

Dr. Lowry proposes strategies to meet three major challenges

In a Presidential Address notable for its frankness, outgoing ASCRS President Dr. **Ann C. Lowry**, Minneapolis, MN, proposed strategies to squarely confront three major challenges:

- **Continuing medical education,**
- **Quality of care, and**
- **Relationship with industry.**

Dr. Lowry introduced a six-point approach to meeting these challenges:

- Acknowledge the problem (even when it's difficult to admit something may be wrong);
- Learn from others;
- Brainstorm possible solutions;
- Prioritize the options;
- Collaborate when appropriate ("You can accomplish more if you do not worry about who gets the credit");
- Do *something* ("Even if you're on the right track, you'll get run over if you just sit there," said Will Rogers).

Continuing medical education

The explosion of technology has heightened the need for continuing medical education, according to Dr. Lowry. She quoted a surgical resident saying, "We don't expect to be doing surgery the same way in 10 years but don't know how we will learn the new techniques."

Experts learn by deliberate practice and detailed immediate feedback. "The challenge is to avoid arrested development associated with automaticity," she said.

Acknowledging that more research is necessary, Dr. Lowry cited recent studies to prove the value of continuing medical training in improved skill retention and proficiency—and optimal methods for such training. One study showed that cardiac surgeons learned much faster when they practiced with the same team for the first 15 cases, performed multiple opera-

tions close together, received briefings before and after surgery, and tracked results.

Skills training is important for surgeons, she said, but so are interpersonal and cognitive skills that are far harder to teach. As renowned surgeon Harvey Cushing, M.D., put it: "I would like to see the day when somebody would be appointed surgeon somewhere who had no hands, for the operative part is the *least* part of the work." The specialty must actively work to develop the most effective and efficient methods of continuing education, as the field will continue to change rapidly.

Quality of care

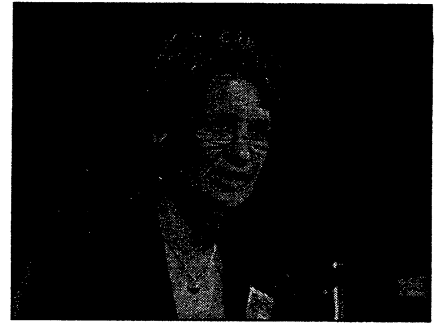
Turning to quality of care, she pointed out that the U.S. has the most expensive health care in the world, but does not always deliver the best results.

"While there are problems with the system, we do not need to be fearful," she said. "We have a good quality story to tell."

She cited a colorectal cancer study in Wessex, England that showed patients treated by specialists had a lower leak rate, lower recurrence rate in Dukes C patients, and higher survival in Dukes B, C and D patients.

"However, there are opportunities for improvement. Quality is primarily related to process, not individuals," Dr. Lowry said. "Poor quality is expensive. Quality improvement requires data and reduction of variability. We can't improve what we haven't measured," she added.

Dr. Lowry believes we can translate practice parameters into clinical management tools. She would like to establish a regional collaborative for data sharing and quality improvement. Another part of quality improvement



Dr. Ann Lowry speaks frankly.

is to define key clinical questions for research.

She acknowledged that measuring quality can be very difficult, giving the example of a 50-year-old man with rectal cancer. He received an appropriate antibiotic at the appropriate time, DVT prophylaxis and a beta blocker. By process measures, this was high

quality care.

"However, his cancer was not staged pre-operatively. So he had resection for T3 lesion without pre-op adjuvant therapy. He had an extremely low anastomosis, because a

stoma was not discussed preoperatively. There were positive margins on path," Dr. Lowry said. "Clearly, this patient's care would not meet quality standards expected of colon and rectal surgeons."

Dr. Lowry urged her colleagues to "acknowledge our deficiencies without losing sight of our strengths. We need to maintain our focus on patient care, learn from others, follow efficient methods to improve care, and collect data."

Relationships with industry

A common physician reaction when questions about relationships with industry are raised is to say, "Do not insult my intelligence by suggesting that I can be bribed into inappropriate professional behavior with a free lunch," Dr. Lowry told the Annual Meeting audience. She then cited published studies as evidence that industry relationships can influence physician behavior.

Pressing challenges facing surgeons:

- ◆ Continuing Education
- ◆ Quality of Care
- ◆ Relationship with Industry

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Dr. Ann Lowry recaps a very busy ASCRS year

In an expansive State of the Society presentation during the annual business meeting, outgoing President Dr. Ann C. Lowry recapped a very busy ASCRS year, beginning with a donation of \$100,000 to the American Red Cross to assist victims of Hurricane Katrina along the Gulf coast.

Sharing with the audience some images from Iraq showing the conditions of surgeons serving in the war zone, she acknowledged the service of ASCRS members deployed in Iraq and Afghanistan. Dr. Lowry asked the Armed Services members to stand for a show of appreciation.

Major initiatives included a management review under the guidance of an outside consultant, Ralph Bloch. This review of the Society's relationship with its management firm, Executive Administration, Inc. (EAI), included telephone interviews, a survey and a site visit.

"The consultant's review found that ASCRS and EAI conform to almost all association management best practices. Management fees are 25.6% of revenues, which is significantly below the industry benchmark of 33-45%," Dr. Lowry said. ASCRS made a new management agreement with EAI.

Other decisions that came from the management review include:

- Make strategic planning an ongoing process;
- Institute a leadership development process;
- Develop a policy and procedures manual;
- Make open communication and partnership the basis for the ASCRS-EAI relationship.

The Executive Council began by conducting a membership survey and updating the strategic plan. A redesign of the Website is also underway.

New fund raising initiatives, the Annual Appeal and Planned Giving program, were launched during the year. Legacy Circles were created to acknowledge cumulative donations.

