating SCOAP hospitals in 2006-2007 dropped from 11 percent in the first quarter of 2006 to six percent in the fourth quarter of 2007, dipping as low as 4.5 percent along the way. Hospitals that used preoperative imaging in virtually all cases had much lower negative appendectomy rates than did hospitals with a more selective approach to imaging.

For more information about the findings, read the August issue of *Surgery News* at *www.facs.org/surgerynews*.

In addition, don't miss reports on the latest developments in personal health care platforms and the safety of percutaneous coronary interventions done without on-site cardiac surgery backup, among other topics, available exclusively in the Online Only edition of *Surgery News* at *www.facs.org/surgerynews*.

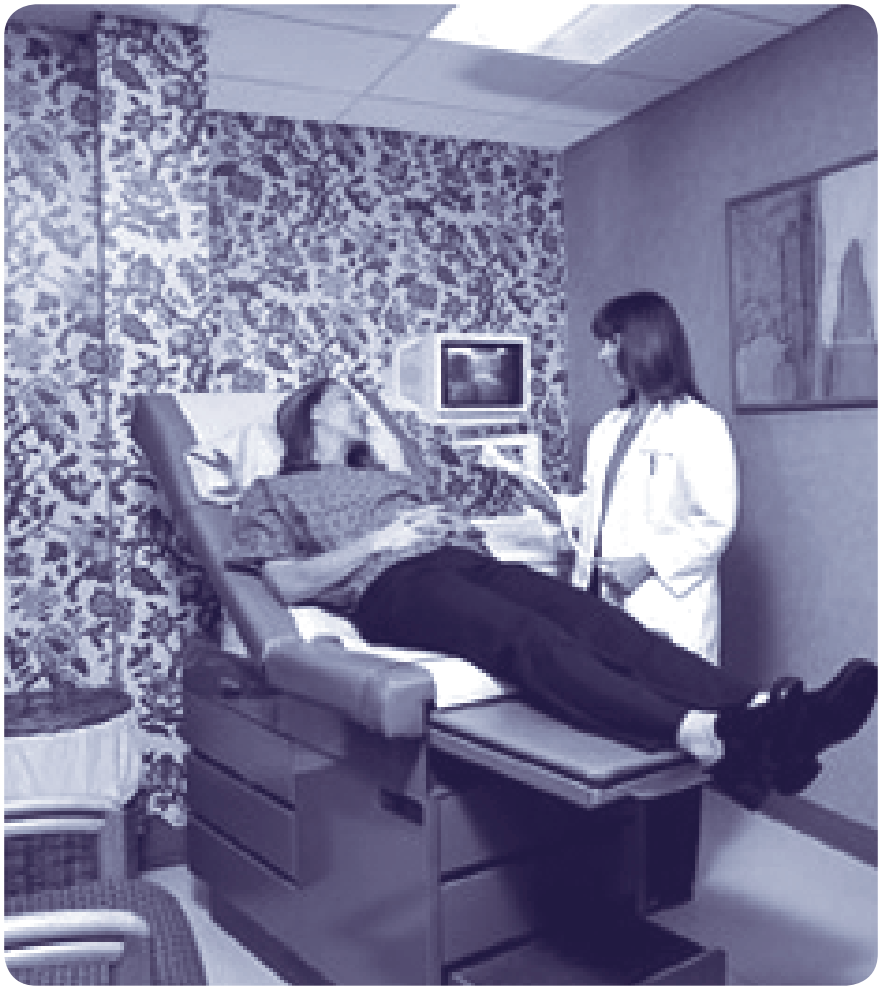
Ultrasound and Breast Imaging Course to be Offered at Congress

The postgraduate skills-oriented course SC15 Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy will be offered on October 15 at this year's Clinical Congress. This course will offer participants an opportunity to learn, through a hands-on workshop, about three specific image-guided procedures:

- Breast biopsy devices, which include needle core devices, vacuum-assisted devices, and large intact sample devices
- Image-guided assisted lumpectomy
- Image-guided ablative therapy for benign and malignant disease

Participants will also learn about the dilemmas surgeons face in using image-guided technology for biopsy as well as the credentialing/certification process required for surgeons to use stereotactic and ultrasound technology.

For more information on this session or a list of speakers by session, visit *http://www.facs.org/clincon2008/* or contact *mgoslin@facs.org*.



