



American College of Surgeons: The Value of Membership

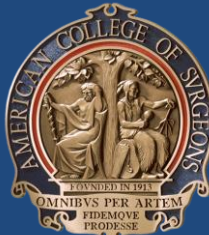
Minnesota Surgical Society – a Chapter of ACS
Water Street Inn | Stillwater, MN
October 13-14, 2017

Hilary A. Sanfey, MB, BCh, MHPE, FACS, FRCSI, FRCS
American College of Surgeons

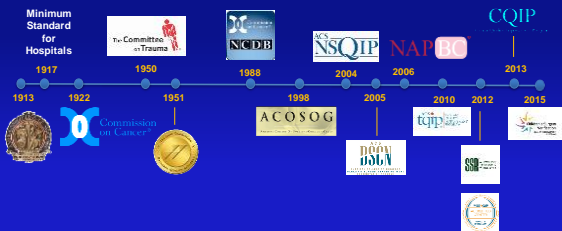
ACS Focus



- **Quality**
- Education
- Advocacy
- Communications
- Member Services



American College of Surgeons 100 Years of Quality Improvement



Four Principles of Continuous Quality Improvement

Standards

- Inspired by patient-centered care
- Backed by research and continuously-validated data
- Nationally benchmarked

Right Infrastructure

- Staffing levels
- Specialists
- Equipment
- Checklists
- Information technology

Rigorous Data

- From local medical charts/EMRs
- Backed by research
- Post-discharge tracking
- Continuously updated, real-time measurements

Verification

- External peer-review
- Creates public assurance

Quality Improvement: A Shared Interest and Mission

National Strategy for Quality Improvement in Health Care

U.S. Department of Health and Human Service

- Better care; healthy people and communities; affordable care



Triple Aim

Centers for Medicare and Medicaid Services

- Improving the experience of care; improving the health of populations; and reducing per capita costs of health care



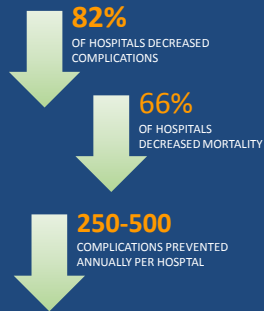
Learning Health Care System

Institute of Medicine

- Concept and contextualization of evidence



ACS NSQIP: Data Matters



Potential Cost Savings if U.S. Hospitals Adopt ACS NSQIP

Reducing preventable complications improves care and reduces costs:

- Reduction in complications: **250-500***
- Average cost per complication: **\$11,626**
- Average savings per hospital: **\$2,906,500 - \$5,813,000**
- Potential yearly savings across 4,500 hospitals: **\$13 - \$26 billion**
- Estimated total savings over a decade**: **\$130 - \$260 billion**

*Per hospital/per year; Hall BL, et al. "Does Surgical Quality Improve in the American College of Surgeons National Surgical Quality Improvement Program?" Ann Surg. 2009;250:363-376
**Length of time used for health reform calculations

Collaboratives are the Future

- Regulatory focus: preventable readmissions and hospital acquired conditions
- PPACA implementation: greater focus on quality, safety and value
- Pay for performance
- Importantly: it's the right thing to do for our patients



Quality – Public Assurance

- Verification/Accreditation programs growing
 - Cancer >1,600 centers
 - Breast > 200 centers
 - Trauma > 430 centers
 - Bariatric > 730 centers



The Surgeon of the Future

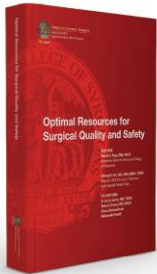
- Lead safe high performance **teams**
 - Integration of surgical/nonsurgical skills
 - Part of systems of care
- Evidence based practice
- Outcomes data – **public reporting**
- Continuous, professional development
- Recertification based on practice
- Communication, respect for others

Trauma Education Data For Minnesota

Course Report					
Advanced Trauma Life Support (ATLS) – 9 th Edition					
	2013	2014	2015	2016	2017
Total Courses	33	40	37	36	21
Total Students	513	616	619	554	319
Top 3 ATLS Sites					
Regions Hospital					
St. Mary's / Mayo Clinic					
Hennepin County					
Rural Trauma Team Development Course (RTTDC) – 3 rd Edition					
	2013	2014	2015	2016	2017
Total Courses	23	9	13	9	4
Total Students	187	177	266	151	62
Top 3 RTTDC Sites					
North Memorial Medical Center					
St. Mary's / Mayo Clinic					
St. Cloud Hospital					

Quality Data for Minnesota

- 26 Accredited Cancer Programs
- 11 Verified Trauma Programs
- 8 Hospitals Participating in NSQIP
- 10 Accredited Breast Centers
- 16 Accredited Bariatric Centers



INTRODUCING

Optimal Resources for Surgical Quality and Safety, a collection of key concepts in quality, safety, and high reliability that defines the essential elements that all hospitals should have in place to ensure patient-centered care. It is sure to be a trusted resource for surgical leaders seeking to improve patient care in their institutions, departments, and practices.