Other achievements summarized in Dr. Lowry's presentation were:

Publications: Finalized licensing agreement for online access to the Cochrane Collaboration for members, starting July 1. Reciprocal agreement with *Diseases of the Colon & Rectum* and *World Journal of Surgery* for online access for subscribers.

Practice Parameters: Completed Surgical Treatment of Ulcerative Colitis, Detection of Colorectal Neoplasms, Sigmoid Diverticulitis, and Prevention of DVT.

Joint guidelines: Guidelines for Bowel Preparation for Colonoscopy (with Society of American Gastrointestinal and Endoscopic Surgeons [SAGES] and American Society of Gastrointestinal Endoscopy [ASGE]), Guidelines for Laparoscopic Colectomy Courses (SAGES), and Position Statement on Laparoscopic Proctectomy for Curable Cancer. Members of the Society are also working with members of WOCN on joint guidelines.

Collaborative initiatives include the guidelines, a public awareness campaign for fecal incontinence with the Institute for Functional Gastroenterological Disease (IFFGD), patient education material for patient advocacy groups with the American College of Surgeons, and working more closely with the Crohn's and Colitis Foundation of America (CCFA).

Public relations: Established the Community Impact Award; added a National Media Award for Internet presentations; approved Website criteria for advocacy organizations; completed new patient education brochures on Laparoscopic Surgery and Pelvic Floor Dysfunction.

Dr. Lowry applauded what she called "a fabulous effort by the Executive Council, Committee chairs and members, and staff." *

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"We need to acknowledge the problem. Physicians are like other humans and can be influenced," Dr. Lowry said. "The medical industry's goal is to maximize profit for shareholders. The health care provider's goal is to serve the best interests of our patients and communities."

Disclosure may not always be the answer, according to Dr. Lowry. She advocated mediation as a way to maintain the entrepreneurial spirit and cooperation that lead to medical advances; preserve the independence and integrity of the medical profession; and fulfill responsibility to the public for unbiased research and information.

"Quality is primarily related to process, not individuals. Poor quality is expensive."

CME organizations must maintain control over the content and faculty choices for their meetings, she said. Companies should not propose faculty, and speakers should have no financial stake in course content. "We need to maintain the highest ethical principles and prepare for negative consequences," Dr. Lowry said.

Dr. Lowry entitled her address "The Road Not Taken," and quoted from Robert Frost's poem by that title. She began by reflecting on her career in colon and rectal surgery, thanking her mentors, Drs. Stanley M. Goldberg and David A. Rothenberger, both of Minneapolis, her staff, family, and the Executive Administration Inc. staff led by Jim Slawny and Stella Zedalis, for their support during her year as Society President. *

2006 Annual Meeting draws record 2,094 to Seattle

ASCRS' 2006 Annual Meeting in Seattle set a new total attendance record of 2,094, and boasted the second-highest physician attendance in its 107-year history.

Non-member physicians, residents and colon and rectal fellows, physician assistants, nurses, media representatives and exhibitors joined 1,172 Society members attending the five-day event. The expanded scientific program reviewed current applications, and future technologies and techniques, designed to enhance patient care.

"The 2006 Annual Meeting was designed to give colorectal surgeons the tools to provide better patient care immediately," explained Program Chair Dr. **W. Donald Buie**, Calgary, AB, Canada. "The program also offered thought-provoking analysis of how new technology and surgical techniques will help patients suffering from colorectal disease lead more productive lives."

Scientific sessions among the 60 podium and 108 poster presentations offered the latest research on colorectal can-

cer, laparoscopy, colonoscopy, benign colorectal disorders, inflammatory bowel disease and anal disease.

"Pre-meeting" educational courses featured the ever-popular *Endorectal Ultrasound Course*, *Hand-Assisted Laparoscopic Intestinal Surgery* and *Transanal Endoscopic Microsurgery*

workshops, and a Research Foundation-sponsored symposium on grant writing.

Another highlight of the meeting was the Socioeconomic update. *Preparing Your Practice for the Economic Armageddon*, helped surgeons understand the impact of "Pay for Performance" and evaluate how other future economic changes may affect their practices.

Members who were unable to attend the Seattle meeting may access a

Webcast offering portions of the scientific program at the ASCRS Website (www.fascrs.org). The online program is available to all, and Continuing Medical Education credit is available to surgeons who did not attend. *



ASCRS Past President Dr. Ann Lowry (center) congratulates Drs. Donald Buie and Janice Rafferty, program co-chairs, on the Annual Meeting's success.

Dr. Lester Rosen installed as ASCRS President Dr. Douglas Wong becomes President-elect

Dr. **Lester Rosen**, Allentown, PA, was installed as ASCRS President during the organization's annual business meeting in Seattle, WA. He succeeds Dr. **Ann C. Lowry**, Minneapolis, MN.

Other Society members newly elected to the Executive Council are:

- Dr. **W. Douglas Wong**, New York, NY (President-elect);
- Dr. **John P. Roe**, Sacramento, CA (Vice President);

- Drs. **Tracy L. Hull**, Cleveland, OH, and **Theodore J. Saclarides**, Chicago, IL (Council Members).

Dr. Rosen: ASCRS President
Dr. Rosen is Professor of Clinical Surgery, College of Medicine, Pennsylvania State University/Hershey Medical Center. He is also Attending Surgeon at Lehigh Valley, Sacred Heart and St. Luke's Hospitals, Allentown, PA.

Dr. Rosen currently serves as Chair of the Fundraising Steering Committee, is a member of the Finance Committee, and sits on the Executive Board of the ASCRS Research Foundation. He has previously served on the Executive Council as President-elect, Secretary and Council member. In addition, Dr. Rosen has served on a great number of Society committees, including the Planned Giving

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