

# Scope



## DR. GERALD FRIED

*It is now over half-way through my year as President. It has been a busy time, reflecting the energy of SAGES and the commitment of its members to work on behalf of our favourite specialty society. We held a retreat and the mid-year Board meeting in Montreal on October 25-26. The retreat addressed several issues of critical importance to the future of SAGES. Let me use this forum to communicate a summary of our discussions...*

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# MESSAGE FROM THE PRESIDENT

## DR. GERALD FRIED



**Gerald M. Fried, MD**  
SAGES President 2013-2014

**Surgical Recovery:** SAGES efforts in minimally invasive surgery and flexible endoscopy are to improve and accelerate surgical recovery. Most of the literature supporting the use of MIS and endoscopic procedures emphasizes the benefits to our patients. We are a patient-centered organization, but we have not yet maximized the opportunities to measure and improve the complex metric called 'recovery'. During the retreat we delved into surgical recovery to discuss how we might measure recovery, how we could influence it, what the opportunities for research and education are in this area, and how SAGES could take a leadership role in this field, especially with respect to patients undergoing GI surgery. We have established a task force to study and improve surgical recovery, led by Dr. Liane Feldman, and have adopted the acronym SMART for this program.

The SAGES SMART task force (Surgical Multimodal Accelerated Recovery Trajectory) will address the current knowledge about enhanced recovery programs, areas for research, and develop a course for the upcoming SAGES meeting to teach the principles of accelerated recovery, including how to overcome barriers to change within one's institution. We also will develop a web resource and a mentorship program for people interested in adopting these strategies in their institutions. Look for an upcoming editorial in *Surgical Endoscopy* on this topic.

**Membership:** Membership is the lifeblood of the organization. For SAGES to be successful and influential, we need to meet the needs and create value for our membership. One of the retreat groups reviewed membership trends over the past 5 years in each of our membership categories, looked at conversion from candidate to active membership, and tried to understand why some decided to drop their membership. They were charged with developing strategies to reach out to surgeons in private practice and international surgeons to communicate the value of SAGES membership with the goal of ensuring continued growth of SAGES in the future. Dr. Aurora Pryor will lead this effort.

**Patient Safety:** Continuing with the theme of putting the patient first, another group discussed how SAGES may work to further improve patient safety. This will be a major theme for our next President, Dr. Michael Brunt. This work group reviewed our current offerings, such as the FUSE program, and considered potential future products. The next programs will be directed by data and will use innovative educational methods to communicate these concepts to our members. It is likely that the next SAGES patient safety program will be in the area of biliary surgery, where there is great opportunity for us to make an impact.

**Open to MIS** is an initiative started by my predecessor, Dr. Scott Melvin. The aim of this program is to encourage increased adoption of minimally invasive surgical procedures. During the retreat the working group reviewed data on the prevalence of MIS techniques in the management of gallstones, colorectal disease, bariatrics and hernia. They then discussed strategies to influence change through education, marketing and evidence of cost-effectiveness.

**Quality Metrics:** One of our challenges in demonstrating evidence of the benefit of what we do as MIS surgeons is developing measures of quality that can be used to provide feedback to the surgeon. Most of our traditional outcome measures, such as morbidity and mortality, length of stay, quality of life measures, and symptom scales, are very insensitive to the changes we need to show, or are impractical to be used repeatedly to chart the outcomes after surgery. A working group discussed the development of measures of outcomes after GI surgery, which are sensitive to the operations we do, patient-centered, and can be used in cost-benefit analyses. A group has been formed under the leadership of Dr. Matt Hutter, bringing together representatives from SAGES, SSAT, ASMBS, ASCRS, IPEG, and the ACS to work on this topic. It will be a challenge, but such measures are the most means to enhance the quality of what we do. SAGES is committed to be at the table and to lead this discussion.

**Web presence:** Tied to our efforts to create value for our members, in addition to our outstanding annual meeting, we have taken a fresh look at our communication strategy, including the web resources, mobile (social media) communication strategies and our publications. Despite our treasure trove of content, navigating this content to easily find the resources needed has proven challenging. To address this, we will hire a librarian to catalog and classify all our enduring materials and provide them in the most user-friendly format. This will allow our members to access the material they want at the time and place when it is most useful. Our goal is to ensure that SAGES provides value to our members every day and can be the go-to organization to meet all our members' needs all through the year.

**The annual meeting** is the highlight of the year for SAGES members and guests. Thanks to the efforts of our annual program chairs, Drs. Tonia Young-Fadok and Jeffrey Marks, and the Chair of the Program Committee, Dr. Daniel Herron, we have put together a program for this year's meeting that is simply outstanding. Our theme this year is "Putting the Patient First: Promoting Innovation and Safety in the OR and Beyond." We are delighted to welcome an astronaut physician, Dr. Dave Williams, as the Karl Storz Lecturer, and a fighter pilot, turned medical simulation expert, Dr. Amitai Ziv, as our Gerald Marks Lecturer. We will be joined this year by the Military Surgical Symposium. I invite you to look at the advanced program at [www.sages2014.org/wp-content/uploads/2013/11/SAGES-2014-Advance-Program.pdf](http://www.sages2014.org/wp-content/uploads/2013/11/SAGES-2014-Advance-Program.pdf) & look forward to welcoming you in person in Salt Lake City in April.

