

# Quality Consideration, Safety and Pay for Execution: What's to Come Currently?

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## BRIEF REPORT

The American College of Surgeons (ACS) always has focused its activities on enabling surgeons to serve our patients with skill and fidelity, with the goal of improving the quality of patient care. This mission has become ever more relevant as the nation swiftly transitions to a more quality and safety-centered health care system. Already, the health professions are facing increased demands for accountability. A mistake in a hospital today, although exceedingly rare, will be on the front page of the newspapers tomorrow. Hence, we are trying to make certain that the surgical workforce of the future will be competent and qualified to provide the best possible operative care by developing educational programs centered on the 6 core competencies that the specialty boards and surgical educators have determined all surgeons should possess. At the same time, we must acknowledge that medicine today is a huge business, and what works in the corporate world may fail miserably in the health professions. As evidence of how much medicine has become like big business, consider these facts: health care consumes one seventh of the US gross domestic product, and 1 out of 11 American wage earners works in health care. This machine appears unstoppable. It is growing at an amazing rate, largely because the best thing for business is more business. In other words, the health care "industry" is functioning under the mentality that the more we do the better. This mind-set unquestionably has had its hold on medicine.

When I was in practice, we wanted to do everything possible to help each patient, regardless of cost or futility. For example, professionals in my specialty, colorectal surgery, treat advanced colon cancer with a drug that now costs \$90,000 a year to administer and maybe provides patients with 1 or 2 additional months of life. It offers no cure-just a few more months of life. Clearly, in this instance, the costs and benefits are incompatible. So, in health care, doing more is not always better for our patients or for the

economy. We need to consider whether our approaches are cost-effective and whether they contribute to the quality of our patients' lives. Therefore, in the future, hospitals and physicians are going to have to compete not on the number and breadth of services they provide, but by offering value-based care. We're going to have to do less and do it right. Our competence and competitiveness will be measured based on our results. The entire profession and, indeed, our whole medical system are going to be rapidly transitioning to value-based purchasing, or pay for performance, over the next few years. This new structure will be in place in less than a decade. The ACS is striving to make this transition more tolerable and to prepare surgeons for forthcoming challenges through all of its activities. To begin, we are developing new educational programs. For instance, we are drafting a curriculum for all individuals in their first postgraduate year (PGY-1) of surgical training.

All surgical specialists-whether they are going into ophthalmology, orthopaedics, or any other surgery-based discipline-are going to need to be exposed to a common and appropriate curriculum during the first year of residency. This curriculum will be available to all program directors to begin using this year. In addition, Dick Bell, MD, FACS, will be working with the American Board of Surgery to create a curriculum for PGY-2, 3, and 4 to make the resident education experience more uniform throughout for all future surgeons, regardless of where they happen to train. We also are developing courses intended to help surgeons acquire and enhance the leadership skills they will need to use in settings as diverse as the operating room and the boardroom. The future of this profession is dependent on strong leadership, and although surgeons always have been expected to lead operating room teams, not all of us have had demonstrable leadership skills. Of course, leadership is one element of professionalism-one of the core competencies mentioned previously. Hence, we believe our "Surgeons as Leaders" course has been a necessary addition to our educational programming.

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