Hospitals Stop Billing, Fewer Insurers Paying for Major Medical Errors

Hospitals in 23 states have stopped billing patients and payors for serious, preventable medical errors, including operations performed on the wrong site or wrong person. Analysts anticipate that hospitals in at least three more states will adopt these policies later this year. In addition, medical institutions in eight states have agreed to general guidelines that recommend eliminating claims for serious and preventable medical mistakes on a case-by-case basis. Furthermore, at least five states now have agreed to waive fees for the National Quality Forum's (NQF's) 28 "never events." According to a recent study conducted by the Agency for Healthcare Research and Quality (AHRQ), preventable perioperative and postoperative mistakes may cost employers nearly $1.5 billion annually.

The concept of nonpayment for avoidable errors has gained considerable momentum since the Centers for Medicare & Medicaid Services (CMS) announced that Medicare will no longer assume the extra cost of treating the hospital-acquired conditions mentioned in a previous article. Now CMS is urging state Medicaid directors to implement nonpayment policies. Furthermore, many of the nation's largest health insurance companies (Cigna, Aetna, and Blue Cross Blue Shield for example) have indicated they will refuse payment for egregious errors. To learn more about NQF's list of "never events" go to *www.qualityforum.org*. To view a press release about the AHRQ study, go to *www.ahrq.gov*. For more information about CMS's policies pertaining to hospital-acquired conditions, go to *http://www.cms.hhs.gov/HospitalAcqCond/*.

Ohio Hospitals Fair Well in National Rankings

Eight medical specialties at The Ohio State University Medical Center are named among the nation's best in the latest survey conducted by *U.S. News & World Report* magazine.

Most hospitals are able to handle everyday procedures, like setting a broken bone or delivering a baby, which is why the measurement of hospitals in general have their limits. This is why *U.S. News & World Report* took the time to judge hospitals, not on routine procedures, but on specialties, including surgery.

The hospitals are ranked in 16 specialties. Out of the 5,453 hospitals put through the rigorous screening, only 170 of the hospitals ranked high enough to appear on the list in any one of the specialty rankings.

It's no surprise that this is the 16th consecutive year Ohio State has been named one of "America's Best Hospitals" in the magazine.

The oncology program at the James Cancer Hospital and Solove Research Institute again ranked among the top 20 cancer programs in the country, and the respiratory disorders program at Ohio State's Medical Center jumped 14 places to reach 27 on the 2008 list.

The magazine also recognizes Ohio State University Medical Center programs in ear, nose and throat, endocrinology, gynecology, kidney disease, orthopedics, and rehabilitation as being among the best in the country. Of the nearly 5,500 hospitals and medical centers eligible for this year's rankings, Ohio State was one of only 170 selected.

Dr. Steven Gabbe, senior vice president for Health Sciences and CEO of OSU Medical Center, said continued recognition of Ohio State's medical programs by third-party organizations is a reflection of the care, hard work, and attention to detail by each and every staff member.

"The compassion and expertise here at Ohio State are a hallmark," said Gabbe. "Rankings by independent and well-respected organizations can provide an extra measure of reassurance to patients and families and further establish the Medical Center as a leader in research, education, and patient care."

The Cleveland Clinic, however, faired even better. For the 14th year in a row, Cleveland Clinic's cardiac care has been ranked No. 1 in the nation, according to the 2008 *U.S.News & World Report* "America's Best Hospitals" survey.

The survey recognizes Cleveland Clinic as one of the nation's best hospitals overall, ranking the Clinic fourth in the country. Cleveland Clinic ranked in all 16 specialties surveyed by the magazine. Ten of its specialties were listed among the top 10 in the United States and all of the Clinic's specialties placed in the nation's top 25. The Clinic was rated No. 1 in Ohio in 15 of the 16 specialty areas surveyed.

"We continually strive to provide our patients with the most advanced, compassionate healthcare," said Delos M. "Toby" Cosgrove, M.D., President and CEO of Cleveland

A Breakdown of the Ranking Elements:

Reputation: For 2008, a random sample of 200 physicians for each of the 16 specialties was drawn from the American Board of Medical Specialties database. (For 2006 and 2007, the source was the American Medical Association Masterfile.) They were asked to list five hospitals they consider among the best in their specialty for difficult cases, without taking into account cost or location. The number for a hospital in the "reputation" column of the rankings is the combined percentage of responding physicians who listed the hospital in 2006, 2007, and 2008.

Mortality index: This ratio defines the ability to keep patients alive. It compares the number of Medicare inpatients with certain conditions who died within 30 days of admission in 2004, 2005, and 2006 with the number of deaths that would have been expected after adjusting for severity. An index number below 1.00 means the hospital did better than expected; a number above 1.00 means the hospital did worse than expected. Severity adjustments were made using 3M Health Information Systems APR-DRG software.