Optimal Resources for Surgical Quality and Safety is available at facs.org/publications/catalog for \$44.95 (includes shipping) for single copies or \$39.95 (includes shipping) per copy for 10 copies or more.

Focus



- Quality
- **Education**
- Advocacy
- Communications
- Member Services



ACS DIVISION OF EDUCATION OFFERINGS AIMED AT PRACTICING SURGEONS AND SURGICAL TEAMS



ACS DIVISION OF EDUCATION OFFERINGS AIMED AT SURGERY RESIDENTS AND MEDICAL STUDENTS



ACS DIVISION OF EDUCATION OFFERINGS AIMED AT SURGERY FACULTY



ACS DIVISION OF EDUCATION OFFERINGS AIMED AT SURGICAL PATIENTS AND THEIR CAREGIVERS



ACS DIVISION OF EDUCATION ACCREDITATION AND VERIFICATION PROGRAMS



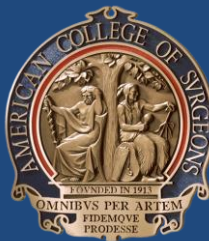
Program for
Self-assessment and
Special Credits



Focus



- Quality
- Education
- **Advocacy**
- Communications
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ACS Health Policy Committees

- Health Policy and Advocacy Group
 - ✓ Legislative Committee
 - ✓ General Surgery Coding and Reimbursement Committee
 - ✓ ACSPA *SurgeonsVoice* (HPAC)
 - ✓ New grassroots program launching in October 2013
 - ✓ ACSPA-*Surgeons* PAC Board

ACS Health Policy Agenda Major Issues

- Medicare Physician Payment Reform
- Graduate Medical Education
- Critical Access Hospitals – 96 Hour Rule

Congressional Influence – ACS Washington Influencing Points of Control and Access



But there are 535 Members of Congress...

- Legislative Champions
- Rising Stars
- Professional Experience - Physicians
- Other
e.g. Voting Bloc, Educational Giving, Horse Trading

Congressional Accountability

Elected officials are motivated by two things:

- The people who vote for and communicate with them

ACSPA-SurgeonsVoice
www.surgeonsvoice.org



- The people who contribute to their campaigns

ACSPA-SurgeonsPAC
www.surgeonspac.org



ACSPA-SurgeonsVoice
www.surgeonsvoice.org





- SurgeonsPAC Board of Directors
 - ✓ Accountable to ACSPA Board of Directors (Board of Regents)
 - ✓ Decision-making body for PAC strategy and disbursements
 - ✓ 20 person board is exceptionally diverse
- Basic Principles
 - ✓ Ability to influence and control congressional agenda
 - ✓ Non-partisan
 - ✓ Elect surgical champions
- 2015 Receipts: \$513,706 (hard and soft dollars)
- Percent PAC Participation: **2.4%** (1,492 donors)
- **WE NEED MORE SUPPORT!**

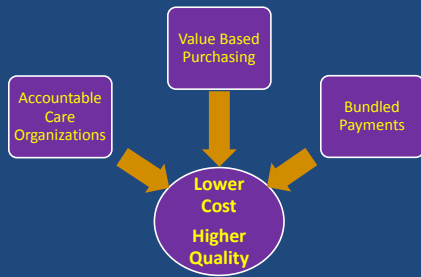
Medicare Access & CHIP Reauthorization Act (MACRA) - Key Provisions

- [Full and Permanent Repeal of the SGR](#)
- Annual Positive Updates
 - ✓ 0.5% per year for 5 years ****
- **PENALTIES** for existing programs **eliminated**
- Incentives for movement to **APMs**
 - ✓ 5% bonus per year for years 2019-2024
- **Pathways** included for surgeons to develop, test and participate in **APMs**

Medicare Access & CHIP Reauthorization Act (MACRA) - Key Provisions

- Prohibits **CMS** from implementing its flawed plan to transition to **0-day global payments**
- Prohibits the use of **guidelines created** by federal healthcare programs from serving as the basis of **standard of care** in a medical liability **claim**
- **Two years** additional funding for **CHIP** at the **levels** provided under the **Affordable Care Act**

The Shift Away from Fee for Service



MACRA FAQ's

- What replaces the SGR?