# SAGES 2014-2015 SLATE OF OFFICERS

## OFFICERS AND MEMBERS OF THE EXECUTIVE COMMITTEE:



**PRESIDENT**  
L. Michael Brunt, MD



**PRESIDENT-ELECT**  
Brian J. Dunkin, MD



**1ST VICE PRESIDENT**  
Daniel B. Jones, MD, MS



**2nd VICE PRESIDENT**  
Adrian Park, MD



**SECRETARY**  
Tonia Young-Fadok, MD



**TREASURER**  
Daniel J. Scott, MD

## BOARD MEMBERS: THREE-YEAR TERMS

### RE-APPOINTMENTS (3-YEAR TERMS):

Fredrick J. Brody, MD, MBA  
Robert D. Fanelli, MD  
Jeffrey M. Marks, MD  
Dmitry Oleynikov, MD  
Aurora D. Pryor, MD  
Gretchen Purcell Jackson, MD, PhD

### NEW MEMEBERS:

Jon Gould, MD  
Brian Jacob, MD  
Marina Kurian, MD  
Allan Okrainec, MD  
Melina Vassiliou, MD

### ROTATING OFF:

Jo Buyske, MD  
Raul Rosenthal, MD  
Bruce Shirmer, MD  
Nathaniel Soper, MD



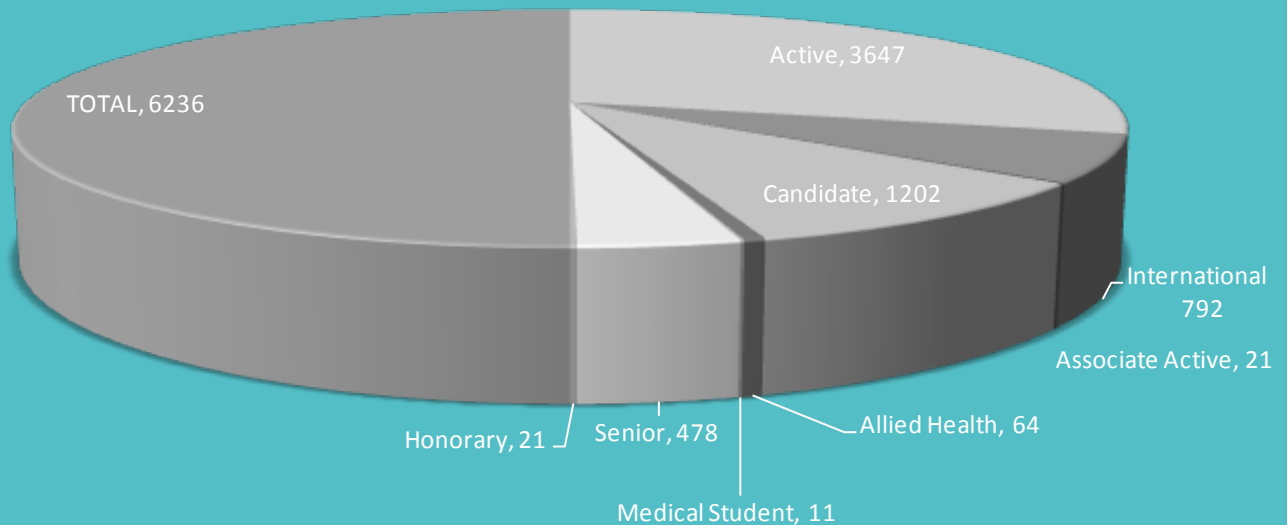
### ABOUT SAGES

*The mission of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) is to improve quality patient care through education, research, innovation and leadership, principally in gastrointestinal and endoscopic surgery. SAGES is a leading surgical society, representing a worldwide community of over 6,000 surgeons that can bring minimal access surgery, endoscopy and emerging techniques to patients worldwide. The organization sets the clinical and educational guidelines on standards of practice in various procedures, critical to enhancing patient safety and health.*

WINTER 2014

# SAGES 2014 MEMBERSHIP STATISTICS

Take a look at our membership statistics, and remember you are the lifeblood of our society. Renew your membership today and help keep our society vital and strong.



## CONGRATULATIONS, WINNERS OF SAGES MEDICAL STUDENT TRAVEL AWARD

On behalf of the SAGES Board of Governors, we are proud to congratulate the three winners of the SAGES 2014 Medical Student Travel Award.

### THE WINNERS ARE:

Priscilla Sugianto, 2nd year medical student, Stanford University School of Medicine  
Oren Shaked, 4th year medical student, Perelman School of Medicine at the University of Pennsylvania  
Eric Petersen, 3rd year medical student, University of Colorado School of Medicine

140 medical students from across the United States and Canada submitted essays for 3 scholarships which includes; registration for the SAGES Annual Meeting in Salt Lake City, Utah, a check for \$2,000, and an award certificate. Winners will also receive mentoring from members of the SAGES Membership Committee during the meeting.

**Through SAGES membership, over 6000 Gastrointestinal & Endoscopic Surgeons are helping to protect the interest of patients across the world. Apply for SAGES membership or renew online at [www.sages.org/membership](http://www.sages.org/membership). Deadline for new member applications is **June 1, 2014****

## IN MEMORIAM

**SAGES wishes to acknowledge the memory of our late colleagues that passed away in 2013.**

William S. Agent, Stillwell, OK  
John R. Hilabeck, Santa Ana, CA  
Raymond M. Keltner Jr., St Louis, MO  
Kenneth D. Stalter, Oneonta, NY  
Voravit Wongsa, Houston, TX

# Join SAGES Today



“SAGES has been the most meaningful part of my surgical life. I can’t imagine what I’d do without it.”

“SAGES brought together a group of energetic, bold, visionaries who had the guts to do things that hadn’t been done before and with that, they changed the history of the world and they changed surgery.”

“SAGES is the place that I come in my professional life to get excited, to get energized, and to work on projects that have real meaning and are going to come to fruition and have impact. And, it’s a place where I meet my friends and make meaningful professional connections.”



