

**Across the Universe: “Sounds of Laughter, Shades of Life”**

**Guy Orangio, MD**

**ASCRS Presidential Address**

**May 2018**

I wish to express what an honor and privilege, it has been for me to serve as the President of the American Society of Colon and Rectal Surgeons this past year. I am humbled to stand in front of this great society where so many more deserving men and women have stood before me and presented their Presidential Addresses. Standing in the footprints of giants, is truly the pinnacle of my professional career.

The high point of the any Presidential year is our Annual Scientific Meeting; we are so privileged to be in this beautiful venue in the “Heart of Country Music.” In 1908 American Proctologic Society’s annual meeting was in Nashville, Dr. A.B. Cooke (President 1907-1908) Presidential Address, assured the members at the meeting that he would not exceed 2 hours. In today’s digital world, if my address exceeds 40 minutes I will be the only one left in this room.

I want to thank EAI, for organizing and managing this wonderful venue and a special thank you to Gina Seegers, Kristi Conley and Linda Cullen for all they have done for ASCRS this past year.

I want to thank my program Chair Dr. Eric Johnson, and Co-Chairs Drs. Jamie Cannon, Jason Mizell, they have constructed an incredibly strong scientific program that is focused on our young surgeons and diversity. I am pleased to announce that this is the second highest non-tripartite meeting in our history. I am so proud that at this Annual Meeting there are 41% women Directors/Moderators with 35% women speakers, 19% non-Caucasian Directors/Moderators and 17% non-Caucasian speakers. Eric, Jamie and Jason, what you have accomplished here with diversity is a foundation that our society can continue to build on. I thank you from the bottom of my heart for your dedication, leadership, friendship and for bringing the “best and brightest” young surgeons to the podiums.

I want to thank the Super Committee, the Program Committee and the Awards Committee for doing so much work and receiving so little fanfare.

I want to thank the Executive Council members for their time commitment, work ethic, wisdom, professionalism, and dedication to ASCRS. As President I am humbled and honored to have worked side by side with you this past year.

This Executive Council has been confronted with adversities, conflicts, yet turned those obstacles into successes for our society that will benefit our members for years to come: I will mention a few milestones: the Council hired as Executive Director David Westman, developed committees for Transparency and Governance. The Council developed the Committee on Committees, which will oversee the 27 committees and the 632 members that are the life blood of this society. The Council accomplished these milestones with one goal in mind to make our society more transparent and inclusive. Please attend the ASCRS Business Meeting, Tuesday May 22 for the State of the Society Address.

I want to welcome and thank David Westman ASCRS Executive Director, who has 20 years of experience in association management, board development and a fund of knowledge that is unsurpassed in the industry. ASCRS is extremely fortunate to have him as our Executive Director.

I want to thank the “Fab Four” as I have always called them, Drs. Victor Fazio, Ian Lavery, David Jagelman and Frank Weakly: I had the privilege and honor of being their fellow in CRS at the Cleveland Clinic so many decades ago. Drs. Fazio, Jagelman and Weakly have passed but they live in my heart forever. Dr. Lavery, thank you for remaining a mentor and trusted friend for so many years. I hold you in the highest esteem.

I want to thank my children Daniel and Chrissy you are my strength and guiding light. I am so proud of the people you have become.

In 2012 Lisa and I were recruited by LSU School of Medicine, New Orleans; my charge was to develop a Section of Colon and Rectal Surgery and an ACGME fellowship in CRS, but the real reason I left Atlanta was because I followed the “Red Head” my wife Lisa Peacock. Lisa was the one that LSU had been trying to recruit for years, so I guess we were a “couple’s match.” Lisa is my strength, my confidant and the love of my life; and we can attest that “Love is Lovelier the Second Time Around.” Lisa is an accomplished Urogynecologist and Chair of LSU Department of Obstetrics/Gynecology; she out ranks me at work and home.

I want to thank Lisa’s lovely daughters Katie and Emily Goldstein, for bringing Daniel, Chrissy and I into their lives and hearts.

A special thanks to Katie: on July 14<sup>th</sup>, 2017 she was visiting us in New Orleans, when I had a massive embolic stroke, if it wasn’t for her strength and quick actions, I probably would not have survived or even worse, survived paralyzed and aphasic. Thank you, Katie.

