



ASCRS Annual Meeting, June 24-29, to Provide Comprehensive Clinical Update, Glimpse of Future

Combining the insights of internationally renowned experts in colorectal surgery and cutting edge research reports by young investigators, the ASCRS Annual Meeting, June 24-29, in Boston, will provide a comprehensive update of practical applications in colorectal surgery and a glimpse of the specialty's future.

The 2000 scientific program blends favorite features of previous meetings with new sessions that embrace changing directions in colorectal surgery, according to Program Chair Dr. **W. Brian Sweeney**, St. Paul, MN.

"The emphasis on molecular biology in colorectal cancer research marks a dramatic change in perspective for the specialty. We're thinking about colon cancer at the cellular level and that emphasis is apparent in a range of new research reports and expert presentations," he said. "Increased focus on quality of life issues

is another growing emphasis in treating the spectrum of colorectal diseases. It's not just a question of will the patient live, but how will the patient live?"

The program will provide a unique mix of young and experienced perspectives. "We made great strides involving more young members in the meeting to provide a mix of perspectives," he added. "Our goal is to make this meeting of maximum practical use for the busy colorectal surgeon. We want surgeons to recognize, "Yes, I had that problem last week, and I want to know how other surgeons are going to handle it."

Program highlights focus on issues and cases common in colorectal surgery, presenting a variety of views on the "best" ways to manage them. They include:

- **Decisions in Colorectal Surgery**, moderated by Dr. **Lee Smith**,



Returning favorites and new sessions that embrace changing directions in colorectal surgery will highlight the 2000 Annual Meeting in Boston.

Washington, DC. A panel of experts will share their approaches to managing some of colorectal surgery's most difficult challenges – a leaked anastomosis,

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ASCRS Gears Up for 1st Colorectal Cancer Awareness Month in March

March 2000 will be the nation's first official "Colorectal Cancer Awareness Month," the result of recent Congressional action.

The goal of the month is to reduce the number of colorectal cancer-related deaths by encouraging colorectal cancer screening and a healthy lifestyle. To achieve this, various activities are being conducted collaboratively by a number of cancer, gastrointestinal and primary-care organizations to generate widespread awareness about colorectal cancer and encourage patients to learn more about how to prevent the disease through a healthy lifestyle and regular screening.

As part of the month, ASCRS is encouraging Society members to become involved by:

- Offering a new ASCRS colorectal cancer screening brochure to patients
- Providing local hospitals with an article distributed by ASCRS for use in patient newsletters
- Displaying a colorectal cancer awareness poster provided by ASCRS in offices and hospitals, and

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2000 Annual Meeting to Rival Landmark 100th Anniversary Celebration!

by *H. Randolph Bailey, MD*



Dr. H. Randolph Bailey

The first six months of my ASCRS Presidency have passed very rapidly. We are working hard to put together the June 24-29, 2000 Annual Meeting of the Society in Boston. Dr. **W. Brian Sweeney** and his Program Committee have received more than 400 abstracts from which to choose for the scientific program.

A variety of symposia, invited lectureships, meet the professor breakfasts, poster presentations, and social events will round out the week's agenda. Be sure the dates are on your calendar. We will have a hard time matching our 100th anniversary meeting held in Washington, but we are trying!

During the same meeting, we were pleased to learn of the selection of one of our Fellows, Dr. **Thomas Russell**, of San Francisco, currently a Regent of the College, as the new Director of ACS. Congratulations, Tom. As always, the scientific program for colon and rectal surgery, under the direction of Dr. **Mike Stamos**, was of high quality and very well attended.

I also want to make you aware of an important activity going on within the ASCRS. In September, a diverse group of Society members met in Chicago to begin our third long-range planning process to chart the direction of our specialty and Society for the next several years. We distributed the goals and objectives generated by the initial meeting to various committees of the Society and requested that they generate strategies.

The planning group met again in January to complete the plan. My thanks go to all of the participants and committee members who have had an active role in this important process.

Finally, I offer my ear and the ears of the ASCRS Executive Council members to hear your concerns or thoughts regarding the Society. My mail and E-mail addresses are in the ASCRS directory. Thanks for your support during my year as president. ✱

"A diverse group of Society members met in Chicago to begin our third long-range planning process to chart the direction of our Specialty."

ASCRS was particularly well represented and honored during the American College of Surgeons' Clinical Congress, held in San Fran-

cisco in October. In recognition of our centennial, Dr. **Herand Abcarian** was the opening speaker for the Congress. Dr. Abcarian made us all proud as he described the history and many accomplishments of our specialty, our Society and our members.

Glimpse of the future at ASCRS Annual Meeting, June 24-29 ...continued from Page 1

poorly functioning ileal pouch and malignant polyps.

Special Speakers ...

Additional Annual Meeting highlights include special lectures by international experts in colorectal surgery, research and medical industry:

- **Dr. Neil Mortensen**, Oxford England, The Bacon Lectureship, "The Beginning and End of Surgery for Ulcerative Colitis"
- **Dr. Eugene S. Sullivan**, Portland, OR, The Mathews Oration (see article p. 11)
- **Dr. H. Randolph Bailey**, Presidential Address "A Lifetime of Learning".
- **Philip Needleman, Ph.D.**, Co-President of Searle, Skokie, IL, The Norman Nigro Research Lectureship, providing insights on the use of Cox-2 Inhibitors.

- **Video Session on Anorectal Disease**, moderated by Dr. **Philip F. Caushaj**, Pittsburgh. Most colorectal surgeons devote half their practice to anorectal surgical treatment. This session will provide video demonstrations of actual procedures, which may include complex hemorrhoidectomies, sphincter repairs, complex fistulas, and

showcase the use of new surgical tools such as the harmonic scalpel and circular stapler. (Specific video topics will be announced at a later date.)