Two Options:

- Merit-based Incentive Payment System (MIPS)
- Alternative Payment Models (APMs)

Option 1: Merit-based Incentive Payment System (MIPS)

- Provides Annual Updates starting in 2019
 - Possible for ALL providers to achieve positive update
 - Payment updates based on individual performance
- Quality
- Resource Use
- Meaningful Use of Electronic Health Record
- Clinical Practice Improvement Activities (CPIA)

**OPTION 2:
Alternative Payment Models
(APMs)**

2019	2020	2021	2022	2023	2024
5% lump sum bonus payment on the previous year's allowable charges					

- Characteristics of Qualified APMs **still largely to be determined**
 - ✓ APMs will require financial risk or be a medical home model
 - ✓ Use of quality measures equivalent to those in MIPS
 - ✓ Use certified EHR technology
- **Options to qualify:** Two paths with increasing thresholds
 - ✓ Certain percentage of Medicare payments via approved APM
 - ✓ Reaching overall percentage goal of payment from all payers, including specified Medicare percentage, through multiple APMs

**ACS Principles
GME Reform**

- **GME should be supported as a public good**
 - *Education and training are essential mechanisms in the process by which new medical discovery and excellence in therapy are achieved. In order to foster and preserve the innovation for which our country's medical system is noted, graduate medical education should continue to be supported as a public good.*

**ACS Principles
GME Reform**

- **Unique Needs of Surgical GME**
 - *Surgical graduate medical education has unique needs linked to the skills training required for an additional set of technical competencies. Accordingly, in order to acquire and achieve mastery of those skills, it is imperative that those unique training needs be recognized.*

ACS Principles GME Reform

- Needs-based, “Demand-side” Workforce

- *Reforms should focus on creating a system that produces the optimal workforce of physicians to meet our country’s medical needs. The population of the United States deserves consistent service across the board.*

ACS Principles GME Reform

- Funding as a lever to meet workforce needs

- *Given that the practice of medicine is dynamic and therefore, what we need today is not necessarily what we will need in 10 years, the system should be nimble enough to adjust rapidly to the changing medical landscape. Methodologies to project workforce needs will need to be developed and continually refined as data becomes available. This methodology should be used to distribute funding in a way that meets workforce needs, not vested political or financial interests.*

ACS Principles GME Reform

- Accountability & Transparency

- *There must be accountability and transparency built into the system, not only to certify that funds are being spent appropriately to support the training of physicians, but also to ensure quality and the readiness of the physicians emerging from training. A hybrid governance system, incorporating public and private interests, with articulated goals and measured outcomes should be created.*

ACS Principles GME Reform

- Incentivize performance and innovation
 - Programs that produce high quality graduates in an efficient manner which are responsive to workforce needs should be **rewarded through financial incentives or higher levels of support**. Similarly, a **separate funding stream should be created to support innovation in GME** and thus incentivize higher quality training.

Critical Access Hospital Relief Act "96 Hour Rule" HR 169 / S 258

- Regulatory Advocacy
 - Conference call with CMS
- Grassroots Initiatives
 - E-mail, Communities, HPAC
- Meeting with Bipartisan Senate Finance Staff
 - Recognize the problem
- Multiple calls with Ways & Means Staff
 - ? Inclusion in Brady hospital payment package

ACS Focus



- Quality
- Education
- Advocacy
- **Communications**
- Member Services



Overarching Goals

To effectively communicate the Mission of the College to its multiple audiences—members, potential members, the public, policymakers, etc.