I want to thank Lisa’s family for traveling from New Orleans and Houston to support me thorough this very special time of my career and life. I love you all.

I want to thank my partners at LSU, Drs. Jeffrey Barton and Kurt Davis, for their understanding and friendship for covering for me over this past year through frequent absences and multiple phone conferences.

Since Eric opened up Pandora’s box I will touch upon my heritage and my life as a young man.

### **Ellis Island Gate Way to America**

My grandparents were born in Italy: Naples, Rome and Calabria, they migrated to America through Ellis Island, NY. They moved in with family members in Jersey City, NJ the “Italian Section” (inner city) in the late 1890’s and early 1900’s. My grandparents never attended school; however, they could read and write, they spoke Italian better than English. They lived in the same neighborhood, on Ocean Ave. My grandfathers were hard working men my dad’s father worked for the Pennsylvania Rail Road, repairing and laying rail road tracks for 55 years; my

mother's father worked in the scrap metal and trucking business (family business he and three of his sons).

My mother (5 brothers) and Dad (10 siblings) - both of my parents did graduate high school. My parents became childhood sweethearts. Then December 7<sup>th</sup>, 1941 Pearl Harbor, World War II touched America. My father joined the Army (as did 4 of his brothers). He was a flight instructor in Army Air Corp. Three of my mother's brothers joined the Army: Joseph (the middle son) was deployed to Germany where he received a Bronze medal and Silver Star and later on in the Korean Conflict (that is a political word for War) he received a second Silver Star. One day when I was about 14 I asked Uncle Joe how he became a hero of WWII and Korea: He smiled shrugged his shoulders and said, "it is not important, ok." I never asked again.

This is where I developed a deep respect for our military, for what they have done and still do for our country; they sacrifice everything to keep America safe. I would like to pause here and thank the men and women who are active military or veterans. Please will all active military and veterans please stand.

As I was reflecting on how to discuss my life as a young man, leaving out some difficult times. I remembered a statement from the 2008 Presidential Address of the late Dr. W. Douglas Wong. He thanked people in his life that "mentored him, and set his career on the right path- as opposed to the "wrong path" to which he was accustomed!" That quote resonated in my mind and immediately remembered a lyric from the song, "Any Road" by George Harrison, from the album "Brainwashed."

**"If you don't know where you're going any road will take you there."**

As a teenager running the streets of Union City, Hoboken, Jersey City, Newark and New York City, I choose every wrong road that a young man could choose. Many times, too many times I paid dearly for those poor choices. While in high school I was completely uninterested in learning, there were three teachers who always said to me " You have so much potential if you would just apply yourself," I didn't listen and I didn't care. I spent most of my time in Danny's Pool Hall, 38<sup>th</sup> Street, Union City, and I must say I still shoot a good game of pool. Well, in spite

of myself, in June 1969 at 18 years old I graduated high school, never applied to college, no job and didn't pass my pre-induction physical. I had nothing to do. After a few weeks of soul searching at end of June 1969, I went back to my high school, summer school was in session (I spent a few summers there), spoke with three high school teachers who believed in me (Miss Nadeo, Miss Sullivan and Mrs. Sachs) and offered them the chance to put me on the **right road** and they did; September of 1969 I entered my freshman year of college!

As the saying goes “**The Rest is History.**”

Both my parents are gone now my mother died very young, 50, of cervical cancer, her death was really more about with health illiteracy, poor access and lack of insurance, she died one month before I received my letter of acceptance to New York Medical College Medical. My Dad and I remained close for the next 30 years. Today both are looking down beaming with pride and joy that theirs on.

Let's start our journey! The mental anguish of developing a theme for the Presidential Address is daunting and mind numbing, I had the hardest time trying to find a message. Reading the Past Presidential Addresses from 1908 to 2017 only increased my anxiety, because I realized there was nothing left to for me to speak about. I was wallowing in writer's block.

It wasn't until I was listening to the Beatles, Let It Be Album (1970) thinking about my presidential address and the song “Across the Universe” began playing and the lyrics made me reflect on what a Great Society I am a part of and how it has traveled across a Universe of time.

### **Let's begin our Journey**

Our society had a very humble beginning; it was created on June 6-7<sup>th</sup>, 1899 at the Chittenden Hotel in Columbus, Ohio as the American Proctologic Society (APS) almost 125 years ago. There were 13 charter members of Society, of which eleven went on to become presidents of the society.