- **Point/Counterpoint Session**. Dr. **Stanley M. Goldberg**, Minneapolis, MN, will moderate spirited debates on common clinical issues in colorectal surgery. Providing opposing views on "The Best Prolapse Repair" will be Drs. **James M. Langevin**, Calgary, AB, and **Patrick Y. Lee**, Portland, OR. Drs. **Alan G. Thorson**, Omaha, NB, and **Robert W. Beart, Jr.**, Los Angeles will square off on the pros and cons of anorectal physiologic testing before incontinence surgery.
- **Consultants' Corner**. In this perennial favorite, Dr. **Robert D. Fry**, Philadelphia, will put a panel of leading colorectal surgeons on the hot seat by posing challenging cases. Expert panelists will demonstrate that there's more than one way to skin a cat, as they approach vari-

ous patient management situations from their own unique perspectives. Expect the unexpected in this lively, often confrontational format.

- **Nearly 200 oral and poster reports of new and ongoing research**. With more than 400 abstracts submitted for presentation, plenary and poster sessions June 26-28 will feature the best colorectal research conducted at the world's leading medical institutions.
- **Impact Paper and Greatest Hits**. Dr. **Douglas W. Wong**, New York City, leads colorectal surgery's premier literature review, featuring the top 10 papers published in *Diseases of the Colon and Rectum* in 1999. The author of the number-one paper (to be announced later) will be honored with the Robert Beart Award. ✱

STOP Helps Launch 1st Colorectal Cancer Awareness Month

The STOP Colon/Rectal Cancer Foundation joined a coalition of organizations led by the Cancer Research Foundation of America in helping to pass a U.S. Senate resolution designating March 2000 as the first annual National Colorectal Cancer Awareness Month.

Final passage of the resolution came November 22. It was jointly sponsored by Senators John Breaux (D-LA), Connie Mack (R-FL), Frank Murkowski (R-AK), and Tim Johnson (D-SD). "We need to bring more attention to this disease," Senator Breaux said. "By raising awareness about colorectal cancer screening, we can reduce significantly the 56,000 deaths which occur annually," added Senator Mack, a colorectal cancer survivor.

"Colorectal cancer is a disease no one has to die from. It is preventable, treatable, beatable," said **Carolyn Aldigé**, President and Founder of the Cancer Research Foundation of America, a

national nonprofit health organization whose mission is the prevention of cancer through scientific research and education.

The STOP Colon/Rectal Cancer Foundation will join ASCRS and other organizations in promotional activities this March, according to Dr. **Ernestine Hambrick**, President and Treasurer. Activities will include publicity in newspapers, magazines, radio and television, bylined articles for distribution in medical journals, an advertising campaign, and a press conference to unveil the results of a colorectal cancer survey.

Another major emphasis for STOP this year has been support of two companion bills in Congress, HR 1816 and S 1044, both called the Eliminate Colorectal Cancer Act of 1999. They would mandate colorectal cancer screening coverage at regular intervals for all health plan enrollees over the age of 50 and for high-risk and symptomatic patients 50 and under. They are still pending and

will carry over to the Congressional session in 2000.

STOP also continues its efforts for colorectal cancer screening for the 17,000-member Chicago Police Department, Dr. Hambrick said. An initial questionnaire was distributed to 2,000 officers. More than 800 returned the questionnaire after Superintendent **Terry Hilliard**, a colorectal cancer survivor and former patient of Dr. Hambrick's, wrote a cover letter urging participation.

Ninety-two percent of police officers responding said they would get tested if they believed colorectal cancer is preventable. "The question now is how do we make them believers," Dr. Hambrick said. She said STOP hopes to create a template for testing in the Chicago Police Department that can be extended to other organizations nationwide.

Donations may be sent to the STOP Colon/Rectal Cancer Foundation, 30 N. Michigan Ave. #1118, Chicago 60602. *



Dr. Ernestine Hambrick

ASCRS Gears Up for 1st Colorectal Awareness Month ...continued from Page 1

- Writing to their Congressmen to support House Concurrent Resolution 133, a "Sense of Congress Resolution" highlighting the importance of colorectal cancer prevention and early detection.

ASCRS will:

- Conduct a national media relations effort to ensure key national media include ASCRS and advances on colorectal surgery in their coverage on the month.
- Post member and patient information about the month and the Society's involvement in it on the ASCRS Website.

In addition to ASCRS activities, founding sponsors (the Cancer Research Foundation of America, the American Digestive Health Foundation and the National Colorectal Cancer Roundtable, of which ASCRS is a member) will feature a range of Colorectal

Cancer Awareness Month activities, including a March 1 Capital Hill Kickoff Event and Press Conference in Washington, DC; a March special segment on colorectal cancer on "Healthy Solutions," BravoNetwork and CNBC TV; and public service ads featuring colorectal cancer survivor and actress Barbara Barrie in magazines and newspapers.

ASCRS President Dr. H. Randolph Bailey is strongly urging members of ASCRS to work in their communities on increasing awareness of colorectal cancer screening and on the colorectal surgeon's contribution to this cause.

For more details on how you can become involved in activities on Colorectal Cancer Awareness Month, see the ASCRS Website www.fascrs.org *

Seek Recommendations for Nominating Slate

Drs. **Lee E. Smith**, Washington DC, **Ira J. Kodner**, St. Louis, MO, and **David A. Rothenberger**, St. Paul, MN, have been appointed to the 2000 ASCRS Nominating Committee, with Dr. Smith serving as Chair.

The committee invites member recommendations for the following nominations: President-Elect, Vice President, Secretary, Treasurer and Members-at-Large of the Executive Council. The committee will develop a slate of officers and Members-at-Large for submission

to the Fellows at the Boston Annual Meeting.

