



Innovative surgery, award-winning research featured June 2-7 at Annual Meeting in San Diego

A diversity of surgical procedures, award-winning research from around the world and insights on changing socioeconomic factors impacting medical care highlight the 2001 Annual Meeting of ASCRS, June 2-7, in San Diego.

Prominent international speakers, reports of the latest research, panel discussions on controversies and challenges in colorectal surgical treatment, and in-depth symposia combine to create a thorough, thought-provoking educational experience for all who attend, according to Program Chair Dr. **Robert Madoff**, Minneapolis, MN. Emerging technologies and highlights of medical advances provide a glimpse of the future. Perennial



A blend of emerging therapies, popular sessions from past ASCRS Meetings and plenty of California sun will guide this year's scientific program

favorites, such as the update on Core Subjects, deliver comprehensive coverage in key areas of colorectal clinical practice.

Workshops and educational courses kick off Saturday, June 2, with the popular **Endorectal Ultrasound Course Hands-on Lab**. Now in its third year, the program gives colorectal surgeons hands-on training applying this distinct technology in the evaluation of benign and malignant anorectal disease.

Directed by Dr. **W. Douglas Wong**, New York City, the program features some of the nation's leading experts in endorectal ultrasound, a video session and hands-on lab to help participants develop their skills. Experts will detail procedures for evaluating fistula

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Strong member involvement boosts Colorectal Cancer Month success

During Colorectal Cancer Awareness Month in March, colorectal surgeons throughout the country spread the word in their local communities on the importance of screening for and early treatment of this disease. Many members organized and spoke at patient and healthcare professional education programs; offered educational materials in their offices to patients; and encouraged local media to report on the health benefits of screening and early treatment.

- In Grand Rapids, MI, ASCRS President Dr. **John MacKeigan** co-hosted a 5K road race with a local healthcare system to raise awareness about the importance of screening for colorectal cancer, as well as funds for research on its treatment. About 3,000 runners participated and educational brochures were given to participants and their families.
- In Boise, ID, Dr. **Shauna Williams** conducted a community awareness

effort and spoke with patient and physician groups on colorectal cancer screening and treatment.

- In York, PA, Dr. **Samuel Laucks** spoke on the subject on a local television talk show.
- In Charleston, SC, Dr. **Rudolph Rustin** spoke to local physicians on screening, evaluation and treatment options, and addressed community residents on the disease in a separate presentation.

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Society leadership, committees set new directions, address challenges facing colorectal surgeons

By John M. MacKeigan, MD



Dr. John MacKeigan

To help our Society branch out in new and exciting directions, committees meeting in recent months have taken decisive action to keep ASCRS on the cutting-edge of new advances in medicine. Following is an update of initiatives currently under way:

- **Public Relations Committee completes work on Colorectal Cancer Awareness Month.** The Public Relations Committee has been particularly active. Its members have coordinated

“Committees meeting in recent months have taken decisive action to keep ASCRS on the cutting-edge of new advances in medicine.”

activities with our publicity firm, Harris, Baio, and McCullough to make Colorectal Awareness Month a great success. The Society has encouraged colorectal surgeons to become local spokespersons in their communities.

Order blue ribbons

The symbol for colon cancer awareness is a dark blue ribbon – similar to the pink ribbons commonly seen for breast cancer. Order these for yourself, your staff and patients by contacting the Colon Cancer Alliance (E-mail, CCalliance.org) or the Hereditary Colon Cancer Association (800/264-6783). Many colorectal surgical practices are using the ribbons as a sign of good will toward cancer patients and survivors. Find out more about Colon Cancer Awareness Month, and the Society’s participation, in the article on page 1.

- **Committee on Quality Assessment and Safety launches a new endeavor** created to meet objectives outlined in the ASCRS Strategic Plan. Chaired by Dr. **Marvin Corman**, the committee will begin collecting data from patients and physicians to provide documenta-

tion in response to increasing demand for demonstrated quality. This committee – drawing on the data it collects – will help educate colorectal surgeons on the issues of quality assessment and serve as a forum for informed discussion as ASCRS joins the growing debate on safety in medicine.

This project is about assessment, not research. Charting long-term outcomes of specific procedures enables us to properly benchmark results of treatments provided by our members. Our specialty has the talent and training. Demonstrated quality will allow members to continue performing effective procedures in the future. Your thoughts concerning your individual needs are welcome.

- **Program Committee focusing on top-quality research.** Under **Rob Madoff’s** leadership, the committee is gearing up for another excellent scientific session June 2-7, in San Diego. Committee members are organizing numerous forums and educational programs with an emphasis on fewer but improved-quality papers. San Diego should be a wonderful opportunity for education, recreation and collegiality.
- **Emerging Technologies Committee continues Endorectal Ultrasound Course.** Under the leadership of **Doug Wong** and **Ted Saclarides**, this committee is providing education on endorectal ultrasound. They have positioned our Society well, with a quality course that is being considered for certification by the American Institute of Ultrasound Medicine (AIUM). The American College of Surgeons is following our lead in developing educational programs for surgeons covering ultrasound for other organ systems.
- **Socioeconomic Committee advocates for ASCRS.** Chaired by **Tony**

Senagore, this committee is continuously active, representing our interests in coding and practice expense issues. The committee requires significant travel and time away from practice, and we should thank the members for their fine representation. **Tricia Bardon** provides staff support for the committee and acts as a resource for member inquiries and problems. Contact her via e-mail: TJBardon@earthlink.net.

- **Website Committee plans enhancements.** Chair **John Collier** and committee members are evaluating the effectiveness of our Website at **www.fascrs.org** in meeting both patient education and Society members’ professional needs. The committee is considering reports from Medem and consultants at Harris, Baio & McCullough. We should begin to see major changes in the next year with a continuous dedication to quality content.

Implement strategic plan

We are responding to this time of increasing change, guided by a meaningful, purposeful strategic plan. Your Council meets monthly to coordinate the plan and to facilitate the many changes we have in store. Members will soon be able to view Executive Council minutes on the ASCRS Website.