Because mortality data mean little in ophthalmology, psychiatry, rehabilitation, and rheumatology, hospitals were ranked by reputation alone in these specialties. Ranked hospitals were cited by at least three percent of responding physicians.

Other care-related factors: This information came from various sources, most prominently the American Hospital Association's 2006 survey of member and non-member hospitals. It includes technology, volume, nurse staffing, and other patient-related information.

Ohio Hospitals Fair Well in National Rankings (cont.)

Clinic. "The results of the 2008 America's Best Hospitals Survey are a positive affirmation of our efforts and the dedication of our medical staff and employees in the delivery of high-quality medical care."

The complete 2008 national rankings for Cleveland Clinic are: cancer, 13; gastrointestinal disorders, 2; ear, nose and throat, 11; endocrinology, 6; geriatrics, 14; gynecology, 8; heart and heart surgery, 1; nephrology, 4; neurology and neurosurgery, 6; ophthalmology, 11; orthopedics, 3; psychiatry, 22; rehabilitation, 19; respiratory disorders, 5; rheumatology, 2; and urology, 2.

"We're grateful to our patients, employees, colleagues and U.S. News for this recognition," said Bruce Lytle, M.D., Chairman of the Clinic's Heart & Vascular Institute. "We take this honor as a challenge to continue advancing the treatment of heart disease for the benefit of current and future patients."

Here's how the report ranked other Ohio hospitals:

Grant Medical Center-OhioHealth, Columbus: Orthopedics, 39

Miami Valley Hospital, Dayton: Orthopedics, 49

Riverside Methodist Hospital-Ohio Health, Columbus: heart and heart surgery, 47

Summa Health System, Akron: Orthopedics, 45

University Hospitals Case Medical Center, Cleveland: endocrinology, 22; urology, 28

University Hospital, Cincinnati: endocrinology, 31; geriatric care, 44; urology, 41

Kettering Medical Center: endocrinology, 38

The "America's Best Hospitals" issue, considered by many consumers and health care industry analysts as a leading indicator of quality care and performance, is compiled using data collected annually. The 5453 hospitals selected for the magazine's rankings are institutions of varying sizes around the country.

Twelve of the 16 specialty rankings are driven largely by hard data; in four others, ranking is based on three years of nominations by specialists surveyed. To be considered at all for the 12 data-driven specialties, a hospital had to meet at least one of three requirements: membership in the Council of Teaching Hospitals, affiliation with a medical school, or availability of at least six of 13 key technologies such as robotic surgery. This year, nearly two thirds of all hospitals failed this first test.

If hospitals passed a rigorous screening process, they had to perform a certain number of specified procedures on Medicare inpatients in 2004, 2005, and 2006. The number varied by specialty—294 in orthopedics, for example. Or the hospital had to have been nominated by at least one physician in *U.S. News* surveys in 2006, 2007, and 2008.

That left 1,569 hospitals eligible for ranking in at least one data-driven specialty. Each facility received a *U.S. News* score from zero to 100 made up in equal parts of reputation, death rate, and care-related factors such as nursing and patient services. The 50 hospitals with the highest scores are ranked.

In addition to these prestigious rankings of *U.S. News & World Report*, CIO magazine has recognized The Ohio State University Medical Center as one of 100 companies nationwide that demonstrate excellence and achievement in information technology. CIO's top 100 honorees are selected for their use of information technology in innovative ways to deliver competitive advantage to the enterprise and enable growth. Criteria for selection includes innovation, business value, collaboration, and leadership.

The medical center deployed Patient Throughput, a Web-based patient-tracking tool, to more efficiently manage patient visits to its outpatient clinic. The organization chose to develop a custom solution, integrated with Oracle business-intelligence tools, rather than purchase a commercial clinic management system that lacked comprehensive BI capabilities. The average time it takes to check in patients and get them ready to see their doctors has improved 24 percent, and the organization is saving tens of thousands of dollars annually due to increased efficiency.

It was also selected because it deploys robots to perform routine

Ohio Hospitals Fair Well in National Rankings (cont.)

tasks such as moving meals, linens, trash, and medical waste throughout the 1,000-bed medical center. The 46 self-guided robotic vehicles make up to 2,500 trips per day, traveling between floors in their own elevators. The project has freed full-time employees for patient care.