Written recommendations should be submitted to Dr. Smith, Washington Hospital Center, 110 Irving St. NW, Room 3B-31, Washington, DC 20010 no later than May 1. *

Favorite Weekend Workshops, Symposia Return Highlighting Pre-Convention Program, June 24-25

The hands-on Endorectal Ultrasound Course, New Technologies Workshop and Research Forum will return by popular demand to headline the 2000 Pre-Convention program June 24-25, in Boston. In a diversity of special weekend workshops and symposia, course directors provide practical insights on using new technologies to enhance patient care, improving administration of a medical business and directing the course of research in progress. Highlights include:

- **Basic training using ultrasound technology to diagnose colorectal disease** in the Endorectal Ultrasound Course, Saturday, June 24 – “Colorectal surgeons have been using ultrasound for colorectal cancer staging since 1986, but it requires a technique vastly different from surgical skills and has a pretty significant learning curve,” explained Dr. **Douglas W. Wong**, New York City, Course Director. “Our objective is to train colorectal surgeons to master these (ultrasound) skills and provide them with the verification they will need to receive hospital credentialing.”

“Our objective is to train colorectal surgeons to master these skills and provide them with the verification they will need to receive hospital credentialing.”

The 2000 Endorectal Ultrasound Course will mirror last year’s inaugural program with didactic instruction in the morning followed by a hands-on workshop in the afternoon. Experts will detail procedures for evaluating fistula and abscess, preoperative staging of rectal cancer, evaluating incontinence, completing post-operative follow-ups and biopsy techniques.

“There is a significant demand for training in this area. Last year we had to turn registrants away. We hope to accommo-



Dr. José Guillem

Dr. Parker Roberts

date those who missed the program the first time around,” Dr. Wong added.

- **Applying key communications technologies to enhance medical practice** – The New Technologies Workshop, Sunday, June 25, focuses on multimedia communications advances that are being successfully applied to enhance medical practice Website development and Internet resources. “Last year’s technology workshop included some futuristic applications that are not quite ready for prime time,” said Dr. **M. Parker Roberts**, Leweston, ME, Course Director. “Surgeons who attend this program will go home with ideas they can implement immediately.”

The program’s Internet update will feature state-of-the-art Website development for medical practices and an overview of doctor-oriented and patient-oriented sites. “An estimated 20-30% of doctors have their own Websites and most others are actively looking into it,” Dr. Roberts said. “It’s like e-mail. Just a few years ago, a doctor with an e-mail address was the exception. Today e-mail is the rule.”

Participants will learn from Dr. **Steve Sentovich** about using new “off the shelf” fibrin glue in the care of anal fistulas. There will also be an overview by Dr. **Tony Senagore** of the many different ways currently used to perform hemorrhoidectomy. Dr. **Pete Marcello** will give us a look at the horizon of laparoscopic surgery; new developments we can expect to see in the near future.

- **Brainstorming ideas to enhance results of research in progress** –

In the annual Research Forum, 7 young investigators selected for the quality of their research projects will present brief summaries followed by lively discussions geared to enhance study design, interpretation of data and researchers’ approaches to ongoing studies. “Interaction is the focus of the Research Forum,” explained Dr. **Jose Guillem**, New York City, Course Director. “The format is predominantly one of critical discussion of ongoing work between presenters, invited discussants and attendees. Feedback touches on everything from fine technical points to global suggestions about study design. The objective is to enhance development of researchers as well as the studies at hand,” Dr. Guillem added.

Other Pre-Convention highlights include workshops and symposia addressing new and emerging issues:

- **Socioeconomic Update** – Saturday, June 24. In this annual staple of the pre-convention program, Course Directors Drs. **Anthony Senagore**, Cleveland, and **Martin A. Luchtefeld**, Grand Rapids, MI, will highlight key socioeconomic issues impacting colorectal surgeons in practice. In addition to providing valuable insights on submitting reimbursement claims, Drs. Senagore and Luchtefeld will highlight a new service provided by the ASCRS Socioeconomic Committee to help members answer billing or reimbursement questions. (See Socioeconomic Report on page 7).
- **Risk Assessment and Anticoagulation in the General Surgery Patient** – Saturday, June 24. Experts address issues including prophylaxis and treatment of DVT in surgical patients and the use of bridging therapy.
- **Young Researchers Committee Breakfast** – Sunday, June 25. Course Director Dr. **Walter Koltun** leads a discussion of ongoing research and new insights on the immuno-modulating drugs Cyclosporine, Immuran and

Computerization Adds New Graphics, Video to Core Subject Update Presentations

Using computerized presentation graphics, experts from around the country will highlight the state-of-the-art in colorectal surgery at the ASCRS annual Update on Core Subjects, Sunday, June 25. The line between presentation and demonstration blurs as accomplished young surgeons incorporate photos, charts and video footage in cutting-edge presentations that focus on the latest advances in specific areas of the specialty.

“Graphics that would have been difficult, if not impossible, to present in slide presentations are feasible now,” said Dr. **Douglas W. Wong**, New York City, Course Director for the Core Subject Update. “Core Subject presentations have become really sophisticated. Many speakers incorporate detailed photos and video

footage in Power Point presentations created on computer disk.”

The 2000 Update on Core Subjects will provide a comprehensive overview of six critical areas of colorectal surgical care. The annual program was developed by ABCRS in conjunction with ASCRS to foster continuing education and help prepare surgeons for recertification. Core Subjects and the ASCRS/CARSEP program are recommended for study to prepare for the recertification exam. Half of the exam will be based on the 24 Core Subjects, which are presented six topics at a time over a four-year period.

Topics and speakers featured in 2000 will be:

- Gynecologic/Urologic Manifestations and Complications, Dr. **Elizabeth M. Breen**, Boston
- Colitis, All Other Causes, Dr. **Christopher Bruce**, White Plains, NY
- Perioperative Management, Dr. **Bard C. Cosman**, San Diego
- Fistula/Abscess/Pilonidal/Hidradenitis, Dr. **Wayne C. DeVos**, West Reading, PA
- Prolapse/Intussusception, Dr. **Donald Kim**, Grand Rapids, MI



Dr. Douglas Wong

“Graphics that have been difficult, if not impossible to present in slide presentations are feasible now.”