We welcome any suggestions from the membership. Please do not hesitate to contact me with ideas or questions.

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As one of my favorite unattributed quotes observes: “To improve is to change; to be perfect is to change often.” *✻

Comprehensive Core Subjects Update to detail six critical areas of colorectal care, June 3, in San Diego

A comprehensive overview of the latest developments in six critical areas of colorectal care will be the focus of the 2001 Update on Core Subjects, Sunday, June 3, at the Annual Meeting in San Diego.

“All surgeons strive to stay on top of important advances that may enhance patient care, but keeping up with technology and research can be a daunting challenge,” said Dr. **Juan J. Nogueras**, Ft. Lauderdale, FL, course director.

“In the annual Update on Core Subjects, ASCRS harnesses the expertise of surgeons who combine strong clinical backgrounds with significant research and teaching experience. Each presenter conducts an exhaustive review in a specific practice area and reports on developments in research and new treatment modalities,” he added.

An Annual Meeting mainstay, the program was developed by ASCRS

in conjunction with ABCRS 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.

By attending the Core Subject Update at the ASCRS Annual Meeting, surgeons can earn three hours of CME Category 1 credit. Those unable to attend now may review Core Subject presentations on the ASCRS Website at www.fascrs.org.

“Offering the Core Subject Update online is one more way ASCRS is harnessing technology to help busy surgeons keep abreast of the changes in our specialty,” Dr. Nogueras said. “Making it easier for colorectal surgeons to access the most current information available advances professionalism within our specialty and ultimately benefits the patients we serve.” * ❀

2001 Update on Core Subjects

- Retrorectal Tumors, Dr. **Julio Garcia-Aguilar**, Minneapolis, MN
- Hemorrhoids, Dr. **Peter Cataldo**, South Burlington, VT
- Rectovaginal Fistula/Rectocele, Dr. **Sharon G. Gregorczyk**, Dallas, TX
- Benign/Malignant Anal Tumors, Dr. **Laurence R. Sands**, Miami, FL
- Ulcerative Colitis, Dr. **Wayne Tuckson**, Louisville, KY
- Diverticular Disease, Dr. **Tonia M. Young-Fadok**, Rochester, MN

Memorial Lectureship at San Diego Annual Meeting to honor former president Dr. John Hill

Professor **Michael J. Farthing**, Glasgow, Scotland, will honor the late Dr. **John R. Hill**, former ASCRS president and editor-in-chief of *Diseases of the Colon and Rectum*, in the ASCRS Memorial Lectureship, Tuesday, June 5, at the 2001 Annual Meeting in San Diego.

Prof. Farthing's address, “Challenges to Scientific Publication in the New Millennium,” is a particularly fitting tribute to Dr. Hill, who served as editor-in-chief of the Society's official peer-reviewed journal from 1967 to 1987.

During his tenure, Dr. Hill helped establish a working Editorial Board to select and edit articles for publication. He maintained high editorial and scientific standards, urging members to submit their best work to *DC&R*.

Dr. Hill was consultant, head of section, and senior consultant in proctology at Mayo Clinic, Rochester, MN. He was a professor at the Mayo Medical School when he retired in 1977 with 31 years of service.

Among his many contributions to the specialty, Dr. Hill expanded understanding of the etiology, classification, diagnosis and treatment of rectal fistulae, earning him recognition as an international expert.

Board-certified in colorectal surgery, Dr. Hill was a member of the American Medical Association and American College of Surgeons, an ASCRS Fellow, and Society president in 1976-1977. He died September 19, 2000, at age 88. * ❀



Dr. John Hill

Romantic evening under stars planned for San Diego

Keep Monday night, June 4th free for a romantic evening under the stars on the *Spirit of San Diego*, when the Research

Foundation hosts a special event. The entire ship has been reserved for ASCRS meeting attendees.

Invitations will be forthcoming. Cruise and Dinner: \$75 per person

Outreach Committee creates multi-faceted program to educate primary care givers, increase referrals



Dr. Michael Stamos

The Professional Outreach Committee of ASCRS has created a program designed to help educate primary care physicians about colorectal diseases, reported Dr. **Michael Stamos**, Torrance, CA, committee chair.

The ASCRS speaker's bureau will provide qualified speakers to represent the specialty at primary care physician conferences and annual meetings of primary care physicians. The ASCRS writer's bureau will submit articles on colorectal diseases to interested medical journals.

"The ultimate goal of this program is to make physicians aware of simple treatments that they can often perform in a doctor's office and help them identify serious conditions that require treatment by a colorectal expert," Dr. Stamos said. We also promote the benefits their patients will receive when treated by a specialist," he added.

"If we can educate physicians to perform simple procedures such as draining simple abscesses and excising thrombosed hemorrhoids, they can alleviate patient suffering promptly

without need for urgent referral. When these doctors identify a serious condition, they'll recognize the need to quickly refer that patient to a trained surgeon. The patient will have a better chance of beating the disease," said Dr. Stamos.

"The ultimate goal of this program is to make physicians aware of simple treatments that they can often perform in a doctor's office and help them identify serious conditions that require treatment by a colorectal expert."

The committee is in the process of producing slide presentations on anal and rectal diseases, as well as colorectal cancer screening and prevention. ✱

Strong member involvement boosts Colorectal Cancer Month success... continued from page 1

- In St. Paul, MN, Dr. **Michael Spencer** and colleagues at Colon and Rectal Surgery Associates have improved screening and surveillance of colorectal cancer patients in their practice.

This includes developing and using a standard set of questions with patients when they first come to the practice to ensure they are getting appropriate information on them; putting a computerized record system into place that guarantees proper follow-up with patients being screened for the disease; and

working with a state-wide registry that tracks people with a family history of colorectal cancer and are therefore at high risk for the disease. "As a result of these efforts, 95 percent of our patients are now being appropriately screened for colorectal cancer as outlined by

established national guidelines, up from 80 percent," explained Dr. Spencer.