## See your membership pay for itself and beyond!

Join now and become eligible for the member rate at future meetings and enjoy the benefits of SAGES membership including:

- › *Cutting-edge education and professional development programs*
- › *Networking with colleagues and experts in the field of gastrointestinal and endoscopic surgery*
- › *Support for achievement in laparoscopic and endoscopic surgery*
- › *Exposure to state of the art surgical technology and techniques*
- › *Annual subscription to the Surgical Endoscopy Journal*
- › *Member-only research awards and career development grants*
- › *Substantial savings on meeting fees*
- › *Leadership Opportunities*
- › *... and so much more!*

### **SAGES Mission**

Improve quality patient care through education, research, innovation and leadership, principally in gastrointestinal and endoscopic surgery.

Visit [www.sages.org/membership/benefits](http://www.sages.org/membership/benefits) or call 310. 437.0544, ext. 156, to learn more.

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# SAGES 2014 Awards Recipients

## SAGES RESEARCHER IN TRAINING AWARD

**Recipient: Ezra Teitelbaum, MD**

## SAGES YOUNG RESEARCHER AWARD

**Recipient: Michael Awad, MD**

*SAGES gratefully acknowledges support from Olympus*

## SAGES IRCAD FELLOWSHIP AWARD

**Recipient: Eran Shlomovitz, MD**

*SAGES gratefully acknowledges support by  
SAGES Karl Storz Endoscopy*

## SAGES BRANDEIS AWARD

**Recipients: Ross Goldberg, MD & Jon Gould, MD**

*SAGES gratefully acknowledges support by SAGES Foundation*

## SAGES FOUNDATION - EXCELLENCE IN MEDICAL LEADERSHIP AWARD

**Recipient: Dmitry Oleynikov, MD**

*SAGES Foundation gratefully acknowledges support by W.L. Gore and Associates*

## SAGES FOUNDATION - JEFFREY L. PONSKY MASTER EDUCATOR IN ENDOSCOPY AWARD

**Recipient: Gary Vitale, MD**

## ARNOLD P. GOLD FOUNDATION - SAGES AWARD FOR CLINICAL EXCELLENCE AND HUMANISM IN MEDICINE

**Recipient: Brant Oelschlager, MD**

*SAGES gratefully acknowledges support by Arnold P. Gold Foundation*

## SAGES INTERNATIONAL AMBASSADOR AWARD

**Recipient: Geoffrey Kohn, MD**

## SAGES PIONEER IN SURGICAL ENDOSCOPY AWARD

**Recipient: David Utley, MD**

## SAGES DISTINGUISHED SERVICE AWARD

**Recipient: Steven Wexner, MD**

## SAGES GEORGE BERCI LIFETIME ACHIEVEMENT AWARD

**Recipient: Tehemton Udwardia, MD**

## UPDATE YOUR SAGES PROFILE & VISIT OUR HUMANITARIAN REGISTRY

Tell us about your medical volunteer experience and learn about the experiences of other members at the SAGES Humanitarian Mission Registry.

[www.sages.org/humanitarian-service/add-mission](http://www.sages.org/humanitarian-service/add-mission)

Follow these simple steps to help to enhance our mission to improve quality patient care by taking a few minutes to update your SAGES public profile so that patients can find you in our directory:

1. Go to [sages.org](http://sages.org) and login
2. Click My Profile from the Members Menu
3. Click Profile and then Edit

We thank you in advance for your participation!

Do you have a new e-mail address? Or have you changed your overall contact information? Email us at [membership@sages.org](mailto:membership@sages.org) with this information so we can make sure you receive the full benefits of your membership!



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## 2014 SAGES RESIDENT COURSES



SAGES will be offering several courses this year for surgical residents. Course announcements and invitations to attend for all SAGES resident courses are sent to all U.S. and Canadian program directors. Each program selects the resident to attend the course. In order to provide equitable service to all residency programs, each program may register only one resident per course. For course registration policies, please contact the SAGES Registrar Tina Sandoval at [registration@sages.org](mailto:registration@sages.org) or (310) 437-0544, ext. 128 or visit [www.sages.org/residents\\_courses/](http://www.sages.org/residents_courses/).

**The schedule for 2014 resident courses is in development. Please continue to check the SAGES website for an updated schedule of courses.**

## FREE WEBINARS FOR RESIDENTS

All webinars will be presented from 7:00-9:00PM EST.

*April 22, 2014*

### Optimizing Outcomes for Inguinal Hernia Repair

Faculty includes: Matthew Goldblatt, MD (Chair); David Chen, MD; Brian Jacob, MD; Andrew Kastenmeier, MD

For more information, visit: [www.sages.org/meetings/resident\\_courses/free\\_courses/](http://www.sages.org/meetings/resident_courses/free_courses/)

To view past webinars on SAGES TV including topics on Surgery in the Obese Patient, Colorectal and Hernia Surgery, Solid Organ, and Endoscopy, visit the Resident Webinars channel on SAGES TV at: [www.sages.org/video/search.php?action=search&chnnl=42](http://www.sages.org/video/search.php?action=search&chnnl=42)



*This webinar on hernia management has been developed specifically for residents and features four expert panelists: Brent Matthews, MD (Chair); Bruce Ramshaw, MD; William Cobb, MD; and Alfredo Carbonell, DO*



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# Fundamentals of Laparoscopic Surgery



**October 2014 marks the 10-year Anniversary of the FLS Program launch! A great deal has been accomplished since the program was conceived in the late 1990's and the very first FLS Exams were administered in 2004.**

HERE ARE JUST A FEW HIGHLIGHTS FROM OUR FIRST DECADE IN OPERATION:

- 1997: SAGES leadership convenes a taskforce to discuss the development of a program that assesses laparoscopic skills and cognitive knowledge and is modeled after the American College of Surgeons Advanced Trauma Life Support (ATLS) program.
- 1999-2003: Didactic material is developed. Manual skills assessment format is selected using McGill Inanimate System for Training and Evaluation of Laparoscopic Skills (MISTELS), originally developed by Dr. Gerald Fried and colleagues at McGill University. Decision is made to create high stakes validated examination.
- 2004: FLS program is launched.
- 2008: The American Board of Surgery mandates that all general surgery residents seeking board certification must pass the FLS Exam to be eligible for the general surgery qualifying exam. Through a generous grant from Covidien, Inc., the cost of the FLS Program is greatly subsidized during the first six years of the mandate.
- 2012: The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) and the American College of Surgeons (ACS) recommend in a public statement that all general surgeons who perform laparoscopy be certified through the FLS program.