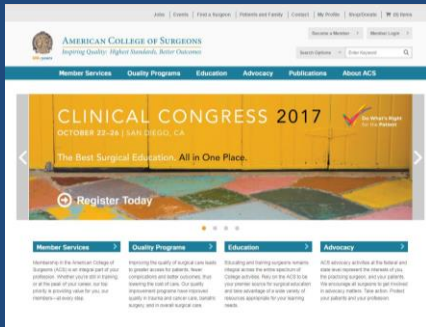
What the Division Does on a Daily Basis

Supports the College's programs (Pillars—Advocacy, Education, Quality, Communications, Member Services) in communicating their distinct and varied messages to their respective audiences

How We Are Organized



ACS Website: facts.org



Bleedingcontrol.org



ACS Media Relations



ACS Media Relations

THE Coalition for Quality in Geriatric Surgery PROJECT

New Geriatric Surgery Guideline

Featured on FOX360 Doctor Radio

Host Dr. Michael Perle talks with Clifford Y. Ko, MD, MGH, FACS, and Rosanne Rosemlaw, MD, MS, FACS, about the growing number of older adults in the U.S. leading to an increase in operations for geriatric patients. The show features a discussion about the Coalition for Quality in Geriatric Surgery (CQGS) Project and the national performance guideline for geriatric surgical patients developed by the ACS and the American Geriatrics Society. Dr. Ko is Principal Investigator for the CQGS Project. Dr. Rosemlaw is Co-Principal Investigator. CQGS is supported by the John A. Hartford Foundation.

AMERICAN COLLEGE OF SURGEONS
American Geriatrics Society

ACS Media Relations

REUTERS

Health | Jul 22, 2016 | 10:46 AM EDT

Loss of independence post-surgery linked to poor outcomes

By Kathryn Wurdelle

(Reuters Health) - For surgery patients over age 65, losing function or mobility or needing more care after surgery is linked to a higher risk of being readmitted to the hospital or dying, according to a new study.

Almost 60 percent of patients lose at least some of their independence after surgery, said lead author Dr. Julia R. Bevan of the **American College of Surgeons** in Chicago, Illinois.

"Because physicians rarely evaluate measures such as function, mobility and discharge destination, such outcomes are not usually discussed," Bevan said.

"It is something that should be tracked post-operatively, and perhaps should be discussed pre-operatively before the decision to operate is made," she told Reuters Health by email.

RELATED HEALTH

Media Relations: ACS in the News

https://www.facs.org/media/acs-in-the-news

AMERICAN COLLEGE OF SURGEONS
Setting Quality. Higher Standards. Better Outcomes.

Member Services | Quality Programs | Education | Advocacy | Publications | About ACS

ACS in the News

ACS in the News 2016

ACS in the News 2014

ACS in the News

August 2016

Some cancer patients may also struggle with depression
Other health topics | 2016

"Oncology providers have become increasingly concerned about the emotional well-being of their patients. In fact, in 2015, the American College of Surgeons' Commission on Cancer Patient Training, Service Patterns to and for Patients of Honor are being reevaluated."

July 2016

Loss of independence post-surgery linked to poor outcomes
Reuters | July 22, 2016

"The surgery patients over age 65, losing function or mobility or needing more care after surgery is linked to a higher risk of being readmitted to the hospital or dying, according to a new study."

Almost 60 percent of patients lose at least some of their independence after surgery, said lead author Dr. Julia R. Bevan of the American College of Surgeons in Chicago, Illinois."

When Multiple Myeloma Comes Back (Revisited in Support of Care, Oncology)
Medical Ethics Alerts | July 7, 2016

"A new initiative to support research on disparities in surgical care and outcomes for disadvantaged populations was recently approved by the National Institute of Biomedical Health Research (NIBIB). The initiative will involve joint committees on surgical disparities research."

Bulletin

The *Bulletin* is the monthly member magazine and publication of record for the ACS.



Bulletin

- Each month, the *Bulletin* publishes feature stories on a range of topics, from health policy and advocacy to ethics, and from the history of surgery to the latest innovations in technology.
- Comprises a number of columns, including Dr. Hoyt's monthly report to the members, "Looking forward."
- Publishes College news section and official statements from the ACS.