- In Omaha, NE, Dr. **Alan Thorson** worked with the American Cancer Society to develop a multi-page educational supplement for the *Omaha World Herald* that reaches consumers throughout Nebraska and western Iowa. He also held a colorectal cancer screening program as part of a cooperative venture of all of the health systems in Omaha, and hosted a community forum.
- In El Paso, TX, Dr. **Dale Burleson** conducted media relations efforts and outreach to local Hispanic and African American groups through churches.
- In Easton, Pennsylvania, Dr. **Pricha Boonswang** conducted media relations and asked his hospital to publish an article in their newsletter to patients.
- In Lincoln, NE, Dr. **Alexander Kingsley** conducted a community awareness effort about colorectal cancer screening and treatment, including speaking on a local TV news show, speaking to patient and physician

groups, and placing articles in the local newspaper. He also held a free colorectal screening program in cooperation with a local hospital.

- In State College, PA, Dr. **Philip Kondylis** conducted an awareness effort with patients in his practice, as well as a media relations effort with local press.

Nationally, ASCRS' public relations agency, Harris, Baio & McCullough conducted media relations on the month and on new colorectal cancer studies that appeared in the February issue of *Diseases of the Colon and Rectum*. This resulted in media coverage in a variety of media, including the Reuters Health news wire service, which is used by papers across the country, *Cancer Weekly*, *Internal Medicine News*, and *Mode Magazine*.

ASCRS members also received promotional materials and tips for contacting local and regional professional associations to offer assistance to primary care and gastroenterology professionals in their communities. "Local-level presentations give Society members opportunities to encourage continuing local media coverage on colorectal surgeons," Sahl said. ✱

Member Materials

- Customizable press release containing timely news about colorectal cancer
- Colorectal cancer fact sheet
- Sample letter to the editor
- Article for submission to newspaper editorial pages
- Screening brochures for patients
- Background information
- Patient success stories
- Camera-ready advertisements
- Public service announcements
- Instructions on how to use the kit

STOP to expand distribution of successful patient information brochure in 2001; 200,000 reprinted

With more than 35,000 copies distributed in 2000, a patient information brochure developed by the STOP Colorectal Cancer Foundation has entered its third press run. The first 10,000 copies of "The Cancer Nobody Has to Have and How to Stop It" – distributed first to ASCRS members attending the 2000 Annual Meeting in Boston – disappeared quickly.

Demand for the brochures from colorectal surgeons and physicians in a range of practice areas, including gastroenterologists, general surgeons, obstetricians, family physicians, internists, and geriatric specialists, spurred a second printing late last year.

Now another 200,000 brochures — supported by a grant from STOP corporate contributor **Sanofi-Synthelabo** — are planned for production to meet demand in 2001. Requests for the brochures are expected to climb dramatically in response to recent publicity and the promise of more to come due to the second National Colorectal Cancer Awareness Month in March.

A press release and copy of the brochure were distributed to 1,200 media outlets across the country late in 2000 with prominent national and local media — including *The Washington Post*, *Veteran's Voice* and *Radiology Today*, to name a few — announcing the brochure's availability free of charge.

"We are receiving 150-200 requests for brochures daily," said Dr. **Ernestine Hambrick**, STOP President. "Before reprinting, we added an enhancement: a risk-assessment page that features

five simple questions to help readers determine whether they are at average or increased risk for colorectal cancer."

The brochure is the focal point of STOP's public information initiative. Physicians are encouraged to order multiple copies for display in their offices, to distribute at fundraising events, local health fairs and in letters of referral and other patient mailings.

In addition to the brochure, STOP provides public information on its Website at www.coloncancerprevention.org. The site, which debuted in June 2000, boasted more than 2,000 hits in its first three months online and has seen a steady increase in visitors.

A not-for-profit organization dedicated to raising public awareness of colon cancer prevention, STOP receives no funding from other cancer organizations or the government. It depends on the generosity of corporate, foundation and private individual contributors for support of its programs. Donations may be sent to the STOP Colon/Rectal Cancer Foundation, 30 N. Michigan Ave. #1118, Chicago 60602. *



Dr. Ernestine Hambrick

"We are receiving 150-200 requests for brochures daily. Before reprinting, we added an enhancement: a risk-assessment page ... to help readers determine whether they are at average or increased risk for colorectal cancer."

Nominating Committee seeks 2001–2002 slate of officers

Drs. **Ira J. Kodner**, St. Louis, MO, **Lee E. Smith**, Washington, DC, and **H. Randolph Bailey**, Houston, TX, have been appointed to the 2001 ASCRS Nominating Committee, with Dr. Kodner serving as Chair.

The committee invites member recommendations for the following nominations:

- President-Elect
- Vice President
- Secretary
- Treasurer
- Members-at-Large for the Executive Council

The committee will develop a slate of officers and Members-at-Large to the Fellows at the San Diego Annual Meeting.

Written recommendations should be sent to Dr. Kodner, Washington University School of Medicine, 660 S. Euclid, Campus Box 8109, St. Louis, MO 63110, or e-mailed to IJKODNER@AOL.COM no later than May 1. *

Tripartite Meeting October 2002

Society members will join colorectal surgeons from the UK and Australia next year for the 2002 Tripartite Meeting held Saturday, October 26 – Wednesday, Oct. 30 at the Crown Convention Centre, Southbank, Melbourne, Australia. Details will be forthcoming.

Innovative surgery, award-winning research ... continued from page 1



Dr. Robert Madoff

and abscess, preoperative staging of rectal cancer, evaluating incontinence, completing post-operative follow-ups and biopsy techniques.

“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,” Dr. Wong said. “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.”