SINCE PROGRAM INCEPTION:

- FLS has partnered with SAGES Go Global Committee and other philanthropic initiatives to make the FLS program and testing available in 12 countries through special onsite testing trips.
- FLS has approved and trained 75 Regional FLS Test Centers in the United States and Canada with 2 additional test centers in Israel and Singapore.
- More than 275 FLS onsite testing events have taken place at over 150 different locations in the US and Canada.
- International purchases of the FLS online didactics and FLS Trainer Box have been made from over 30 countries (Asia, Africa, Europe, South America, Oceania and the Middle East), and surgeons from more than 20 countries have taken the FLS exam at a surgical conference in North America.
- Over 8,000 surgical residents, fellows and practicing physicians have successfully completed the FLS Program since its inception in 2004.
- Energized by the success of FLS, SAGES develops FES, FUSE and begins works on procedural assessments.

PLEASE STAY TUNED FOR MORE INFORMATION ABOUT FLS' MAJOR ACHIEVEMENTS IN THE COMING MONTHS.

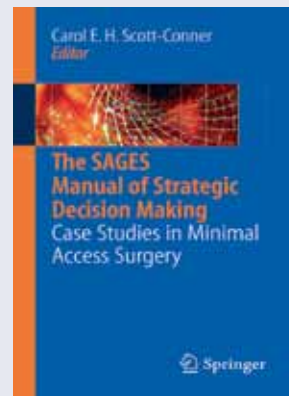
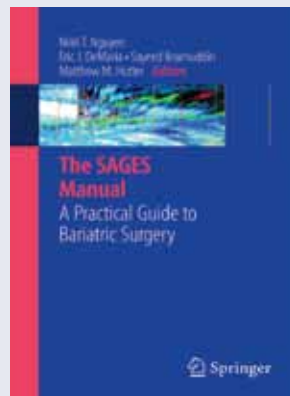
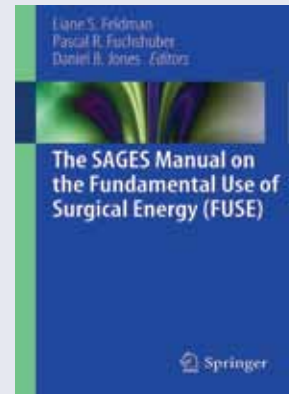
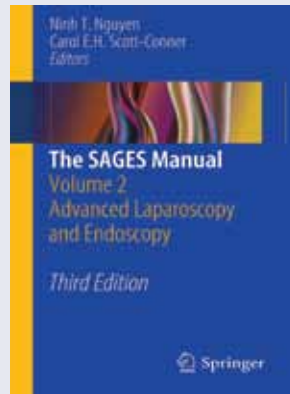
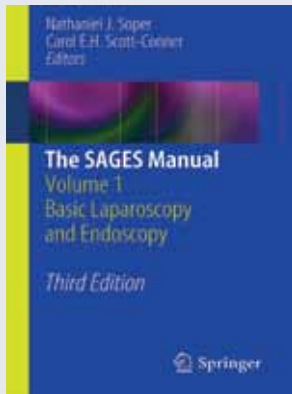


WINTER 2014



# SAGES Manuals

The SAGES Manuals are portable, concise, beautifully illustrated manuals from the world's pioneering Society of minimally invasive surgery. These books provide an authoritative synopsis of the major laparoscopic and endoscopic procedures in easy-to-use, outline form.



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# SAGES Go Global



*The SAGES Go Global trip to Darkhan, Mongolia in August, 2013 was a unique experience for me in many ways. As a long standing SAGES Allied Health member serving on the Global Affairs Committee, I was ecstatic to be invited to travel with a small team to northern Mongolia as part of a two week proctoring course. Serving in Darkhan, Mongolia proved to be both a life lesson and a bonding experience with a superior group of individuals the likes of which I have never encountered in my 35 years of mission work. The magnificent team with whom I worked: Drs. Oscar Henao and Suzanne Yoder (team surgeons), Jacqueline Narvaez (SAGES logistics/support), Eric Hu (Medical student/statistician), and Chad Olson (Bioengineer) taught me about teamwork and sharing and how to overcome any obstacle to achieve our goals.*

*Dr. Suzanne Yoder (Suzy), our group leader, brought us all together by holding a daily meeting which served as the glue that kept us bonded. We generally met at the end of a long day in the operating room, to report on our activities, and to strategize for the next day. I personally found this to be THE most important aspect of our trip as Suzy provided ample time for each of us to express our thoughts and feelings about what had transpired during the day and to collectively alter plans as the need arose. Much of what I learned from Suzy and SAGES I plan to put into practice with my own non-profit, Surgical Outreach for the Americas (SOFA). SAGES IPC and Dr. Yoder's Her leadership was inspirational, fostering the team approach to our efforts in the Darkhan General Hospital.*