OhioHealth was also selected since its completion of a two-year, $150 million project to construct a new, digital acute-care hospital in Dublin, Ohio, a rapidly growing suburb of Columbus. The hospital uses 38 clinical systems, including computerized physician order entry, via a physician portal, along with a host of financial, business and operational systems. The $25 million spent to standardize information systems will provide maximum efficiency and effectiveness for physicians, associates, and the organization improving data sharing, facilitating floating staff among hospitals, streamlining system upgrades and support, providing consistency for staff and patients, and improving patient safety.

Complete coverage of the 2008 *CIO* 100 awards is in the August 15 issue of *CIO* magazine and is available online at *www.cio.com*.

Photo Courtesy of The Ohio State University Medical Center.

Photo Courtesy of The Cleveland Clinic.

Common Laser Surgery Used In Uncommon Cancer

During a routine eye exam earlier this year, Mike Samogala learned he had a rare form of cancer known as melanoma of the eye. Because the cancer was so advanced, surgeons had to remove his eye to save his life.

"I was aware that there was melanoma, but I never thought of it being in the eye," says Samogala, 49, of Delaware, Ohio. "This was something no one could see coming, literally."

Although rare, it is the most common type of cancer that develops within the eyeball in adults, says Dr. Thomas Olencki, a medical oncologist at the James Cancer Hospital and Solove Research Institute who specializes in treating eye melanoma.

"If the tumor is discovered when it is small, it may be treated without removal of the eye," says Dr. Frederick Davidorf, an ophthalmologist at Ohio State's Medical Center. "If the tumor is relatively thin, it can be destroyed with laser surgery."

Approximately 90 percent of eye melanomas develop in the choroid, which is a thin, pigmented layer lining the eyeball that nourishes the retina and the front of the eye with blood. The disease, also known as uveal melanoma, afflicts about 2,400 Americans annually, and an estimated 240 people will die from it this year, according to the American Cancer Society.

Location of the tumor within the eye determines the degree of visual loss from the surgery.

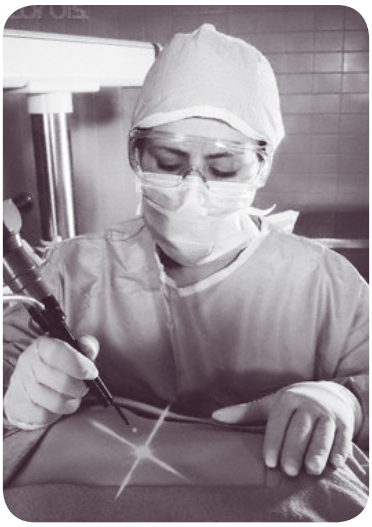
"Laser treatments may be used for very early, very thin melanomas that are not near the optic nerve," Olencki says. "These patients require closer follow up, but using the laser can preserve most of their vision in many cases and almost assure patients long-term survival."

Laser therapy is a vast improvement over surgical removal of the eye and radiation treatments.

"Our main goal is patient survival. With laser treatment, we can destroy the tumor and save the eye," says Davidorf, who is part of the multi-disciplinary team at Ohio State that treats eye melanoma patients. "We want to treat the disease early, before it has a chance to metastasize and spread to other parts of the body."

Melanoma of the eye is typically discovered during routine eye exams. Symptoms may include a decreased ability to see; floaters or flashes of light; visual field loss; a growing dark spot on the iris. Primary eye cancers can occur at any age, but most cases occur in people over age 50.

Doctors aren't sure what causes eye cancer, but as with most tumors, it likely has something to do with the patient's genetic makeup. His pale blue eyes may have put Samogala more at risk, according to the American Cancer Society. "Diagnosing eye melanoma early is truly critical because not only does it permit patients to retain much of their visual acuity, but it dramatically increases their overall survival," says Olencki.



Emergency Room Wait Times on the Rise

Over the past decade, the average time that hospital emergency room patients wait to see a doctor has risen from about 38 minutes to nearly an hour, according to new federal statistics based on a survey of 362 hospital emergency departments.

The increase is due to supply and demand—there are more ER patients and fewer ERs. A 32 percent increase in the number of patients is concomitant with seven percent decrease in the number of ERs.

A hospital and doctor shortage means that there is a shortage in all things that are subsumed in those two categories—that is, there is a shortage of everything.

A limited number of hospital beds, surgical specialists, hospital equipment, and orderlies augment the problem. Also, a shortage of primary care doctors leads people to go to the emergency room in the first place. When it takes a month to get an appointment at a doctor's office, it's no wonder that people will go to the emergency room for a high fever.