Other highlights include:

Saturday, June 2

- **Socioeconomic Update**, featuring Drs. **Anthony J. Senagore**, Cleveland, OH, and **Martin Luchtefeld**, Grand Rapids, MI. This annual staple of the pre-convention program will highlight key socioeconomic issues impacting colorectal surgeons in practice. Practicing surgeons will strengthen their coding knowledge by applying it to challenging scenarios drawn from actual practice situations. In addition to providing valuable insights on submitting reimbursement claims, Dr. **Terry Hicks**, New Orleans, LA, will speak on “Consideration for Performing Colorectal Procedures in Office Setting – Can You Afford It?” Participants are encouraged to bring specific coding questions with them for discussion.

Sunday, June 3

- **Research Forum**, moderated by Dr. **Walter Koltun**, highlights the work of young researchers selected for the quality of their research projects. They will present brief summaries, followed by lively discussions geared to enhance study design, interpretation of data and researchers’ approaches to ongoing studies. The overall objective is to

enhance development of researchers as well as the studies at hand.

Special Speakers

- Dr. **Francis M. Giardiello**, Baltimore, MD, Norman Nigro Research Lectureship, “Genetic Testing in Hereditary Colorectal Cancer,” Monday, June 4.
- Professor **Michael J. G. Farthing**, Glasgow, Scotland, The Memorial Lectureship Honoring Dr. John R. Hill, “Challenges to Scientific Publication in the New Millennium,” Tuesday, June 5.
- Professor **Jan W. Leer**, Nijmegen, Netherlands, The Bacon Lectureship, “Is Adjuvant Radiation Necessary with Optimal Rectal Cancer Surgery,” Wednesday, June 6.
- Dr. **John M. MacKeigan**, Grand Rapids, MI, Presidential Address, “Finding Longitude” Monday, June 4.
- Dr. **Ann C. Lowry**, Minneapolis, MN, The Ernestine Hambrick Lectureship, “Incontinence: Where We’ve Been and Where We’re Going” Wednesday, June 6.
- **New Technologies Update**. Dr. **M. Parker Roberts**, Portland, ME, moderates presentations that focus on futuristic applications in patient care and advances in communication technology that can enhance surgical practice today. Dr. **Lester Rosen**, Allentown, PA, will provide an update on virtual colonoscopy indications and

results. Topics geared toward more efficient practices include CME via the Internet and hand-held computing devices.

Monday, June 4 –

Wednesday, June 6

- **Nearly 150 oral and poster presentations of new and ongoing research**. Plenary and poster sessions will feature the best colorectal research conducted at some of the world’s leading medical institutions.

Thursday, June 7

- **“Global Colorectal Problems Seldom Seen in the United States and Canada.”** Moderator Dr. **Graham Newstead**, Randwick, NSW, Australia, leads a panel of experts in discussing international problems in colorectal surgery today.
- **Video Sessions on Surgical Management of Rectal Cancer**, moderated by Dr. **Neil H. Hyman**, South Burlington, VT. This program will provide video demonstrations of various procedures used in rectal cancer management, highlighting the expertise and technical proficiency required to perform each operation.
- **Impact Paper and Greatest Hits**. Dr. Noguerras leads colorectal surgery’s premier literature review, featuring the top 10 papers published in *Diseases of the Colon & Rectum* in 2000.
- **Consultant’s Corner**, a perennial favorite from past meetings, will put a panel of leading colorectal surgeons on the hot seat by posing challenging cases. Expert panelists will demonstrate that there are different ways to treat a patient, as they approach various patient management situations from their own unique perspectives. Expect the unexpected in this lively, often confrontational format. ✨

Experience the sights and sounds of San Diego at the following Web Sites:

www.SDReader.com www.MarriottRewards.com www.SanDiego.org www.sdcc.org

Outgoing Clinton Administration publishes host of medical rules affecting physicians

By Erin J. LaFlair, Legislative Assistant, The American College of Surgeons

Before turning matters over to a new administration, the outgoing Clinton Administration published a host of rules affecting physicians. Among these were medical records confidentiality, self-referral rules under Stark II, and the Medicare Fee Schedule for fiscal year 2001. New regulations related to the Emergency Medical Treatment and Labor Act of 1986 were anticipated.

Medical records confidentiality

On December 20, the Secretary of Health and Human Services (HHS) issued final regulations that establish national standards regarding medical records confidentiality. These new regulations, effective in two years, will apply to all physicians, hospitals, and health insurance plans.

Comprehensive regulations were first proposed in November 1999, as mandated by the Health Insurance Portability and Accountability Act of 1996. The regulations apply to all types of medical records including electronic, paper, and oral communications.

HHS did make changes to the final rule based on the many comments received on a proposed rule issued early this year. For example, the proposed rule would have limited health care providers to a “minimum necessary standard” when forwarding the medical records of a patient referred to another provider for care.

It was argued that physicians already limit disclosures to third parties to the “minimum necessary.” However, if not enough information is exchanged in some of these situations, the outcomes could prove detrimental to the patients’ welfare.

In the final rule, HHS agreed and changed the rule to exempt providers from the minimum necessary standard when providing another health care provider with a patient’s medical records.

Stark II

On January 3, HHS issued its long-awaited final regulations concerning physician self-referrals. The so-called “Stark II” law, enacted in 1995, prohibits physicians from referring Medicare patients who need certain health care services to entities with which the physicians or their immediate family members have a financial relationship.

The original Stark law prohibited self-referrals to clinical laboratories. These new regulations address referrals for the follow-

ing services and supplies: physical and occupational therapy; radiology and radiology therapy; durable medical equipment; parenteral and enteral nutrition; prosthetics and orthotics; home health; inpatient and outpatient hospital services; and outpatient prescription drugs. The new regulation will be effective January 4, 2002.

Medicare fee schedule

The Health Care Financing Administration (HCFA) issued a final regulation in November outlining changes for Medicare physician payment policies in 2001. Of particular interest, the regulation increased the fee schedule conversion factor by 4.5% for this year to \$38.26. They are still phasing in resource-based relative value units (RVUs) for the practice expense component of Medicare payments for physician services, with 75% of payments based on the new values and 25% on the RVUs that became effective in 1998. However, because of the relatively high conversion factor update, many surgical services that are

experiencing practice expense RVU reductions will see little payment cuts this year.

