

Member Survey April 2007
Colorado Chapter American College of Surgeons

1. What do you see as the most important issues that the American College of Surgeons can help us with?

42_ Practice Viability	22_ Trauma Care/Liability
58_ Medicare Reform	52_ Legislative Advocacy
71_ Medical Liability	75_ Reimbursement
20_ Professionalism	Other _____

Institution of patient safety practices into daily practice

Hospital relations/contracting/billing & coding

Advocate for single payer system

Professional Fellowship

Monitor proficiency

Image

Training for new technology/techniques huge issue for rural surgeons and most of the state is rural.

Level of reimbursement

Adapting to change

Cost vs reimbursement

2. What should the priorities be for our State Chapter?

60_ Advocacy for Surgeons	18_ Graduate Medical Education
56_ Legislative Voice	27_ Continuing Medical Education
35_ Practice Viability	69- Reimbursement/ Insurance
58_ Medical Liability/ Tort	Other _____

Advocacy for patients

CME including advanced technology training

Creation of true state trauma system (we only have our association at this time and there is no coordination of resources)

Patient Communication – reform of our ranks

Patient safety

Long-term financial viability

3. What issues do you see the Chapter having input at a local legislative level that affect surgical care?

62_ Provide a mechanism for legislative input
31_ Trauma coverage and reimbursement issues
83_ Insurance/ Reimbursement issues
48_ State-wide healthcare reform/universal coverage

Need No-fault auto insurance

Becoming a strong voice in the legislature

Coordinate Risk Management with Copic

Tort reform

4. How best do we support resident education?

- 42__ Annual Resident Dinner/ Practice education
- 64__ Networking / Job opportunities for current graduates
- 29__ Resident Scientific Paper Competition
- 68__ Mentoring opportunities

Legislative advocacy for state support of higher education
 Would be more effective if formalized with UCHSC
 Improve reimbursement to give them hope for their future and drive more residents to surgery.

5. Is an annual medical meeting the best way for the Chapter to use its time and resources?

54_ Yes 50_ No 4 __Undecided

Where do you obtain CME?

- 34 __ Meetings*
- 30 __ National meetings*
- 19__ On line
- 12__ Journals
- 6__ Hospitals

- SAGES
- ACS
- SESAP
- Critical care/Trauma review courses
- Audio CD
- Wherever I can...
- Product reps

6. Why do less than 5% of our membership attend this meeting?

- 24__ Location
- 66__ Time
- 11__ Quality of Program
- 36__ No interest

Pick places families can enjoy
 Working more for less \$
 Specialty meetings more valuable
 Subjects too broad
 Not Ophthalmological
 Lack of coverage
 Cost
 Not applicable
 I think the CO Chap CME has become over-rated/outdated – leaving collegiality the only reason to meet.
 Because this organization does not address the fundamental core issues affecting surgeons today. Case in point, last year's keynote address at the ACS in San Francisco was about the AMA and branding medicine. This was so far off what was important to me it was laughable.

Practice viability & reimbursement
Financial viability – contracting

7. What is the biggest concern for your practice?

47 __ Reimbursement
16 __ Liability
8 __ Viability

Medicare cuts

Medico/legal

Increasing costs

Lack of Universal coverage

Burnout

Uninsured

Time for research

Legislation & tort reform

Recruitment

Grad Med Education

Hassle factor

Dr./Patient relationship now secondary to payer/patient relationship

Long-term acquisition of evolving technologies and adequate training for them

Trauma recruitment

Call coverage

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