- Functional Bowel Disease/Constipation, Dr. **Charles A. Ternent**, Omaha. ✱

New Poster Session Format to Increase Author-Audience Dialogue

Registrants attending poster discussion sessions at the Society’s Annual Meeting in Boston will benefit from a new format designed to limit distractions and foster dialogue between author and audience.

Nearly 100 posters on new and ongoing research will be displayed throughout the meeting. About 50 will be selected for presentation in special lunchtime sessions June 26 and 27.

In recent years, experienced colorectal surgeons served as guides, escorting small groups of participants through the poster exhibit hall where authors were on hand to answer questions about their work.

This year, an experienced colorectal surgeon serving as moderator will introduce selected poster authors, as participants meet with them in enclosed rooms. Four concurrent sessions organized by topic will be scheduled each day, with about six poster authors featured in each room.

In addition to their posters, these authors will present five slides within a two-minute summary of their projects before opening the floor for discussion.

“In the past, participants often juggled a sandwich and Coke, eating lunch on the fly as they toured the poster area, so the moderators asked most of the questions,” said Dr. **W. Brian Sweeney**, St. Paul, Program Chairman. “By moving the poster sessions to smaller, more intimate environments, we hope to inspire greater dialogue. Everyone will benefit. Participants will sit, relax and enjoy a lunch discussion. At the same time, we provide young investigators with a more appropriate forum for presenting their work.”

Registration for poster discussion sessions is limited. Topics featured in concurrent sessions will be announced in the Program, to be distributed in March. ✱

Favorite Weekend Workshops, Symposia Return ...continued from Page 4

Remicade that can augment surgical management of IBD.

- **Colorectal Cancer at the Millennium: Novel Approaches to Diagnosis and Treatment** – Sunday, June 25. Course Director Dr. **Robert**

Madoff and other colorectal experts investigate novel and evolving approaches to management of colorectal cancer.

- **Previously Unimaginable Medications for the New Millennium** – Sunday, June 25. Course Director Dr.

Ira Kodner leads a program examining issues including the advantages of a good pair of genes, treating IBD and the use of Cox-2 Inhibitors to stop colorectal cancer before it starts. ✱

Managed Care Reform Among Key Legislative Issues

by Erin J. LaFlair, American College of Surgeons, Legislative Assistant

The past year has been a busy one on both the legislative and regulatory fronts. Many health care issues important to colorectal surgeons were addressed, including regulation of managed care plans, the Medicare Fee Schedule, changes in Medicare payments resulting from the Balanced Budget Act of 1997 (BBA), and the reprocessing of single use medical devices.

Managed Care

After several years of debate, the Senate and the House passed very different versions of managed care reform bills. On July 15, 1999, the Senate passed the

ly insured patents have access to appropriate medical care.

The House passed HR 2723 in October. This legislation differs significantly from the Senate bill passed in July. It contains the following important provisions:

- Prohibition of so-called "gag rules"
- A mandate that health plans allow patients the option of receiving an independent external review of coverage and treatment decisions
- A requirement that patients be allowed to hold health plans accountable for

Medicare Fee Schedule

In November, the Health Care Financing Administration (HCFA) published the final rule on the 2000 Medicare physician fee schedule. It increases the conversion factor used in calculating physician payments from \$34.73 to \$36.61.

An important concern of surgeons is that the final rule adjusts the physician practice expense relative value units (RVU) by excluding costs associated with clinical staff who accompany physicians to a facility setting, such as a hospital. This change in the RVUs will decrease payments for some procedures performed within a facility and increase payment for those performed in office-based settings.

The accompanying chart illustrates the impact of the new practice expense RVUs for some common colorectal procedures. The chart shows payments allowed in 1998 before the new values took effect, along with current (2000) and projected final (2002) payments.

Balanced Budget Act Fixes

The Balanced Budget Refinement Act of 1999, intended to provide relief in Medicare payment reductions resulting from the Balanced Budget Act of 1997, was passed in November as part of a large omnibus spending package, PL 106-113. At a cost of \$16.4 billion over five years, this legislation is expected to result in higher payments for hospitals, managed care plans, home health agencies, nursing homes and other Medicare providers.

Of greatest interest to surgeons, this legislation would: (1) place floors on payment reductions to smooth the transition to a prospective payment system for outpatient department services; (2) decrease scheduled reductions in indirect medical education payments; (3) reduce the geographic disparity in hospital specific direct medical education payments; (4) restore some disproportionate share hospital payments; and (5) correct faults in the sustainable growth rate system.

Medicare Payment Services for Representative Surgical Services

CPT/Procedure	1998 Average	2000 Payment	2002 Proposed	% Change 1998-2002
44150 Removal of Colon	\$1,431	\$1,382	\$1,327	-7.3%
44140 Partial Removal of Colon	\$1,178	\$1,124	\$1,057	-11.4%
44125 Removal of Small Intestine	\$1,027	\$945	\$860	-16.2%
45112 Removal of Rectum	\$1,665	\$1,584	\$1,486	-10.7%
44050 Reduce Bowel Obstruction	\$763	\$717	\$667	-12.6%
44350 Colostomy	\$805	\$856	\$894	11%
44310 Ileostomy/jejunostomy	\$779	\$790	\$797	2.3%
44850 Repair mesentery	\$600	\$589	\$569	-5.2%
45385 Colonoscopy w/ lesion removal, facility based	\$430	\$357	\$275	-36.0%
45385 Colonoscopy w/ lesion removal, non-facility based	\$460	\$467	\$462	.4%
46250 Hemorrhoidectomy, facility based	\$289	\$290	\$285	-1.4%
46250 Hemorrhoidectomy, non-facility based	\$289	\$333	\$372	29%
46934 Destruction of hemorrhoids, facility based	\$200	\$236	\$287	44%
46934 Destruction of hemorrhoids, non-facility based	\$200	\$290	\$370	85%

"Patients Bill of Rights Plus Act." The American College of Surgeons believes the Senate bill does not provide adequate patient protections in areas such as access to specialty care, the definition of medical necessity, and health plan liability.