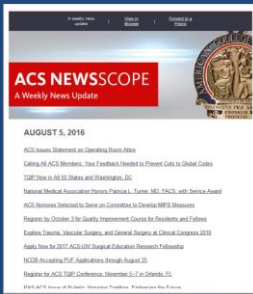
Interactive version of the *Bulletin*



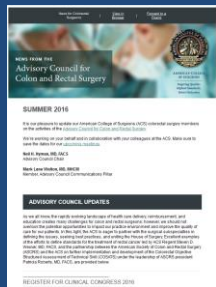
Monthly e-mail



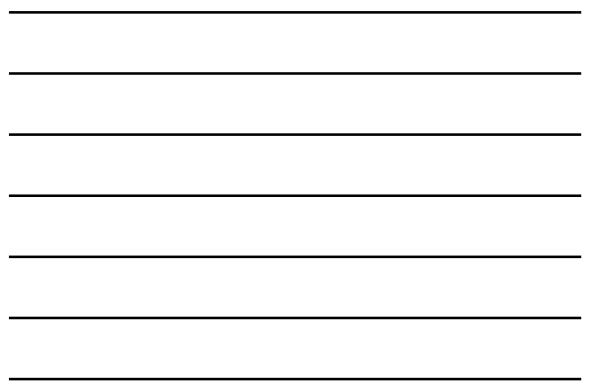
Newsletters



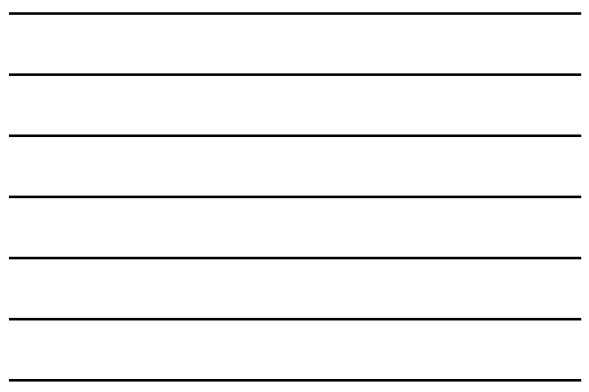
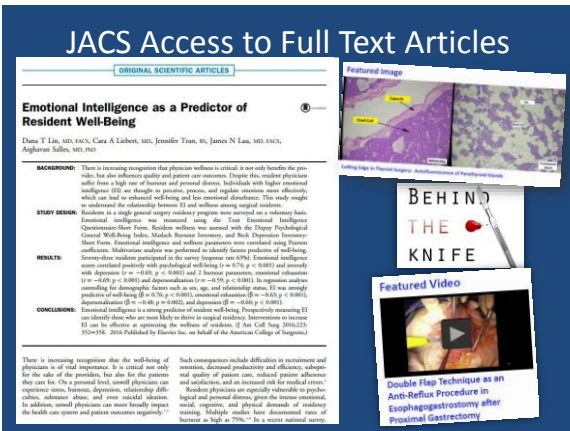
Newsletters



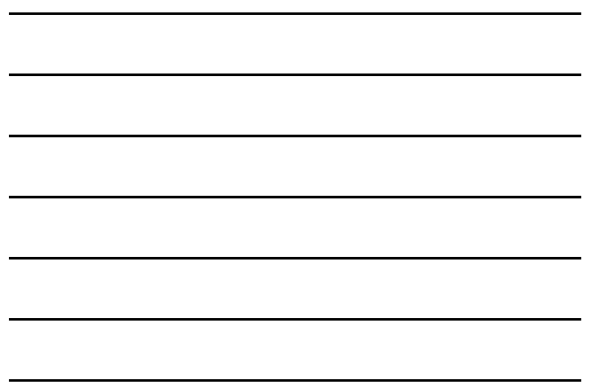
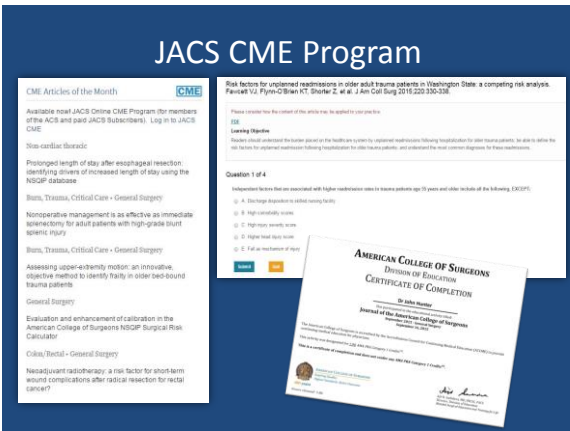
JACS Website: journalacs.org