The first President Dr. Joseph M Mathews (President 1899-1900, 1913-1914) was a prolific author. He published the first journal devoted to proctology “Mathews Medical Quarterly.” His books included Treatise on Diseases of the Rectum, Anus and the Sigmoid Flexure (1890) and How to Succeed in the Practice of Medicine (1902). Even then founders were worried about health care economics.

Early international roots were starting to develop when Dr. J. Rawson Pennington (President 1904-1905) traveled to St. Mark’s Hospital, London taking special rectal surgery courses.

Dr. George J. Cooks, 1911 Presidential Address:

*“On the occasion of the thirteenth anniversary of the organization of the first medical society in the world, whose sole object is the “investigation and dissemination of knowledge relating to the rectum, anus and colon....”*

He went on to say, *“this is the age of specialism, and the wonderful development and advances in arts and sciences is due to specialism- the concentration of the mental energies along one line of thought.”*

Dr. Louis J. Hirschman, 1913 Presidential Address proposed questions:

*“One cannot arbitrarily cut off six or eight inches of the lower bowel and say “below this line I specialize and above it I am incompetent,” he went on to say “why should not he, who devotes his entire knowledge and activity to the diseases of the large bowel, include the small bowel, and truly become a specialist in intestinal surgery.” He coined the term,” Entero-Proctologist.”*

The theme of expanding proctology to include diseases of the small bowel, colon, rectum and anus came to the forefront in the 1960’s when a push by the younger surgeons, who wanted to change the name from the American Proctologic Society to the American Society of Colon and Rectal Surgeons.

Dr. Bertram A. Porting (President 1981-1982), who died this year, remembered having strong feelings at the time that a name change was necessary. His memorial lecture is Tuesday May 22<sup>nd</sup>.

*“The American Proctologic Society had a limiting force for us in the academic community. It is necessary for us to stamp out our turf and develop a name that better indicated what we do.”*

The late: Dr. Eugene P. Salvati (President 1985-1986) said:

*“There was tremendous turmoil and opposition among a considerable minority of the membership. It looked as though the issue was going to tear the Society apart.”*

Dr. Stanley Goldberg (President 1983-84) believed that the specialty was not going to survive unless it attracted bright, young people who were going to be trained as surgeons. He felt that the name change and the focus of the society were important for its continued survival.

The society was met with external resistance from the ACS Board of Regents, which denied the request for a change name of the Advisory Council for Proctology to Advisory Council for Colon and Rectal Surgery. In 1968 the American Medical Association did agree to the change name of the Section on Proctology to the Section on Colon and Rectal Surgery.

In 1968 at APS Annual Society’s convention the proposed bylaw amendment to change the name of the society failed to pass. It wasn’t until 1973 at Annual Society Convention in Denver when the bylaws amendment was ratified the name was changed to American Society of Colon and Rectal Surgeons.

The early members created a new specialty society, defined that specialty, developed board certification, developed departments of proctology in medical schools, and developed training programs in proctology for surgeons, not without obstacles and roadblocks along the way, but because of their commitment, strength, foresight and dedication they constructed a foundation of granite that we stand on today.

As I mentioned my mother graduated high school. My mother told me that she wanted to become a nurse, her father would not permit it, he vowed to disown her, make her leave the house if she

went to nursing school: she said he screamed at her, “the only naked man you will see will be your husband.” He crushed her dream, because of ignorance.

As ASCRS traveled Across the Universe there were times when there were “Pools of Sorrow followed by Waves of Joy, for some of our fellows. I am going to touch on diversity. We realize that the founding members were all white men, during their speeches they use the nouns “he or him,” I was going to change those words to “surgeons or physician” because I was afraid of offending my audience, but I didn't because it was a different time, a time of social ignorance and unspoken bias. I decided to leave the quotes as they were; we can't change the mistakes of the past, today we choose not to repeat those same mistakes with the hope of making tomorrow brighter.

As I read through the history of our society I realized that there were many members of our society that confronted bias and supported diversity and in some way maybe they were hoping for social change.

In 1933 the first woman was elected as member of the American Proctologic Society: Dr. Mary E. Spears, of Philadelphia, certainly remarkable for that era and a very proud moment for our society.