Last August, the House introduced the "Bipartisan Consensus Managed Care Improvement Act of 1999", HR 2723. The College endorsed the bill because it encompasses all the provisions surgeons view as critical to ensuring that all private-

ly insured patents have access to appropriate medical care.

- A mandate that health plans ensure access to needed specialty care

The House-Senate Conference Committee, charged with settling the differences between the two bills, began meeting at the 106th Congress.

Committees Focus on Cost Data, Valuation, New CPT Codes

By Anthony J. Senagore MD, ASCRS Socioeconomic Chair

The Socioeconomic and CPT Committees are focusing on three issues this year:

1. Developing cost data for evaluation by the Practice Expense Advisory Committee (PEAC) of the AMA's Relative Value Update Committee (RUC). The data will be used to determine relative costs of in-office vs. out-of-office procedures;
2. Assessing the current CPT codes for rank order anomalies and undervaluation for the upcoming 5-year review by HCFA; and
3. Developing a list of new codes to be presented to CPT/AMA and eventually the RUC and HCFA for valuation and reimbursement determinations.

The Socioeconomic Committee has set up a service for members with billing or reimbursement questions. Members may contact Ms. Tricia Bardon (Tbardon33@AOL.com), who is ASCRS staff to the SEC, with their questions. She will make arrangements for answers to be available or resources provided. Eventually this service should be available on the ASCRS Website, too.

Participation in the PEAC process is essential to guarantee fair reimbursement for operational costs incurred by colorectal surgeons for procedures performed in their own offices. The mandated conversion to an RVU approach for reimbursing practice expenses has resulted in significant decreases in net reimbursement for many common colorectal procedures, as shown in the table accompanying Erin LaFlair's column on the adjacent page.

In addition, there are some increases for certain procedures performed in the office setting compared to a hospital or outpatient facility. Limited data is currently available to determine if reimbursement is adequate to safely move these procedures to the office setting.

The Committee will be performing cost surveys amongst the membership to derive data for presentation to the PEAC and HCFA. The goal of this analysis is to negotiate fair and equitable reimbursement for the colorectal surgeon to move procedures safely to a more cost-effective location and to allow the membership to make economic decisions within their practices when contemplating such moves.

Every five years, HCFA is mandated to review all valued CPT codes to correct any egregious anomalies in code valuation and reimbursement. The SEC is currently evaluating all codes used by our specialty to determine what codes should be adjusted. If any member perceives

an inappropriate valuation for a CPT code, please contact either Dr. Anthony Senagore (Senagoa@CCF.org) or Ms. Bardon. Any changes in code valuation will require survey data from our membership to justify the adjustments. Therefore, please be generous with your time if you are contacted by an SEC member to complete a survey.

Finally, under the direction of Dr. **Martin Luchtefeld**, Chair of the ASCRS CPT Committee, preparation for CPT 5 will begin. This will require development of a number of new codes because the new system will attempt to be very specific and avoid the use of modifiers. New codes will be needed in a number of areas, such as laparoscopy, fistula injection with fibrin glue, anastomotic balloon catheter dilation, etc. Once again, any member may nominate a code by contacting Dr. Luchtefeld (Mluchtefeld@AOL.com) or Ms. Bardon. Remember that new codes also will require survey data from the membership. *



Dr. Anthony Senagore

“The Socioeconomic Committee has set up a service for members with billing or reimbursement questions ... Tbardon33@AOL.com”

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Single Use Devices

The issue of reprocessing single use medical devices has recently become the subject of much debate. The Food and Drug Administration (FDA) sent a letter to the American Medical Device Reprocessors stating it was unlawful for a device, approved by the agency for only a single use, to be reprocessed and used again, despite a lack of evidence that this practice has caused any harm to patients. In response to the FDA's policy, HCFA will not reimburse physicians who use a reprocessed device.

To aid the FDA in oversight, Senator Richard Durbin (D-IL) offered an amendment to the 2000 Agriculture Appropriations bill, giving the FDA \$1 million to assist in the management, review and enforcement of this regulation. This amendment passed and was included in the final Agriculture Appropriations bill, PL 106-78.

Senator Durbin also collaborated with Representative Ann Eshoo (D-CA) in creating two bills intended to solve the following issues of concern:

- (1) pre-market approval measuring of safety and effectiveness for any medical device intended for one use;
- (2) requirements for hospitals to receive the patient's informed consent before any recycled item is used; and
- (3) requirements for hospitals and reprocessing companies to monitor and report on injuries or infections that occur as a result of reusing devices. These two bills, S 1542 and HR 3148, have not moved through committee, and no future action is scheduled. *

ABCRS Extends Recertification Certificates Two Years, Streamlines Application Process

The American Board of Colon and Rectal Surgery (ABCRS) is retroactively extending the time limit by two years on all certificates issued since 1990 and streamlining its recertification application process.

Ten-year replacement certificates and recertification certificates will be distributed to all Diplomates certified since 1990. Diplomates will not be required to recertify until the expiration date indicated on the new certificates. For example: Diplomates whose eight-year certificates expired in 1998 and 1999 will receive certificates extending their validity through 2000 and 2001 respectively.

ABCRS strongly encourages Diplomates to register for the recertification examination at least two years before certificates expire.

“Taking the exam early safeguards the surgeon’s certified status in the event of unforeseen circumstances,” explained Dr. **Herand Abcarian**, Chicago, ABCRS Executive Director. “Recertification certificates extend 10 years past the expiration date posted on the surgeon’s previous certificate, therefore, expiration is not based on the date the test is taken. There is no penalty for passing the exam early. It just makes good sense.”