JACS Access to Full Text Articles



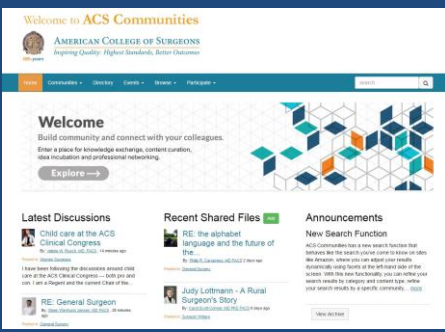
JACS CME Program



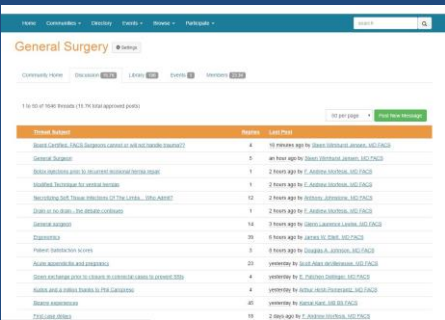
ACS LinkedIn



ACS Communities



ACS Communities Discussions



Cross-Marketing



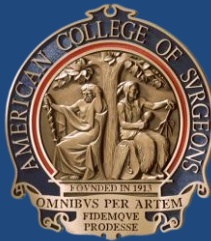
Clinical Congress Marketing



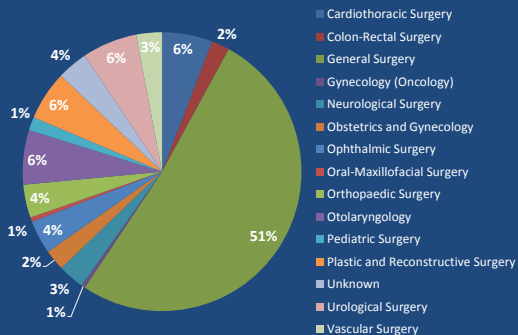
Focus



- Quality
- Education
- Advocacy
- Communications
- **Member Services**



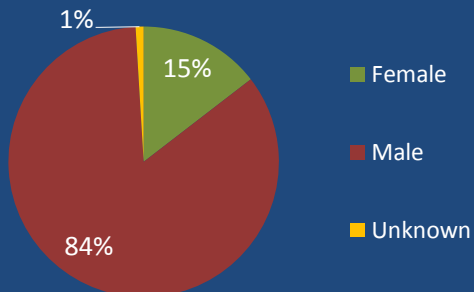
Membership by Specialty



Membership by Class

Fellows	
Domestic	59069
International	6125
Associates	4124
Residents	8726
Medical Students	2315
Affiliates	489
Total	80848

Membership by Gender



ACS- Minnesota Surgical Society ACS National Membership Data 2017

Membership By Specialty	
Cardiothoracic Surgery	71
Colon-Rectal Surgery	41
General Surgery	596
Gynecology (Oncology)	9
Neurological Surgery	25
Obstetrics and Gynecology	18
Ophthalmic Surgery	22
Oral-Maxillofacial Surgery	9
Orthopaedic Surgery	15
Otolaryngology	62
Pediatric Surgery	18
Plastic and Reconstructive Surgery	49
Unknown	39
Urological Surgery	36
Vascular Surgery	26
Total	1036

Membership By Class	
Fellow	768
Initiate	21
Associate	48
Resident	160
Affiliate	6
Medical Student	33
Total	1036

Membership By Gender	
Male	827
Female	206
Unknown	3
Total	1036

ACS Initiates – Minnesota Surgical Society

Initiates Per Year	
2012	17
2013	16
2014	21
2015	23
2016	22
2017	21

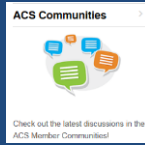
Membership

- Recruitment and Retention
 - Room for expansion in every market
 - Students
 - Residents
 - General Surgeons
 - *Every Surgical Specialty*
 - International Surgeons
 - Affiliate Members/ACS Quality Programs
 - Not a homogenous group
 - Gender, Specialty, Sub specialty, practice configuration



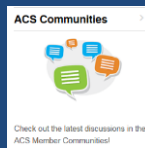
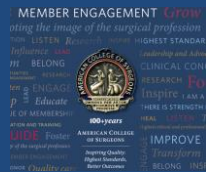
Personalized Delivery of Information

- Knowing about our Fellows
 - age
 - location—rural v. urban
 - practice pattern—academic v. employed v. solo practice v. multi group specialty practice
 - Clinical specialty
 - Non-clinical interests
- Configure a template of what surgeons want to receive and how they want to receive it.
 - Further personalized by the Fellow
- These data will inform our marketing , development, and delivery—what classes should be offered? What opportunities for leadership would be most well received? Which advocacy efforts will be most likely to achieve engagement?