*The progress made by the surgeons (Dr. Yoder and Dr. Henao) during our two week stay was incredible. The two surgeons became competent in performing laparoscopic cholecystectomy independently so this goal was certainly achieved. The surgeons practicing FLS made significant progress as well and were awarded for their individual achievements. One of my duties during this trip was to observe the OR scrub tech and circulator and instruct them as needed on sterile technique and practices – I delivered a lecture to the OR nursing staff during week 2 and noticed an immediate change in behavior in the OR; positive inroads were made in this regard.*



*Chad Olson, our bioengineer, was a huge asset to our multidisciplinary team. He was able to troubleshoot the laparoscopic and video equipment to ensure that each case ran smoothly. Training the staff on equipment maintenance is crucial and the OR staff was receptive to Chad. Eric Hu, our medical student and statistician, gathered data on each patient to add to an existing registry of laparoscopic cases performed throughout Mongolia. Both Eric and Chad were invaluable resources for the team. Jacqueline Narvaez (JQ), Administrative Director of SAGES Go Global, was critical in troubleshooting missing equipment, and at times missing surgeons, to keep the program on track and running smoothly. Without her there would be no program. Darkhan is the third largest city in Mongolia, with a population of 80,000. It is situated near the Russian border in a remote part of the world. Orchestrating the delivery of supplies and personnel to this location was an achievement worth noting and to JQ we are most grateful.*

*To sum up the trip, the cohesiveness that the six of us witnessed during our time together is something rare, as moments in life rarely unfold as they did in Darkhan, 2013. Many of us had never met prior to this trip, however our willingness to work untiringly, and to support one another in an unfamiliar setting, gives testimony to the fact that a multidisciplinary team approach in a rural, distant setting not only works, but perhaps is the model to follow for future trips - the ultimate goal being to provide sustainable surgical education not only to the surgeons themselves, but to the support staff who maintain the operating room, the equipment, and sterility of the environment that are paramount to patient safety.*

Peggy Frisella, RN, Global Affairs Committee Member

Manager, Research Operations, Washington University School of Medicine, St. Louis, MO  
Co-Founder, Surgical Outreach for the Americas



WINTER 2014

# SAGES HUMANITARIAN PROGRAM

2014 Meeting • Salt Lake City

## SAGES

**Humanity, Education, Leadership, Perspective, Support**

Again this year SAGES will be involved in several projects to support the community in which we host our annual meeting. This is an extraordinary way for registrants and guests to help repair the world one tiny step at a time.

### THIS YEAR'S INITIATIVES:

#### UTAH FOOD BANK



Thursday, April 3 – 1:30PM – 4:30PM

*Please meet at 1:15PM for Pick-Up at a location TBD*

Limitation: Must be 12 years of age or older

Snacks & Water Provided

Cost: No fee

1 in 6 Utahns, and 1 in 5 Utah Children are unsure where their next meal will come from. Come out and help the Utah Food Bank fight hunger by volunteering at their warehouse sorting food drive donations or putting together boxes to be delivered to senior citizens.

Transportation will be provided from the convention center to/from the Utah Food Bank. Please dress appropriately for the tasks at hand and wear comfortable closed toed shoes.

#### HABITAT FOR HUMANITY



Friday, April 4 – 9:00AM to 3:00PM

*Please meet at 8:30AM for Pick-Up at a location TBD*

Limitation: Must be 16 years of age or older

Lunch and "Volunteer" T-Shirt Provided

Cost: No fee

This organization needs no introductions. Come join us to help Habitat for Humanity eliminate poverty housing and homelessness in the county of Salt Lake City by helping to build and rehabilitate houses. Due to a mandatory safety orientation only individuals who can arrive at the build site by 9am can sign-up (unfortunately no latecomers allowed). You do not need any type of experience, knowledge or background in construction to participate. We are limited to a maximum capacity of 15 volunteers at the construction site so sign-up fast for this memorable experience!

Transportation will be provided from the convention center to/from the construction site. Please dress appropriately for the weather as you may be working inside and/or outside and wear comfortable closed toed shoes.

#### MINI MED SCHOOL FOR HIGH SCHOOL STUDENTS



Saturday, April 5 – 8:00AM to 1:00PM

See page XX for further details

Limitation: Must be a High School Student

Lunch Provided



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# HOW A PROCEDURE GETS A CPT CODE

Current Procedural Terminology (CPT®), Fourth Edition, is a listing of descriptive terms and identifying codes for reporting medical services and procedures. The purpose of CPT is to provide a uniform language that accurately describes medical, surgical, and diagnostic services, and thereby serves as an effective means for reliable nationwide communication among physicians and other healthcare providers, patients, and third parties.

The American Medical Association (AMA) first developed and published CPT in 1966. The first edition helped encourage the use of standard terms and descriptors to document procedures in the medical record; helped communicate accurate information on procedures and services to agencies concerned with insurance claims; provided the basis for a computer oriented system to evaluate operative procedures; and contributed basic information for actuarial and statistical purposes.

In 1983 CPT was adopted as part of the Centers for Medicare and Medicaid Services (CMS), Healthcare Common Procedure Coding System (HCPCS). With this adoption, CMS mandated the use of HCPCS to report services for Part B of the Medicare Program.

Today, in addition to use in federal programs (Medicare and Medicaid), CPT is used extensively throughout the United States as the preferred system of coding and describing health care services.

Medical specialty societies, individual physicians, hospitals, third-party payers and other interested parties may submit applications for changes to CPT for consideration by the Editorial Panel. The CPT Editorial Panel meets three times each year.