Medicare giveback legislation and EMTALA

On December 19, President Clinton signed into law the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) of

2000. The \$35 billion package will provide increased Medicare funding for several provider groups and organizations, including hospitals, Medicare+Choice plans and nursing homes. Unfortunately, BIPA provides little relief for surgeons and many other specialists, who have been facing reduced Medicare payments resulting from the phase-in of resource-based RVUs. Provisions in BIPA of interest to surgeons include:

- A General Accounting Office (GAO) study of how HCFA has accepted and used actual cost data in its development of the new practice expense values;
- A second GAO study of the impact of the Emergency Medical Treatment and Labor Act (EMTALA) regulations on hospitals and physicians; and
- A two-year freeze on scheduled payment reductions to teaching hospitals for indirect medical education costs.

GAO’s EMTALA study is scheduled to be completed in May. Many medical groups have asked HHS to postpone EMTALA’s new proposed regulations, now believed to be imminent, until the GAO’s findings are known. *

New medical regulations

- **Establish national standards** for medical record confidentiality
- **Revise Stark II laws** concerning physician self-referrals to include a wider variety of patient services
- **Increase Medicare fee schedule conversion factor** by 4.5% to \$38.26

Committees develop new CPT codes, evaluate technology

By Anthony J. Senagore, MD, MBA, ASCRS Socioeconomic chair



Dr. Anthony Senagore

The Society's Socioeconomic Committee (SEC) and CPT Committee representatives have been actively developing and presenting new codes for this year. CPT approved four new codes: seton insertion, excision of ileoanal pouch, laparoscopic ileocelectomy and laparoscopic segmental colectomy. The Relative Value Update Committee (RUC) will value them this spring.

The existing laparoscopic bowel resection code was edited to reflect a small bowel resection. There will be an add-on code for synchronous small bowel resections. These codes should be available for use by the third quarter of 2001.

“ASCRS has supported the American College of Surgeons’ contention that many surgical codes have been consistently devalued ...”

Codes for new procedures

The SEC also has been evaluating a new technology procedure for prolapsed hemorrhoids (PPH), using the circular stapling device. No code is now available for this procedure; surgeons performing it should use the unlisted procedure, anus code (46999).

The committees are working on a new code for this procedure for physician use and to allow appropriate placement in the Ambulatory Payment Classification system, so the institution will be reimbursed for the instrumentation. Code submission will require data from the ongoing ASCRS trial on PPH due to be completed by mid-2001.

The final issue facing the CPT/RUC representatives is redefining all codes that carry the phrase “with or without.” CPT wants these issues clarified. We are determining which codes are simply editorial refinements and which represent

work issues that need different valuation. Thanks to all the members who participated in the survey process; for those that didn't, we will get you next time.

Participate in RVU discussions

The SEC is continuing to participate in discussions regarding the refinement of practice expense relative value units (RVUs) as part of the overall restructuring of Medicare reimbursement. This is a tedious process, but the discussions now appear to be proceeding in a more coherent fashion. The work will continue for the next two years. The SEC is currently collecting data to define true expenses incurred by ASCRS members.

In addition, the five-year review of all CPT codes has been completed. The Health Care Financing Administration (HCFA) is now considering RUC recommendations. ASCRS has supported the American College of Surgeons’ contention that many surgical codes have been consistently devalued by removing the evaluation and management components of many global surgical codes. This will be an ongoing process, and we will keep the membership informed of developments.

Plans are under way for the Socioeconomic workshop at the ASCRS Annual Meeting in June. The topics planned for presentation are:

- Review of evaluation and management documentation guidelines and how to use analyses of these codes to manage revenue and expense in your practice;
- Discussion on the cost issues related to in-office surgery and colonoscopy; and
- Presentation of difficult coding scenarios and appropriate code and modifier usage.

Workshops Features Q & A

The workshop schedule allows plenty of time for questions and answers from members attending. In addition, we have arranged for a HCFA representative to be available for questions at an exhibit area booth during the meeting.

Medicare news

On March 14, 2001, Medicare published a “Medicare News” announcing the following that Medicare currently covers:

- A yearly take-home fecal occult blood test with no co-pays or deductible
- A flexible sigmoidoscopy every four years. Beneficiaries pay 20% of the Medicare approved amount after the annual deductible
- A Colonoscopy for high risk individuals every two years. Beneficiaries pay about 20% of the Medicare approved amount after the annual Part B deductible
- A barium enema as an alternative to either the sigmoidoscopy or the colonoscopy

Beginning in July, Medicare will also cover a screening colonoscopy every 10 years for people not at high risk for colorectal cancer. This will be covered after a flexible sigmoidoscopy after the fourth year.

The SEC has been actively involved in answering questions and concerns from the membership this past year. We look to continue being a resource. Members are encouraged to contact the committee with socioeco-

nomical and practice management issues. The key contact people are: Anthony J. Senagore, chair SEC, senagoa@ccf.org; Martin A. Luchtefeld, chair CPT, mluchtefeld@aol.com; and Tricia Bardon, staff for both committees, tjbardon@earthlink.net. ✱

Contact SEC and CPT Committees

- Dr. Anthony J. Senagore, SEC chair: senagoa@ccf.org
- Dr. Martin A. Luchtefeld, CPT chair: mluchtefeld@aol.com
- Tricia Bardon, SEC/CPT staff: tjbardon@earthlink.net

Society urges colorectal surgeons to join AMA

By Frank Opelka, MD, AMA Delegate

Many colorectal surgeons belong to numerous professional societies. These could involve our primary and secondary specialties as general and colorectal surgeons. They may be regional societies.

Nowadays, we must also closely consider membership in professional business societies that represent the regulatory and financial aspects of our practices. The American Medical Association (AMA), in conjunction with state and specialty societies, is the single most important organization for the business side of colorectal surgery.

Representation in the AMA House of Delegates brings your voice to the table. At least half of ASCRS members must maintain memberships in the AMA or the Society will lose its representation in the AMA House

of Delegates. For better or for worse, the fates of each colorectal surgical practice, ASCRS and the specialty are dependent in many ways on the AMA.