Young Surgeon/Resident Recruitment

- Videos with directed messages for residents, young surgeons, and Fellows articulating benefits of membership
- Expanded use of social media platforms
- Request to SSC to support 100% of residents as RAS members, similar efforts underway in Canada
- Young surgeon networking events
- Member engagement efforts



Board of Governors

- 274 Fellows serve on the Board of Governors (B/G)
 - 83 Specialty Society Governors
 - 12 Canadian Governors
 - 218 Domestic Governors
 - 44 International Governors
- B/G Leadership
 - 7 member Executive Committee
 - Chair, Vice-Chair, and Secretary
 - Five members serve as Pillar Leads

Board of Governors

- Increased engagement with a defined list of expectations
- Re-imagined B/G committee structure and alignment within the pillars of the ACS
 - 13 workgroups with various subcommittees under 5 Pillars
 - + Committee to Study the Fiscal Affairs of the College
- Increased communication/use of electronic interaction
 - Webinars and Live Orientations for New Governors
 - Spring Leadership and Advocacy Summit
 - ACS Community
 - Quarterly B/G newsletter
 - New Governor performance feedback form



Advisory Councils

- 13 Specialty Advisory Councils
- Evaluating value proposition of shared membership modeling with other specialties
- Re-organization of Advisory Councils completed
 - Multispecialty Pillars based on ACS Divisions
 - ✓ Communications – specialty-specific newsletters
 - ✓ Member Services – member recruitment initiatives
 - ✓ Quality – Maintenance of Certification
 - ✓ Education – Clinical Congress programming
 - ✓ Advocacy and Health Policy – Surgical Quality Alliance
- Convene at Leadership and Advocacy Summit and specialty society meetings
- Provide feedback on ACS activities and projects
- Generate proposals for Clinical Congress panels
- Contribute nominations for new Regents and appointments to Boards and RRC's

Young Fellows Association (YFA) & Resident and Associate Society (RAS)



What is the YFA? The YFA exists to promote the interests and support the needs of young Fellows within the ACS in all aspects of their professional endeavors. The YFA seeks active feedback and participation from Young Fellows to better understand their needs and concerns.

Who is the YFA? Fellows 45 years and younger

What does the YFA Do? Provides engagement opportunities for interested, talented Young Fellows to participate in College activities and committees



What is the RAS? The Resident and Associate Society of the American College of Surgeons (RAS-ACS) serves to familiarize surgical trainees and young surgeons with College programs and leadership. RAS-ACS provides you with an avenue for participation in ACS affairs, fosters development and use of your leadership skills in organized surgery, and provides opportunities for your opinions and concerns as young surgeons and trainees to be heard by College leadership.

Who is the RAS? Residents enrolled in approved surgical residency programs and trainees in a surgical research or fellowship program, and surgeons who have satisfactorily completed an accredited surgical residency program and have entered surgical practice or are engaged in additional surgical residency, research, or a fellowship program

What does the RAS Do? Provides engagement opportunities for interested, talented residents and young surgeons to participate in College activities and committees

Chapters

- Chapter growth now at a pace of 1-2 new chapters per year with most of the growth in the international area
- Quarterly Chapter Newsletter provides information for ACS chapter officers and administrators about chapter best practices, upcoming events, scholarship opportunities, and new programs and initiatives around the College
- Focus on member recruitment and activities for residents and young surgeons at chapter level
- Annual Leadership Summit provides skills needed to become a transformational leader, along with chapter breakout sessions
- New Chapter Officer Leadership Program to educate chapter volunteer leadership about how to help their chapters succeed
- "Chapter Care Packages"- member brochures, College Divisional/program materials and branded giveaways being shipped to chapters for meetings
- Chapter Speed Networking and Reception at Congress - table talks on topics of interest for domestic and international chapter leaders
- Board of Governors Chapter Activities Domestic and International Workgroups actively build resources for chapters and support various initiatives to build chapter strength

Scholarships and Fellowships 1.6 million

International

- International Guest Scholarships (12)
- Community Surgeons Travel Awards (3)
- Traveling Fellowships to ANZ, Japan, Germany (3)
- International Resident Exchange Scholarships (4)
- International Surgical Education Scholarships (2)
- International NSQIP Scholarships (2)
- Carlos Pellegrini Traveling Fellowship (1)