## A PROPOSAL FOR A NEW OR REVISED CATEGORY I CODE MUST SATISFY ALL OF THE FOLLOWING CRITERIA:

- All devices and drugs necessary for performance of the procedure of service have received FDA clearance or approval when such is required for performance of the procedure or service;
- The procedure or service is performed by many physicians or other qualified health care professionals across the United States;
- The procedure or service is performed with frequency consistent with the intended clinical use (i.e. a service for a common condition should have high volume);
- The procedure or service is consistent with current medical practice;
- The clinical efficacy of the procedure or service is documented in literature that meets the requirements set forth in the CPT code change application. Specifically, a minimum of 5 peer reviewed publications in the English language with a minimum of three publications in US populations of which two involve unique patient populations and authors.

## THE FOLLOWING CRITERIA ARE FOR EVALUATING CATEGORY III CODE APPLICATIONS:

- The procedure or service is currently or recently performed in humans; **AND**

## AT LEAST ONE OF THE FOLLOWING ADDITIONAL CRITERIA HAS BEEN MET:

- The application is supported by at least one CPT or HCPAC Advisor representing practitioners who would use this procedure or service; **OR**
- The actual or potential clinical efficacy of the specific procedure or service is supported by peer reviewed literature which is available in English for examination by the CPT Editorial Panel; **OR**
- There is a) at least one Institutional Review Board approved protocol of a study of the procedure or service being performed, b) a description of a current and ongoing United States trial outlining the efficacy of the procedure or service, or c) other evidence of evolving clinical utilization.

## THE PANEL ACTIONS ON AN AGENDA ITEM CAN RESULT IN ONE OF FOUR OUTCOMES:

- addition of a new code or revision of existing nomenclature, in which case the change would appear in a forthcoming volume of CPT;
- referral to a workgroup for further study;
- postponement to a future meeting (to allow submittal of additional information in a new application); or
- rejection of the item.

Once a CPT code is obtained, it is forwarded to the RVS Update Committee (RUC) for valuation (see page 26).

# TECHNOLOGY AND VALUE ASSESSMENT COMMITTEE

The Technology and Value Assessment Committee (TAVAC) has completed a comprehensive first value assessment for the LINX reflux Management System (Torax Medical Inc). This assessment was published on the SAGES web site [www.sages.org](http://www.sages.org) TAVAC is beginning to work on a value assessment of robotic surgery for the general surgeon.

This year's Emerging Technology Session 2014 in Salt Lake City will be sponsored by TAVAC. The session is designed to bring new and exciting technological advances to the SAGES membership.

Tech Alerts featuring new technology cleared for clinical use by the FDA will be published soon on the SAGES web page.

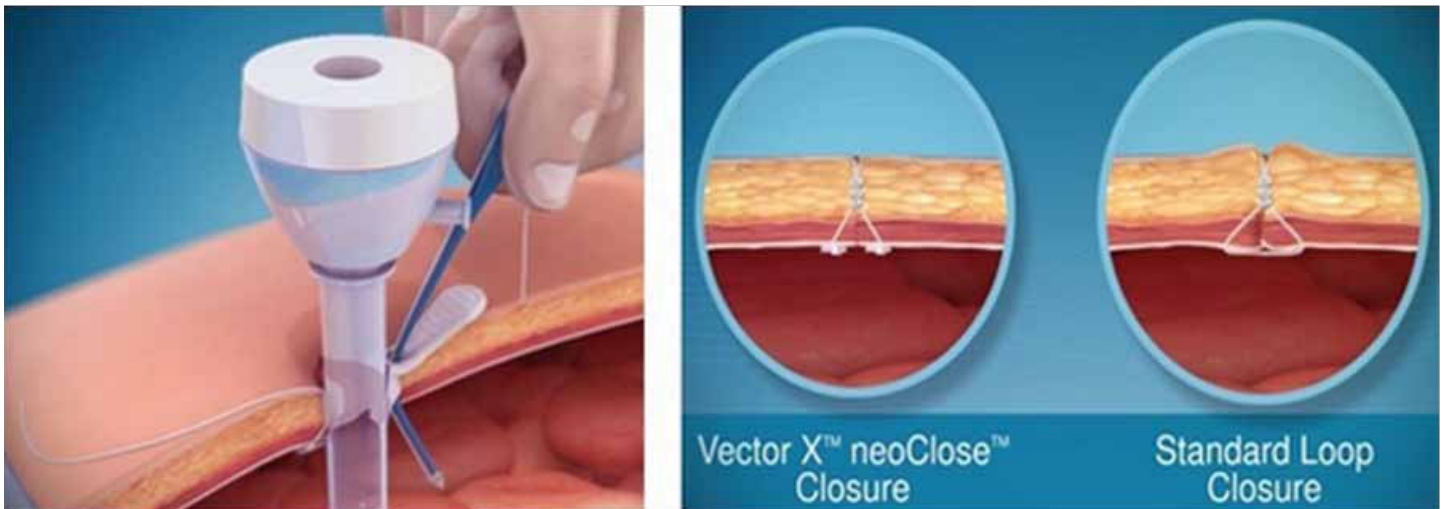
## Tech Alert neoClose

*Hui Sen Chong, MD*

neoClose was designed by neoSurgical to aid in closure of fascia at laparoscopic trocar sites. The kit consists of an AccuGuide™ and two preloaded suture passers. The sutures are made out of braided polyglactin with absorbable AutoAnchors™ for deployment underneath the fascia, thus allowing for fascia approximation.

This fascia closure device is suitable for ports ranging from 5 to 15 mm in size. The proposed advantages in using this device include:

1. Decreased incidence of trocar site hernias.
2. Decreased tension in the fascia closure, thereby potentially decreasing the incidence of postoperative pain and/or tissue necrosis.
3. Improved ease of fascia closure with maintenance of pneumoperitoneum, and elimination of the need for graspers or retrievers during fascia closure.