Surgery and colorectal surgeons need to maintain — and strengthen — their collective voice within the AMA. Washington looks to the AMA as the spokesman for professional medicine. The AMA's CPT Coding process is the national standard used to determine physician reimbursement.

Representation within the AMA is critical to ensuring that the procedures performed by colorectal surgeons are appropriately coded and properly valued for reimbursement. This is an ongoing challenge. Without proper balance in payment systems, care delivery suffers, and, in the end, patients receive standard treatment.

In addition, AMA's principles of medical ethics continue to set the standards for the profession. In 1997, AMA established its Institute for Ethics to address critical concerns in medical ethics, the impacts of managed care, genetics and end of life issues. As technology rapidly advances, these issues shift from the realm of philosophical consideration to real-world applications confronting colorectal surgeons and the patients they serve.

The recent AMA meetings have addressed improving physician documentation guidelines. The AMA is occupied with assuring proper physician employment contracts. Collective bargaining units draw interest of the AMA. Funding and proper training environments for resident education always remain on the AMA agenda.



Dr. Frank Opelka

“As more surgeons join the AMA, we increase our influence within the organization, the profession of medicine and at the national and state levels as well.”

This year, onerous new federal regulations to protect patient confidentiality burn brightly on the AMA radar screen. The House of Delegates strongly supports implementing these regulations through reasonable and affordable means. That could require legislative relief to improve the timetable for implementation.

Ensuring that at least half of ASCRS members remain members of the AMA is essential, but our goal should be much higher. As more surgeons join the AMA, we increase our influence within the organization, the profession of medicine and at the national and state levels as well. Strengthening the surgeon's voice in reimbursement, national health care policy, quality of care and medical ethics issues are key reasons to join the AMA.

AMA membership information is available by calling 1-800-AMA-3211 and on the AMA Website at www.ama-assn.org ✱

Resources for surgeons available at www.fascrs.org

An ever-expanding list of colon and rectal surgical resources are available to Society members on the ASCRS Website at www.fascrs.org.

The Society's Website includes:

- Past and current Annual Meeting programs
- ASCRS Listserv
- ASCRS Newsletter
- ASCRS related links
- CARSEP information
- Core Subjects for '98, '99 and 2000
- Patient Education Brochures
- Membership Directory
- Research Foundation grant information
- Practice Parameters
- Residency Programs
- Regional Society information
- Practice Registry
- Membership information
- Inherited Colorectal Cancer Registry
- Link to DC&R home page
- ASCRS, Research Foundation and ABCRS officer information and contacts
- Representatives to all ASCRS committees, ACS and AMA

Foundation implements three-tiered action plan to promote quality colorectal research

By Heidi Nelson, MD, Research Foundation President



Dr. Heidi Nelson

When cutbacks in government health programs, decreased funding for medical research and education, and fundamental shifts in delivery of health care services posed challenges to the specialty and the patients we serve, organized colorectal surgery rose to those challenges.

Focusing on a unified vision, ASCRS and the Research Foundation strengthened their ties and launched the aggressive Centennial Campaign in the closing years of the 20th century. That effort increased the Foundation's endowment to more than \$5 million.

As we begin the 21st century, the Research Foundation of ASCRS is poised to take an active role in supporting and steering the course of colorectal research for decades to come. We begin 2001 implementing a three-tiered action plan that includes:

- **Actively promoting clinical trials.** At the core of this initiative is the Research Foundation's new compre-

Colon and Rectal Surgeons' Interest in Performing Clinical Trials, to corporate sponsors of our Centennial Campaign.

The Foundation will continuously update clinical trials information to provide sponsoring companies with the most current surgeon listings. Clinical trials are a vital tool in our mission to develop new methods of diagnosis and treatment that will enhance the quality of patient care, achieve better outcomes, save lives and lower medical costs. Society members who share our commitment to advancing research through clinical trials are encouraged to make their interests known by contacting the Research Foundation office at 847/956-1846 for a copy of the questionnaire.

- **Increasing direct funding of colorectal research.** The success of the Centennial Campaign has significantly expanded Foundation resources, enabling us to increase levels of funding to young investigators conducting important research within our specialty. The Foundation has carefully considered the best ways to apply those resources most effectively. Our conclusion: replace the "Young Investigators Award" of \$5,000 with a more meaningful funding mechanism geared to support a young professional's career.

The criteria for the new Career Development Award is enclosed in this newsletter.

We will continue to expand support through our successful Limited Project Grant (LPG) program, which remains the cornerstone of our efforts to promote and support quality colorectal research. LPGs, which range from \$6,000-\$20,000 over a one-year period, support residents and clinical investigators in their research endeavors involving specific and confined

issues in colon and rectal surgery. They also provide "seed" money for projects that later may be supported by an external funding agency.

- **Expanding the Foundation's research review process.** We are in the process of expanding the Research Review Committee to include more outside reviews. Traditionally, the Foundation has relied solely on ASCRS members in reviewing projects submitted for funding consideration. As molecular biology and other technologies expand the scope of proposals we receive, the Foundation is seeking expertise in a broader range of specialties to ensure we're supporting the best projects and to improve the quality of review we provide to young researchers.

Having resources available to implement this action plan makes this an exciting time to be involved in the Research Foundation of ASCRS. ASCRS members are our greatest resource. More than 350 members are included in our directory of colon and rectal surgeons interested in performing clinical trials. Others contribute to the Foundation by mentoring young researchers and sharing ideas that help guide the future of the specialty and enhance patient care.