Notified Three Years before Expiration

ABCRS tracks certificate expiration dates and notifies Diplomates at least three years prior to expiration. Application materials are mailed annually in April. The deadline for receipt of completed applications is August 15 each year.

In April 2000, recertification applications and examination details will be mailed to diplomates whose certificates will expire through 2003. Applicants must provide validation of 100 Category

I CME credit hours. To streamline recertification, ABCRS has condensed the application process. Operative data requirements have been eased. Document notarization is no longer necessary.

The 2000 examination will be June 24, in Boston, during the ASCRS Annual Meeting. Partially based on Syllabus IV, it will not be substantially changed. Major changes are planned for future examinations, including the addition of key-feature questions similar to those in Syllabus V, which is part of the ASCRS CARSEP program.

More Changes on Horizon

The American Board of Medical Specialties Task Force on Competence (which includes ABCRS representation) is exploring a uniform process to certify continuing competence of practicing physicians. The concept incorporates current recertification programs and offers a framework for assessing continuing competence on an ongoing basis rather than at fixed time intervals ranging from 7 to 10 years, which most boards currently endorse. As these discussions progress, we will keep Diplomates informed of new developments.

ABCRS believes that periodic review of Diplomates through recertification is in the best interest of the specialty as well as the public. Recertification requirements in colon and rectal surgery were approved in 1988, and in 1990 the Board issued its first time-limited certificates, eight-years in duration.

Direct questions about replacement certificates, changes in the recertification process or exam applications to ABCRS at: 20600 Eureka Road, Suite 713; Taylor, MI 48180; phone: (734)282-9400, fax: (734)282-9402; email: dmnABCRS@aol.com *

Deadline for Media Award Entries: March 15



The deadline for entries in this year’s National Media Awards competition is March 15. The program, now in its sixth year, encourages and honors journalists who have excelled in communicating information about colon and rectal diseases to the public.

ABCRS will present two \$1,000 awards for the best work in two major media categories: print and broadcast media.

The winners will receive an expense paid trip to Boston for an awards ceremony during the Annual Meeting, June 24-29.

Entries will be judged by media professionals and the Media Awards Committee, who will evaluate them on the basis of writing quality, excellence in production, research, accuracy, message impact and originality.

If you know of journalists deserving recognition, encourage them to submit an entry. A National Media Awards entry form and brochure detailing the program are available by calling ASCRS Public Relations at 847/934-5580.

To request the form via e-mail, contact bragawpr@compuserve.com. *

Research Foundation President Dr. Herand Abcarian Highlights ASCRS Progress at ACS Clinical Congress

Celebrating 100 years of ASCRS accomplishments, Research Foundation President Dr. **Herand Abcarian** opened the American College of Surgeons Clinical Congress in October with a rousing inaugural address, “American Society of Colon and Rectal Surgeons 1899-1999: A Century of Progress.”

The former president of ASCRS, who heads the Department of Surgery, University of Illinois, Chicago, commended the close partnership between ASCRS and ACS in working together to advance colorectal patient care, while maintaining the integrity of the specialty.

As occupant of the nation’s first university chair in colorectal surgery — the Turi Josephson Chair of Colon and Rectal Surgery at the University of Illinois — Dr. Abcarian provided an interesting chronology of events, combining the perspectives of historical observer and history maker.

In a presentation punctuated with milestones, Dr. Abcarian stitched together the patchwork of progress that has directed development of the colorectal surgical specialty. He highlighted pioneering efforts that led to:

- Establishing the AMA Section of Proctology in 1913.
- Attaining official ACS recognition of the specialty in 1930.
- Organizing the first regional society of colorectal surgery in Pennsylvania in 1932.
- Forming the American Board of Proctology as a subsidiary board of the ABS in 1940 and as an independent primary board in 1949.
- Publishing the first issue of *Diseases of the Colon and Rectum* in 1957.
- Appointing the first ASCRS representative to the ACS Board of Governors in 1960.
- Founding the ASCRS Research Foundation in 1962.
- Electing the first colorectal surgeon to the ACS Board of Regents (Dr. **Thomas Russell**) in 1993.
- Merging ASCRS and its Research Foundation in 1996.

- Launching the Centennial Campaign in 1997, which would expand the Research Foundation’s endowment to over \$5.6 million.

“The Growth of the American Society of Colon and Rectal Surgeons has been on a steady course. Membership in ASCRS reached 2,000 in 1998,” Dr. Abcarian said. Similarly, attendance at annual conventions has been on a steady rise, reaching 1,000 in 1974 and surpassing 2,000 in 1999.



Dr. Herand Abcarian

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“ASCRS remains strongly entrenched as a small, but active, group within the surgical community of the American College of Surgeons. Looking at the next century, the Society wishes for continued close ties and relationships with the College,” he added. ✨

New Practice Parameter on Patients at Risk for Inherited Colorectal Cancer

A new practice parameter entitled, “Indications for Genetic Testing and Screening for Patients at Risk for Inherited Colorectal Cancer,” has been approved by the Executive Council and submitted for publication in *Diseases of the Colon and Rectum*, announced Standards Committee Chair Dr. **Clifford Simmang**.

The new practice parameter was developed jointly by the ASCRS Standards Committee and the Collaborative Group of the Americas. “Our philosophy has been to seek opportunities like this to work collaboratively with other organizations in developing practice parameters,” explained Dr. **Ann C. Lowry**, St. Paul, Chair, Standards Committee (1995-1999). “It avoids confusion by developing one parameter that is endorsed by several groups rather than having six slightly different versions on the same topic. And this collaboration worked extremely well.”

An updated version of the ASCRS practice parameter, “Sigmoid Diverticulitis and Supporting Documentation,” will be published

in the March issue of *DC&R*. Also slated for publication in future issues are an update on “Antibiotic Prophylaxis to Prevent Infective Endocarditis or Infected Prosthesis during Colon and Rectal Endoscopy” and a new Practice Parameter, “Venous Thromboembolism Prophylaxis” (publication date to be announced).