Dr. Ernestine Hambrick in 1973 became first was board certified women in CRS in America and Canada. Because of her many accomplishments the Dr. Ernestine Hambrick Lectureship was established for our Annual Scientific Meeting and is scheduled for Wednesday May 23<sup>rd</sup>. Please attend.

Dr. Patricia L Roberts was the first woman Program Chair for the 1997 ASCRS Annual Scientific Meeting. Since then our Society has been steering a steady course of diversity. I would like to recognize some of our fellow who were at that helm leading us to diversity: Drs. Alejandro F. Castro (President 1977-1978), Stuart H.Q Quan (1979-1980), Ann C. Lowery (President 2005-2006), W. Douglas Wong (President 2007-2008), Charles E. Littlejohn (President 2015-2016), Patricia Roberts (President 2016-2017), Susan Galandiuk (Editor in

Chief, DCR), Heidi Nelson, (Executive Council 2014-2017), Nancy Baxter, Elisa H. Birnbaum, Julio Garcia-Aguilar (Executive Council 2015-2018), Jose R. Cintron, Deborah Nagle and Judith L. Trudel to name a few. These men and women have the “Right Stuff.” They showed strength, integrity, mental toughness, and determination. Because of their life experiences, accomplishments and sacrifices you have made our society so much richer, and we thank you.

As ASCRS moved Across the Universe physicians have been the targets of the health care revolution. Beginning in the 1930’s the rhetoric began.

A message from President Franklin D. Roosevelt was given by his emissary Senator Lewis at the 1937 American Medical Association Meeting, in Atlantic City NJ:

*“Speaking on the new status of the profession.” He told the doctors “The question for you doctors is not whether you like it, or whether you don't. All your past has been that of the doctor and his patient, and that won't do. We know nothing about a patient, don't recognize his existence; it is your creation.”*

Many past presidents expressed their concern about the future of the practice of medicine and threat to the patient physician relationship.

In 1938 Harry Z. Hibshman’s, President Address:

*“It is rather serious that the Government should enter into these things: it is serious for the man who is in general practice, also for the specialist.” Are we going to become a Fascist Nation?” Are we going to establish Nazism, Communism or some form of “ism” so that regimentation of medical service will result? Or do we value that personal relationship between patient and doctor, which is the prime requisite of good medical work?”*

In 1941, Clement J. de Bere’s, Presidential Address:

*“Let us hope that in this free country of ours we will never see the day that Federal or local government will deem it necessary to force legislation upon us.”*

In 1946, William H. Daniel’s Presidential Address:

*“Our Society ... is confronted with the common enemy of the American way of life, that is, the federalization, regimentation, or socialization of medicine.”*

In 1978, Alejandro F. Castro’s Presidential Address:

*“Medicine finds itself in the midst of the tornado of bureaucracy, now spiraling as a political football to fall in the midst of chaos and diminished health benefits.”*

In is remarkable that the fears expressed in those Presidential Addresses have become our reality or burden. After Fellowship I went in to private practice in Atlanta, in 1985 when physician reimbursement was Usual, Customary and Reasonable; by 1992 the Medicare Physician Fee Schedule was established based on the Resource-Based Relative Value Scale (RBRVS), in 1992 Health Maintenance Organizations, Preferred Provider Organizations and Capitated Contracts. All of these methods of reimbursement were supposed to stop or slow the rise in cost of health care. Let’s look at their effect on the National Healthcare Expense (NHE). The annual National Healthcare Expense (NHE) pre- and post- Medicare and Medicaid increased from 1960 through 2018 from 5.1 % to 18.2% (\$3.7trillion) of Gross Domestic Product (GDP) and by 2026 the NHE will be 19.7% (\$5.7trillion) of the GDP. It appears that nothing had stemmed the rising cost of health care in America.

In 2010 the Patient Protection Affordable Care Act (ACA) became law; at that time there were 44 million non-elderly Americans without health insurance.

*I believe that all Americans have a right to some “basic health care” but I strongly believe that Americans must take some responsibility for their health: with life style changes e.g. diet, exercise and tobacco abuse.*

Clinical Integration is based on the economic principle of modifying “physician behavior,” through financial incentives and disincentives.

Clinical Integration is intended to make the delivery of high quality health care more efficient and equitable at a lower cost.