That being said, an hour wait may be the average, but it is not typical. Half of all patients wait less than 30 minutes; a few very long waits have skewed the statistic to appear worse than it really is.

The report found other interesting ER statistics:

- Blacks visited the ER at twice the rate of whites.
- About 40 percent of ER patients have private insurance, 25 percent were covered by state programs for children, and 17 percent were covered by Medicare while 17 percent were uninsured.
- Summer and winter were the busiest seasons for the ER.
- The early evening, around 7:00 pm, was the busiest time.
- Half of hospital admissions in 2006 came through the emergency room, up from 36 percent in 1996.

Review of Costs Incurred by Unhelmeted Motorcyclists Earns Resident Inaugural Dunsker Award

Stewart Dunkser, MD, (left) with Andrew Losiniecki, MD

Andrew Losiniecki, MD, a third-year resident in the department of neurosurgery at the University of Cincinnati (UC) College of Medicine, is the inaugural winner of the Ellen and Stewart B. Dunsker, MD, Award for Clinical Research.

Losiniecki, who has a special interest in neurotrauma and neurocritical care, won the $2,000 annual prize with a paper titled, "Costs of the non-helmeted motorcyclist: neurological injuries and socioeconomic losses." The study was a retrospective chart review of 120 motorcycle-related admissions to University Hospital in 2004.

Losiniecki concluded that, "Compared with helmeted riders, the riders without helmets have higher mortality and morbidity rates and incur larger hospital costs that are more often transmitted to taxpayers and local communities. Our data support the need for increased public awareness regarding the benefit of helmets and mandatory helmet use legislative reform."

Co-authors were Lori Shutter, MD, associate professor of neurosurgery/neurology and director of neurocritical care, and Raj Narayan, MD, Frank H. Mayfield Professor and chair of the department of neurosurgery. Narayan and Shutter are affiliated with the Mayfield Clinic and the Neuroscience Institute at UC and University Hospital.

The annual award is intended to spur clinical research among neurosurgical residents. Dunsker, professor emeritus of neurosurgery, and his wife underwrite the prize, which will be given each spring to a resident who has proposed and completed the most compelling clinical research project during the academic year.

"We are off to a great start," says Narayan. "This award will provide added incentive to our residents to advance knowledge in our field."

University Hospital, which has the Cincinnati region's only level-1 trauma center, is in a good position to study motorcycle-related injuries, Losiniecki says. "Referrals come from all three states (Ohio, Kentucky, and Indiana), and none has a universal helmet law. All of the serious injuries come through here.

"During our review we looked at a year's worth of data and tried to tease out lists of motorcyclists who were admitted to University Hospital who had been wearing helmets and those who had not been wearing helmets. We looked at financial costs and socioeconomic costs. The difference between wearing a helmet and not wearing a helmet was quite significant. Hospital stays were a lot longer for unhelmeted motorcyclists, and hospital costs for these motorcyclists were nearly two to one. Virtually all patients we saw who were wearing helmets left the hospital to go home, while those without helmets either died or went to a nursing facility."

Specifically, Losiniecki reported that among motorcyclists brought to University Hospital with injuries:

Review of Costs Incurred by Unhelmeted Motorcyclists Earns Resident Inaugural Dunsker Award (cont.)

- Head injuries occurred in 47 percent of those without helmets, compared with 8 percent of those who wore helmets.
- All helmeted riders with head injuries were discharged home. Of the riders without helmets, only 30 percent went home with or without home therapy, 39 percent went to rehabilitation, 11 percent went to nursing homes, and 21 percent died.
- Hospital costs averaged $23,700 for helmeted riders who suffered head injuries, compared with $67,700 for riders who were not wearing helmets.
- All helmeted riders with head injuries had private insurance; of those not wearing helmets, 33 percent with head injuries had no insurance or were covered by Medicare or Medicaid.
- Injury to the spinal column or spinal cord occurred in 23 percent of the helmeted riders, compared with 29 percent of riders who were not wearing helmets.

Dunsker, who retired as professor of neurosurgery in 2002 after a 31-year career with the Mayfield Clinic, played a role in developing spinal surgery into a subspecialty of neurosurgery. He was named Ohio Neurosurgeon of the Year in 1992 and received the Harvey Cushing Medal, the highest honor bestowed by the American Association of Neurological Surgeons, in 2003. He remains a familiar figure at department meetings and grand rounds.

Judging the 2008 entrants were Jeffrey Keller, PhD, director of the division of education in the department of neurosurgery, and Charles Kuntz IV, MD, and Andrew Ringer, MD, both associate professors of neurosurgery.