Other practice parameters available on the ASCRS website (www.fascrs.org/)

- “Ambulatory Anorectal Surgery”
- “Treatment of Hemorrhoids”
- “Management of Anal Fissure”
- “Treatment of Rectal Carcinoma”
- “Detection of Colorectal Neoplasms” (revised 9/99)
- “Fistula-in-Ano and Supporting Documentation”
- “Colitis”



Dr. Clifford Simmang



International, Interspecialty Cooperation in Store for 2000

by *William C. Cirocco, MD, Young Surgeons Committee Chair*



Dr. William Cirocco

With the dawn of a new century, the Young Surgeons Committee (YSC) continues to advance its specialty and foster productive dialogues among surgeons through a variety of initiatives. As Chairman, I am proud to report that we are reaching out in several directions to effectively network with surgeons and other health care professionals across the country and bring greater attention to colon and rectal disease.

ASCRS Booth Travels to DDW

The ASCRS exhibit booth, where young surgeons and other Society members distribute information at the ASCRS Annual Meeting and the ACS Clinical Congress, gives attendees an opportunity to meet with members of the ASCRS. It will journey to San Diego in May to participate in Digestive Diseases Week (DDW).

This coming together of various GI societies for a week of educational meetings and fellowship is an excellent opportunity for the Society to interact with the largest yearly gathering of gastroenterologists to

increase exposure for our specialty on a national level. We are looking forward to making contact with a number of gastrointestinal surgeons, who are often a good referral source for colorectal surgeons, and beginning dialogues with them to further enhance our network of resources for patients.

The booth also will travel to the American College of Surgeons meeting in Chicago this October.

Traveling Fellows Announced

This year's Traveling Fellow is Dr. **Brett T. Gemlo**, St. Paul, MN. He will visit prominent colorectal institutions throughout the United Kingdom. Dr. Gemlo will present at the joint meeting of the Association of Coloproctology of Great Britain and Ireland, and the Proctology Section of the Royal Society of Medicine in July. His research, "A Randomized Prospective Trial of Nitroglycerin in the Treatment of Anal Fissure," was well received at the 100th Anniversary Meeting of ASCRS in Washington, DC.

The UK Traveling Fellow for 2000 is Mr. **Brendan Moran**, a Consultant Colorectal Surgeon at the Colorectal Research Unit of the North Hampshire Hospital, in Basingstoke, Hampshire. Mr. Moran will visit a number of hospitals and training programs in June and meet with his American counterparts before presenting his award-winning research to the ASCRS at the Annual Meeting in Boston.

Mentors Program Continues

With a focus on recruiting additional surgeons-in-training to the specialty, the Young Surgeons Committee's Mentors Program matches surgery residents with an interest in training in colorectal surgery with members of the YSC. Residents are encouraged to attend the ASCRS Annual Meeting and are paired with members of the YSC, who will answer their questions and concerns and also serve as contacts within the Society as they progress through their general surgery training and the application process for the colorectal residency programs. *

Dr. Charles Ternent to Receive 1999 Young Investigators Award

Dr. **Charles A. Ternent**, Omaha, NB, will receive the 1999 Young Investigators Award at the annual business meeting of ASCRS, June 28, in Boston.

The \$5,000 award is presented annually by the Young Researchers Committee of the Research Foundation of ASCRS. Dr. Ternent will be honored for his award-winning project, "12-Lipoxygenase Regulated Growth and Apoptosis in Colon Cancer."

The application deadline for the 2000 Young Investigators Award is April 1. The award recognizes research efforts of young colorectal surgeons. Applicants must be board eligible from the

ABCRS, have two years laboratory or clinical research experience and not be established as independent investigators.

Those beginning independent careers as faculty members may apply provided they are no more than five years into a faculty position with a rank not exceeding assistant professor. Young Investigators Award applications must be completed and returned with a current curriculum vitae and one-page description of the project.

For more information, contact the Research Foundation of ASCRS at 847/290-9184 or the ASCRS Website at fascrs.org/. *

AMA Public & Private Advocacy Efforts Gearing Up in 2000

The AMA Private and Public Sector Advocacy Group, in partnership with medical societies, will increase its efforts to rectify unfair managed care contracts.

The group is seeking copies of one-sided, unfair managed care contracts that are common in various jurisdictions, especially contracts from plans that dominate

local markets (i.e., Aetna US Healthcare, Cigna Foundation Health Systems, Pacificare, Wellpoint, and United Healthcare).

AMA will not divulge to any party any competitive or otherwise confidential information contained in these contracts.

Please mail or fax copies of contracts as soon as possible to Helen Jameson, JD, at the AMA, 515 N. State St., Chicago, IL 60610, fax 312/464-5846. It is not necessary to include fee schedules that may be attached to contracts. For more information, contact Ms. Jameson at Helen_Jameson@ama-assn.org or 1-800-AMA-3211, ext. 4271. *

Reports Show Research Foundation “Extends the Knowledge Frontier” *By Herand Abcarian, MD, President, Research Foundation of ASCRS*

The Research Foundation’s 1999 Progress Report, “A Commitment to Excellence in Research,” was mailed to all Society members in January. It reports in detail on 21 Limited Project grants and 9 Young Researchers projects. I commend these excellent status reports to your attention. This combined body of research demonstrates significant accomplishment.

In some cases, researchers may only have succeeded in disproving an intriguing hypothesis; in others, they have opened opportunities for therapies that can save lives. In total, these reports show how the work of the Foundation is “extending the knowledge frontier,” creating opportunities for future triumphs in colorectal care.