Clinical Integration has theoretical advantages but the reality:

- Produces Higher prices than stand-alone non-integrated providers.
- Integrated systems can't make up for the higher prices by reducing services.
- There is a wide geographic variation of prices which makes it more difficult to control the price of services delivered.
- In many cases it has not shown to improve quality.
- It has reduced competition which is necessary to control prices and to enhance quality.
- The dominant payment systems are based on the Fee-For Service reimbursement; the WRVU, which is the most schizophrenic aspect of integration.

The Fee-for-Service has been under assault for the past 50 years by government and third party payers, yet that is how the networks attract physicians in to vertical integration.

Then in April of 2015, the Medicare Access and Children's Health Insurance Plan (CHIP) Reauthorization Act, (MACRA) became law, is a bureaucratic "night mare " for physicians and their staffs. MACRA created Medicare's Quality Payment Program with two payments models: Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APM's). The MIPS payment model is the most blatant attempt by Government to accelerate physician's migration in to integrated networks. MACRA could be considered the corporate transformation of American medicine. Under MIPS, the Composite Performance Score (CPS) was instituted, which is based on four categories: Quality, Advancing Care Information, Resource Use and Clinical Practice Improvement Activities, which is the basis of physician reimbursement.

This law is so burdensome to physicians that the June 2017 Medicare Payment Advisory Committee (MedPAC) recommended that the current MIPS model should be redesigned and the advanced APM model must be strengthened.

The MedPAC report to Congress stated current MIPS design is unlikely to succeed:

- It fails in helping beneficiaries to choose high quality cost effect clinicians.
- It fails to change practice patterns in order to improve value.

- It fails to assist the Medicare program to reward clinicians based on value.

The committee felt the quality category is ineffective in measuring physician quality. They recommended changing the measures to “population outcomes measures.”

- Preventable admission/ED visits                      Healthy Days at Home
- Mortality/Readmissions                                      Rates of low-value care
- Patient Experience    Relative Resource Use

Many physicians still believe that we should be more radical and resist these changes. I believe we must support Quality Measures (that truly measure Quality); we must move from Volume to Value by increasing efficiency and improving outcomes for our patients.

In order for us to accomplish this we must look at the “full cycle of care” and the “total cost that full cycle of care.” Only then will we begin making effective changes in the delivery of health care to our patients. We can affect change but we must not allow these changes to interfere with physician-patient relationship.

I believe it is time that American medical schools develop curriculums that define and support these concepts of Quality and Value, so that our future physicians will have the appreciation of the socioeconomic impact that physicians have on their patients they serve and society as a whole.

This war is not over and many of our members have been and still on the front lines of this battle of health care economics, Drs. Terry Hicks (President 2014-2015), Anthony J. Senagore (President 2008-2009), Frank G. Opelka and David A. Margolin. Frank and Tony asked me to become a part of the team in 2002. Since that time, I have had the privilege of being the ASCRS advisor/alternate to the AMA RUC, AMA CPT and the ACS General Surgery Coding and Reimbursement Committee (GSCRS).

Today our Healthcare Economics Committee is extremely productive thanks to strong leadership by Chair Walter A. Peters Jr. and Vice Chair Jeffery L. Cohen and on the national front by Drs. Steven Sentovich, Advisor to the AMA/Specialty Society RVS Update (RUC) Committee and

William J. Harb, Advisor AMA/Current Editorial Panel (CPT). These fellows will continue the legacy of ASCRS involvement in changing health care economics.

Decades ago our society realized as a society we had to partner with the American College of Surgeons (ACS) and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) in order to be an effective voice for physicians and surgeons. The College has the respect of CMS and Congress and they have been extremely effective in assisting surgeons in maneuvering through the bureaucratic burden of quality measures and vertical integration. Dr. Opelka is still on the front lines working with ACS over the past several years on Advanced APMs that will benefit our surgical patients and surgeons.

In closing, ASCRS “Across the Universe” has been an amazing journey from its humble beginning to what we are part of now. I hope that I captured the essence of our society and what our members have accomplished over the past 100 years. The questions I propose for the future: Where do we go from here? What path do we take?

*I believe the future of ASCRS is now entrusted to our young surgeons. All I ask of them is they “cherish our history, respect our legacy, embrace the present, nurture the future, so take the helm steer us Across the Universe!” to Sounds of Laughter and Shades of Life.*

Thank you.