Seek Financial Support

In addition, ASCRS members remain the backbone of our financial support and continue to amaze by providing numerous examples of "creative giving." Member-contributors encourage colleagues to consider the tax benefits of making a gift of appreciated securities. Many others choose to have fees, honoraria or royalties paid directly to the Foundation in lieu of making a direct contribution. We encourage creative giving. Contributions also may be submitted by check or charged to credit cards, if that is convenient for donors. ✨

Foundation Action Plan

- **Promote clinical trials** with the help of the new clinical trials directory to develop new treatments, lower medical costs, help alleviate patient suffering and save lives.
- **Fund colorectal research** at the young investigator level with a new Career Development Award and the Limited Project Grant Program, while finding ways to use our resources with the most effectiveness.
- **Expand the research review process**, enlisting the help of experts to guarantee top quality reviews for young researchers.

hensive directory of colorectal clinical trials. This innovative reference guide helps connect colorectal surgeons interested in participating in clinical trials with organizations and professionals willing to fund them.

In the closing months of 2000, we distributed the directory, entitled

ASCRS leads by example with active participation in Cochrane Collaboration clinical trial reviews

By Richard Nelson MD, U.S. Editor and ASCRS Representative to the Cochrane Collaboration

ASCRS continues its active participation in the Cochrane Collaboration, an international network of health care professionals, researchers and consumers committed to developing regularly updated comprehensive reviews of clinical trials.

To date, more than 1,000 reviews have been published. I encourage all ASCRS members to browse the Cochrane Website at www.cochrane.org to find out more about this group's exciting activities and inquire about participating.

There is nothing exclusive about this group. Volunteers in all disciplines are constantly sought to perform many functions within the collaboration, and no academic title is a prerequisite for participation.

As I have told program directors, performing Cochrane reviews is an excellent way to fulfill the academic aspects of the ACGME's requirements for colorectal fellowships.

To develop these reviews, the Cochrane Collaboration requests the participation of colon and rectal surgeons. An interesting anecdote suggests that American participation in Cochrane is still a bit sparse.

Over 600 registrants from 75 countries attended the annual Cochrane Colloquium in Capetown, South Africa, in 2000. When a meeting of the American contingent was held on the last day, maybe 25 people showed up.

Introductions were made, and I was the only one present who had been appointed by a specialty society. My U.S. colleagues asked about this in detail. I explained to them that ASCRS believes active participation in the Cochrane collaboration is in the Society's best interest, so I was appointed.

Twenty-four sets of jaws hung open. Apparently, every other American specialty society had been invited to send a representative and all but ASCRS passed on the offer.

Once again, as with self-assessment, we are very much on the cutting edge and well ahead of our brethren in commitment to quality, competence and parameter assessment. ✱



Dr. Richard Nelson

Recertification update: 'key feature' questions debut

Over half of the material included in the 2001 recertification exam has been updated, announced Dr. **Vendie H. Hooks, III**, Augusta, GA, recently appointed ABCRS recertification chairman. In addition, ABCRS will introduce "key feature" questions this year.

While the number of exam questions will remain constant at 100, the proportion of key feature questions — designed to assess clinical competence rather than factual knowledge — will likely increase, reducing the multiple choice component. The exam is based on, but not limited to, material from the ASCRS CARSEP Program (Syllabus IV and V), Photo Quiz and Core Subject presentations.

2001 exam June 2

The 2001 recertification exam will be offered June 2, 10 a.m.-1 p.m., at the ASCRS Annual Meeting in San Diego. To allow for the expanded format, surgeons will have three hours to complete the exam, rather than two hours as in previous years. More information will be provided in the ASCRS Annual Meeting Program, distributed to all members in early spring.

Change on the horizon

The American Board of Medical Specialties (ABMS) Task Force on Competence (which includes ABCRS representation) continues to explore a 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 of 7-10 years, as currently endorsed by ABMS member boards.

Some boards are developing programs that shift from recertification to continuous certification. ABCRS will observe their progress and continue to contribute to ongoing discussions. Diplomates will be informed of new developments.

All ABCRS certificates are now 10 years in duration. 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 2001, recertification applications and examination details will be distributed to Diplomates whose certificates extend through 2004. Applicants must provide validation of 100 Category I CME credit hours.

ABCRS strongly encourages Diplomates to register for the recertification exam at least two years before their certificates expire. Taking the exam early safeguards the surgeon's certified status in the event of unforeseen circumstances. Expiration is not based on the date the test is taken. With a passing score, the Diplomate's certificate is extended for 10 years following the expiration date posted on the previous certificate. There is no penalty for passing the exam early. ✱

Important Upcoming Recertification Dates

April 30, 2001	Recertification registration materials distributed to Diplomates whose certificates expire through 2004
June 2, 2001	Recertification exam in San Diego
August 15, 2001	Application deadline for recertification exam
June 4, 2002	Recertification exam in Chicago
June 21, 2003	2003 recertification exam in New Orleans

ASCRS International Scholarship to help surgeon establish colorectal specialty in Bangladesh

By Dr. Akm Fazlul Haque, ASCRS International Scholar



Dr. Akm Fazlul Haque

Dr. Akm Fazlul Haque, an associate professor in the Department of Surgery, Dhaka Medical College, Dhaka, Bangladesh, was awarded the ASCRS International Scholarship. He holds an MBBS degree from Dhaka Medical College (1982) and FCPS (surgical degree) from Bangladesh College, Physicians and Surgeons (1989). As recipient of the ASCRS International Scholarship, Dr. Haque visited the Lahey Clinic, Burlington, MA; Cleveland Clinic, Cleveland, OH; and Mayo Clinic, Rochester, MN; in addition to attending the 2000 Annual Meeting of ASCRS in Boston.

“I hope to share the knowledge gained by training more doctors in this discipline. I am committed to establishing colorectal surgery as a subspecialty in our tertiary care hospitals.”

The vastness of the Lahey, Cleveland and Mayo Clinics impressed me. During my visits, I appreciated the well-organized systems that keep these hospitals running smoothly. In each hospital, the department of colon and rectal surgery is well equipped and long established.

I benefited most from the exchange of ideas with learned colleagues in each location and observed their interactions with patients and other professionals. I saw the most senior surgeons devoting considerable time to their patients in the outpatient clinic, making detailed notes on operations and providing direct supervision to the fellows they are teaching to operate.