We have every reason to take pride in the accomplishments the Research Foundation has supported. The Foundation has come a long way in a short time. In 1996, the Foundation’s assets stood at about \$650,000. The Centennial Campaign has now increased the Foundation’s endowment to over \$5.6 million. It is becoming the major funding source for research in colon and rectal surgery.

Increased funding means the Research Foundation will be able to support a wider array of projects at significantly higher funding levels. Priorities for the increased endowment include: improving understanding of the causes of colorectal disease and disorders; developing new methods of surgical diagnosis and treatment for these diseases and disorders; and establishing prospective treatment and outcomes analysis to maximize benefits to the patient and improve health care delivery systems.

The Foundation invites research grant applications from Society members. We also ask members to contribute to the Foundation and enhance the future of our specialty. Contributions may be charged to credit cards, if that is more convenient for donors. We also ask members to consider the tax benefits of making a gift of appreciated securities. Many members have chosen to make donations of fees, honoraria or royalties. In lieu of making a direct contribution, one may have fees for review in litigation cases, speaker honoraria, or royalties for writing book chapters paid directly to the Foundation.

We encourage creative giving.

We appreciate your support of the Foundation’s ultimate goals: to achieve excellence in research and to enhance patient care. ✱



“In some cases, researchers may only have succeeded in disproving an intriguing hypothesis ; in others, they have opened opportunities for therapies that can save lives.”

Dr. Eugene Sullivan to Present Mathews Oration

Former ASCRS President Dr. **Eugene S. Sullivan**, Portland, OR, will draw on a distinguished career spanning four decades in presenting the Mathews Oration, “Giants, Heroes, Comrades and Friends,” June 26, in Boston.

Clinical Professor of Surgery at the University of Oregon Medical School Hospital, Dr. Sullivan has been a pivotal figure in directing the course of colorectal surgery as an educator, author and leader of several specialty organizations.

An ASCRS Fellow since 1967, he served

as President 1982-83, President-Elect 1981-82, and Treasurer 1976-80. Elected to the Board of Colon and Rectal Surgery for two terms (1973-81), he served as its President and Vice President and chaired its Recertification and Planning Committee, 1974-77.

A member of the International Society of Colon and Rectal Surgeons since 1980, his address, “Transrectal Repair of Rectocele,” was featured at its 1984 meeting in Strasbourg, France. Closer to home, Dr. Sullivan served as President of the

Northwest Society of Colon and Rectal Surgery, 1985-86.

An accomplished researcher, Dr. Sullivan has authored numerous papers published in peer-reviewed medical journals, including seven articles in *Diseases of the Colon and Rectum*. He has been medical advisor to the Oregon Ostomy Society since 1973 and was honored by the American Proctologic Society, Piedmont Colon and Rectal Society, and Alumni Association of the University of Oregon Health Science Center. ✱

Apply for Research Foundation Grants

To encourage research in all areas of colorectal surgical care, the Research Foundation of ASCRS provides several opportunities for grant funding.

For more information on applying for Limited Project Grants and other Research Foundation funding including the \$20,000 International Research Award and the \$5,000 Young Investigators Award — visit the Society’s Website at fascrs.org. ✱

ASCRS Fellow Appointed Executive Director of ACS

By **Ira J. Kodner, MD, ACS Governor**



Dr. Thomas Russell

An ASCRS Fellow and 20-year society member, Dr. **Thomas R. Russell**, San Francisco, became the new Executive Director of the American College of Surgeons in January.

His appointment by the College's Board of Regents underscores the productive relationship ASCRS has fostered with ACS, working together to improve the care of surgical patients.

“Dr. Russell’s tenure as Executive Director (of ACS) will see the strengthening of ties between the college and our Society ”

The College is fortunate to have a surgeon like Dr. Russell as its director. His level-headed approach to problem solving, his ability to see both sides of an issue and his aptitude for reaching consensus with all involved parties will surely be a benefit

as he oversees the day-to-day operations of the College.

An active member of both ASCRS and ACS, Dr. Russell served on the ASCRS Public Relations Committee from 1987-1991. He has been a central figure in relationship-building between our organizations.

In 1993, he became the first colon and rectal surgeon to be elected to the ACS Board of Regents. He recently completed his second term on that Board. An ACS Fellow since 1979, Dr. Russell also was elected to the ACS Board of Governors in 1990.

Dr. Russell earned his medical degree from Creighton University Medical School, Omaha, NE, in 1966. He took a rotating internship at San Francisco General Hospital from 1966-1967 and began residency training in general surgery at the University of California, San Francisco, that same year. He served in Vietnam as a Lieutenant Commander and U.S. Navy

Flight Surgeon from 1968 to 1970, then resumed his residency training in 1971. He completed it in 1975.

Dr. Russell was affiliated with the California Pacific Medical Center, 1975-1999, and chaired its department of surgery from 1980-1999, while also affiliating himself with several hospitals in the San Francisco area. He also taught at the University of California, San Francisco.

I am confident that Dr. Russell’s tenure as Executive Director will see the strengthening of the ties between the College and our Society and lead to further productive developments that will assist surgeons with the care of their patients.

His credentials clearly warrant him as a qualified leader to take the College into the next century. I know that everyone affiliated with ASCRS will join me in congratulating him on his new post. ✨

Visit ASCRS on the Web at www.fascrs.org/

Visit ASCRS on the Web at fascrs.org/ for an expanding list of colon and rectal surgical resources. Look to the Society’s Website for:



• **ASCRS Annual Meeting preliminary program with all registration forms (online by March 15)**

- ASCRS Listserv
- ASCRS newsletter
- ASCRS related links

- CARSEP information
- Core Subjects ‘98 and ‘99
- Patient education brochures
- Membership directory
- Research Foundation grant information
- Practice parameters
- Residency programs
- Regional Society information

- Practice registry
- Membership information
- Inherited colorectal cancer registries
- Link to DC&R home page
- Officers of ASCRS, Research Foundation and ABCRS
- Representatives to all ASCRS Committees, ACS and AMA