## Tech Alert Covidien Radial Reload with Tristaple Technology

*Robert Fanelli MD*



Covidien has released a curved reload staple cartridge for use with their laparoscopic linear stapling and cutting device. Curved staplers have proven useful in allowing division of intestine deeper in the pelvis, and Covidien claims:

1. Device permits division of the rectum a full 2cm lower than competitive products.
2. This reload features Covidien's Tristaple Technology that uses three rows of staples that are closed to different heights during stapler firing, resulting in graded tissue compression.
3. Covidien recommends placing the Radial Reload through a hand assist access port, or through an open abdominal incision; its fixed curve precludes traditional placement through a rigid port.

2014

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*Surgical Spring Week*  
**SAGES 2014**

*Scientific Session & Postgraduate Courses*

*Held in conjunction with the  
Military Surgical Symposium*



**April 2 - 5, 2014 Salt Lake City, UT**

**Early Housing & Registration Deadline: February 21, 2014**

**[www.sages.org](http://www.sages.org)      [sages2014.org](http://sages2014.org)**

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*Society of American Gastrointestinal and Endoscopic Surgeons*



# Putting the Patient First: Promoting Innovation and Safety in the OR and Beyond

Program Chairs: Tonia Young-Fadok, MD, MS & Jeffrey Marks, MD

## Wednesday, April 2

### Morning Sessions:

SAGES/CAGS/ERAS Full-Day Postgraduate Course: Enhanced Recovery After Surgery Pathways- How you can Optimize Perioperative Care, Improve Outcomes and Decrease Costs

SAGES/ASMBS Half-Day Postgraduate Course: Endoscopic Management of Bariatric Complications

Symposium: Career Development

SAGES/SSAT Panel: Optimizing Results of Fundoplication

**SAGES Foundation Awards Luncheon 12:00pm - 1:30pm**

### Afternoon Sessions:

SAGES/ASMBS Half-Day Hands-On Course: Endoscopic Management of Bariatric Complications

Panel: Getting Your Video Accepted

Panel: POEM

Panel: Reoperative Pelvic Surgery, Benign and Malignant – What is the Big Deal?

Panel: FUSE, Fire and Fiasco – OR Safety 101

Panel: Product Development – Innovations for Patients Benefits

Updates in Benign CRS Panel

**Exhibits Opening Welcome Reception 5:30pm - 7:30pm**

## Thursday, April 3

**Exhibits/Posters/Learning Center open 9:30am - 4:00pm**

### Morning Sessions:

Full-Day Military Surgical Symposium

Half-Day Postgraduate Course: Common Bile Duct (CBD) Stones

Half-Day Postgraduate Course: Ventral Hernia Repair – Technical Considerations and Strategies for Success

Hepato-Pancreato-Biliary Panel

NOSCAR™ Symposium – Advances in Natural Orifice Surgery

**Karl Storz Lecture – David Williams, MD 11:15am - 12:00pm**

**Educator's Luncheon – 12:00pm - 1:00pm**

*“Optimizing Simulation and Technology in Graduate Surgical Education: State of the Art 2014”*

### Afternoon Sessions:

Scientific Session - MIS Other

Postgraduate Video-based Course: Ventral Hernia Repair – Technical Considerations in Challenging Scenarios

Half-Day Hands-On Course: CBD Stones

Half-Day Didactic and Hands-On Course: Flexible Endoscopy – Train the Trainers

Symposium: Ethics of Innovation

SAGES/KSELS Panel: Gastric Cancer

Scientific Session - Video 1

Current Management of Rectal Cancer Panel

**Industry Education Symposia 5:30pm - 7:30pm**

*Davol Inc., Intuitive Surgical, and Stryker Endoscopy*

## HOW DO I REGISTER & BOOK HOUSING?

**Register on-line! [www.sages.org/registration/](http://www.sages.org/registration/)**

Book your Hotel at

<https://resweb.passkey.com/go/SAGES2014>

Email: [registration@sages.org](mailto:registration@sages.org)

## Friday, April 4

**Exhibits/Posters/Learning Center open 9:30am - 4:00pm**

### Morning Sessions:

Full-Day Military Surgical Symposium

Scientific Sessions - Video 2; NOTES; Quick Shots 1

SAGES/JSES Panel: Endoscopic Submucosal Dissection – When Will We Catch Up With Our Japanese Colleagues?

Plenary Session 1

**Presidential Address –**

**Gerald Fried, MD**

**10:00am - 10:45am**

**Gerald Marks Lecture –**

**Amitai Ziv, MD**

**10:45am - 11:30am**

Scientific Sessions - Education; Outcomes; Bariatric 1; Basic Science

**Fellowship Council Luncheon –**

**12:30pm - 1:30pm**

*“Strategies for Overcoming the Financial Challenges Facing the Fellowship Council”*

### Afternoon Sessions:

Postgraduate Course: Humanitarian

The Great Presidential Debates of 2014

Panel: Emerging Frontiers in Simulation – Based Surgical Education

SAGES/ALACE Panel: Evolution and Clinical Applications of Minimal Access Surgery in Latin America

Panel: MIS Jeopardy

Session: Emerging Technology

Panel: MIS for Acute Care Surgeons

SAGES/EAES Panel: Benign Foregut – Opinions and Evidence in the Management of Benign Esophageal Disorders

Resident/Fellow Scientific Session

**Meet the Leadership Reception**

**6:00pm - 7:00pm**

**Main Event - SAGES Gala & Sing-Off**

**7:00pm - 11:00pm**

## Saturday, April 5

**Exhibits/Posters/Learning Center open 10:00am - 12:30pm**

### Morning Sessions:

Scientific Sessions - Hernia; Robotics/Ergonomics; HPB

Plenary Session 2

Panel: Bariatric Complications for the non-Bariatric Surgeon

Panel: Why Haven't Conversion Rates Improved?