Domestic

- Nizar N. Oweida Scholarship (1)
- Claude Organ Traveling Fellowship (1)
- George H.A. Clowes Career Development Award (1)
- Health Policy Scholarships (18)
- Faculty Research Fellowships (5)
- Resident Research Scholarships (6)
- Co-sponsored NIH Scholarships (3)

Leadership Summit

- The Summit offers volunteer leaders comprehensive and specialized sessions focused on the tools needed to be an effective leader
- Provides an opportunity for relationship building among:
 - Regents
 - Governors
 - Chapter Leaders
 - YFA leadership, RAS leadership
 - HPAC Counselors
 - Advisory Councils
- 400+ attendees each year plus staff representation from all divisions of ACS to provide onsite support and information
- Save-the-date - **May 19-22, 2018 Renaissance Washington, DC**



OGB Website



Beginning in 2017

Members will be able to:

- Sign up to become an OGB volunteer
- Search for opportunities
- Select opportunities and indicate interest
- Sign up for various registries (ie., disaster registry)
- Search for domestic free clinic opportunities

Agencies will be able to:

- Sign-up to become a partner
- Post and edit opportunities

www.facs.org/ogb

Domestic Initiatives

Proposed Activities

- Create inventory of critical/free access clinics/hospitals
- Identify a pool of retired/giving surgeons to provide a break in rural areas
- Develop best practice toolkit for domestic volunteerism
- Understand current Domestic Volunteers needs
- Encourage and facilitate rural surgery rotations for residents
- Develop advocacy plan to incentivize surgeons working in rural areas

Next steps

- Develop activities around topics of domestic volunteerism at Clinical Congress
- Develop workshop and awareness campaign at 2017 ACS Leadership and Advocacy Summit



International Initiatives

- There are **5 billion** people in the world who do not have access to safe, affordable surgical care
 - They reside in mostly low and middle income countries
- **313 million** surgical procedures performed each year; but only **6%** in world's poorest countries where a third of the world's people live

Should the ACS play a role in increasing Global Surgical Capacity?

Yes!!!



International Initiatives

Proposed Activities

- Regionalized needs assessment
- Plan for Local on the ground engagement
- Plans for pre-deployment training

Next steps

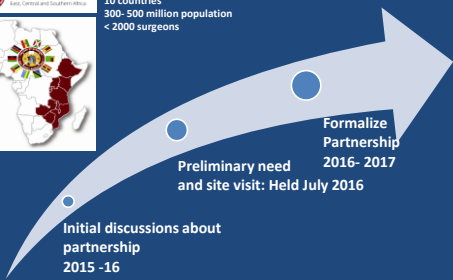
- Develop ACS branded educational products
- Connect with reliable partners in LMIC and others activities
- Start with small but scalable global ACS branded program
- Create and manage OGB sites; start with proof of concept



Needs Assessment and Initial Partnerships Development Plan



10 countries
300- 500 million population
< 2000 surgeons



THE ACS AND MILITARY HISTORY



Mayo Brothers, Moynihan, Martin, Crile, Oschner
Lund, Sullivan, Cotton, Clark, Simpson, Bowman
Circa World War I

Formalization of the Military Health System Strategic Partnership (MHSSPACS) - 2014



Dr. David Hoyt, ACS Executive Director & Dr. Jonathon Woodson, Assistant Secretary of Defense
www.facs.org/member-services/mhsspacs

Main Goals of Collaboration

1. READINESS AND SUSTAINMENT

- Development of a curriculum for the deploying surgeon
- Validation of knowledge, skills, and abilities



2. QUALITY

- Formation of a NSQIP Collaborative for Military Treatment Facilities
- Development of verification criteria for Quality programs



3. RESEARCH

- Translating research findings from Combat Casualty Care (CCC)
- Addressing CCC Research gaps in the civilian sector



MILITARY HEALTH SYSTEM
Strategic Partnership



Main Goals of Collaboration

4. Joint Trauma System (JTS)

- Preserving key elements of JTS for next conflict (PI, CPGS, DoDTR)
- Combined Military/Civilian Trauma System to Achieve "Zero preventable deaths" as outlined by National Academies Report



5. Excelsior Surgical Society

- Rebirth of Military Surgical Society for Scientific Exchange
- Annual Scientific meeting for all active/past military surgeons



MILITARY HEALTH SYSTEM
Strategic Partnership





QUESTIONS?