Excellent facilities

While hospitals in Bangladesh are large, the facilities do not compare with those observed in the U.S. Each of the U.S. colorectal surgical departments I visited had a strong record-keeping system, well equipped anorectal physiology lab and provided ready access to journals.

Operating rooms were equipped with specialized instruments for colon and rectal surgery, and there was an intraoperative radiotherapy room in the operating theater complex.

Bangladesh is a developing country with 130 million people. Colon and rectal surgery has not developed as a separate discipline, and senior surgeons, for the most part, resist efforts toward specialization. They fear that specialization will make general surgery less attractive.

Consequently, young professionals hesitate to enter a field that is not supported by their senior colleagues and offers limited prospects for promotion.

I have been trying to develop a colorectal surgical specialty for four years. Government doctors are allowed private practices, so I specialize in colon and rectal surgery in my practice. I have seen 5,285 new colorectal patients in the last four years. Unfortunately, there are hundreds of quacks treating anorectal conditions. Some of them still inject nitric acid into the anal canal.

Government hospitals cannot prosper because they are subjected to overregulation and an abundance of bureaucratic control from various authorities. Private hospitals, though smaller in size, are equipped with most modern instruments.

Attending the ASCRS annual meeting provided a unique opportunity for me to participate in a global exchange of ideas with fellow surgeons. I was most impressed by Dr. Bailey's Presidential Address, "A Lifetime of Learning," the panel discussion and session on "Previously Unimaginable Medication for the New Millennium."

Gain recognition

As the ASCRS International Scholar, I take home many benefits that will advance both the specialty and my career. I gained recognition as a colorectal surgeon, which will help me establish colorectal surgery as a separate discipline in my country. I had the opportunity to exchange ideas with colorectal experts from many different parts of the world.

I learned many operative techniques while visiting the Lahey, Cleveland and Mayo Clinics and benefited tremendously from the expertise of Drs. **David Schoetz, Victor Fazio, Roger Dozois and Santhath Nivatvongs.**

Improve services

I take home brief insights on clinical practice, medical teaching and research facilities in North America. These will be invaluable as I devote myself to improved delivery of colorectal surgical services to patients in Bangladesh.

I hope to share the knowledge gained by training more doctors in this discipline. I am committed to establishing colorectal surgery as a subspecialty in our tertiary care hospitals. ✱

Mark your calendar for future Annual Meetings of ASCRS

June 4-9, 2002
Chicago, IL
Sheraton Chicago

June 21-26, 2003
New Orleans, LA
New Orleans Hilton Riverside

May 8-13, 2004
Dallas, TX
Hyatt Regency Dallas

Enjoy the sights and sounds of San Diego in June

San Diego is more than just the site of the ASCRS Annual Meeting in 2001. It is a vibrant, energetic city with plenty to see and do. A wide selection of optional tours and activities have been planned to make the week even more enjoyable for registrants and their guests.

- **Take a guided tour through the Gaslamp District** – the heart of 19th century San Diego – featuring architectural landmarks, stories and legends behind the area’s most notorious haunts.
- **Embark on the high seas** for a boat tour of one of the world’s greatest natural harbors, home of the U.S. 11th Naval Fleet.
- **Journey behind the scenes** at the world-famous San Diego Zoo and Sea World;
- **Browse the art galleries and antique shops** of La Jolla, the “Jewel of the Pacific;”
- **Witness a variety of underwater creatures** at the Stephen Birch Aquarium;

- **Tour the Old Globe Theater** – a replica of the Globe in England;
- **Savor lunch and wine tasting** at the Thornton Winery in Temecula;
- **See wild animals in their natural habitat** within the San Diego Wild Animal Park.

Explore Tijuana

Or, take an afternoon and journey to Tijuana, Mexico. Only 17 miles south of downtown San Diego, Tijuana is a showcase for modern shopping plazas, the comfort of “Old Mexico” and its charms, high-end brand

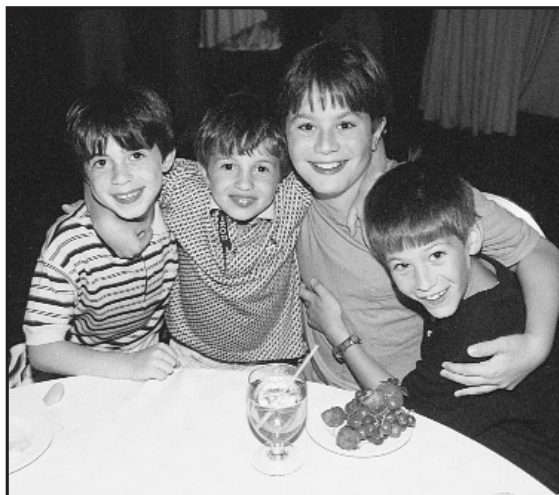
names and traditional Mexican jewelry and leather goods. Enjoy an authentic Mexican lunch, then wash it down with a margarita! *



See the dazzling acrobatics of Killer Whales at Sea World and witness the jungle’s fiercest predators up close at San Diego’s world-famous zoo



Bring your family with you: ASCRS caters to kids



While mom or dad attend the ASCRS Annual Meeting, future Society members like this group above will find several enlightening activities to make their stay a memorable one

San Diego in June makes the ASCRS Annual Meeting the perfect opportunity to mix science and family fun. Specially designed educational activities for children at the ASCRS Annual Meeting will guarantee these youngest meeting attendees the opportunity to expand their knowledge and broaden their horizons. They include:

- **A fun-filled trip to the Children’s Museum of San Diego.** All exhibits have been designed to peak the curiosity of children and are hands-on. This 1 to 2 hour visit will include time in the museum’s art studio.
- **Interacting with amazing tropical rainforest animals in the lobby of the Marriott.** Snakes, spiders, reptiles, a talking parrot and a squirrel monkey take center stage as wildlife experts from *Enjoy California Enterprises* enlighten the children on the importance of conservation and how these animals thrive in their natural environments. *