**SAGES General Business Meeting**

**11:00am - 11:45am**

**FREE Lunch in Exhibit Hall for all**

**SAGES Meeting Attendees**

**11:45am - 12:30pm**

### Afternoon Sessions:

Scientific Sessions - Colorectal; Flexible Endoscopy; Foregut;

Bariatric 2; Quick Shots 2

## HOSTED BY

**Society of American  
Gastrointestinal and  
Endoscopic Surgeons (SAGES)**

11300 W. Olympic Blvd., Suite 600  
Los Angeles, CA 90064

Phone: 310-437-0544 Fax: 310-437-0585

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**Early Housing & Registration Deadline: February 21, 2014**

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# SAGES SMART PROGRAM

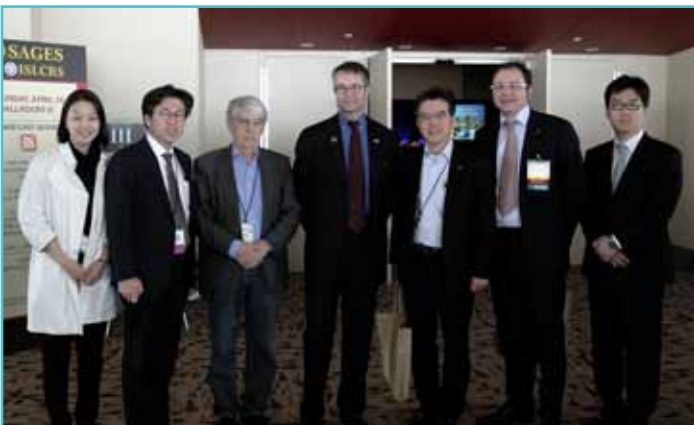
SAGES has established a multidisciplinary Enhancing Recovery Task Force, the SMART (Surgical Multimodal Accelerated Recovery Trajectory) program. Through SMART, SAGES will promote the adoption of patient-centered Enhanced Recovery care principles that enhance the intrinsic benefits of minimally invasive surgery to further improve safety, efficiency and outcomes.

The SMART task force - which includes subspecialty surgeons (colorectal, upper GI, bariatrics, HPB, abdominal wall), anesthesiologists and nurses - will create enduring educational resources specific for laparoscopic surgery, including postgraduate courses and workshops, and develop evidence-based guidelines for optimal perioperative care of patients undergoing minimally invasive surgery.

The task force will also work towards identifying evidence gaps in the literature where further research may be beneficial, such as prehabilitation (exercise and psychological preparation for surgery), multimodal analgesia techniques for laparoscopic surgery and fluid management. This group will also work to identify, develop and validate metrics to help measure improvements in patient outcomes related to the SMART program.

SAGES is committed to promoting the coordinated activity of surgeons, anesthesiologists and nurses to provide a seamless perioperative care plan capable of extending the value-based advantages of minimally invasive GI surgery. It will foster this effort through educational and research activities that promote wider implementation of Enhanced Recovery Pathways.

Join us at the Annual Meeting on Wednesday, April 2nd for our first full day post graduate course to discuss Enhanced recovery pathways in detail and learn how to implement this approach for patients having minimally invasive procedures.



# FUNDAMENTALS OF LAPAROSCOPIC SURGERY



- Appointments will be available soon for FLS testing at the SAGES Meeting in Salt Lake City, Wednesday, April 2 – Friday, April 4, 2014. Check [www.flsprogram.org](http://www.flsprogram.org) beginning in late January to schedule your exam. To purchase an FLS educational package with online materials and a test voucher, or for more information, call 310-437-0544, ext. 137.

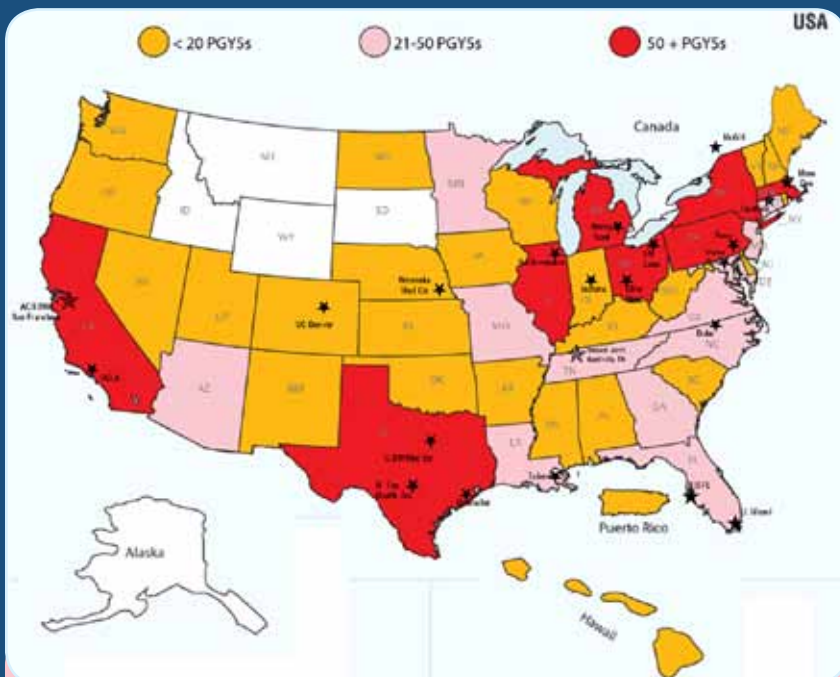
- VTI Medical, the exclusive FLS manufacturing and distribution partner, is collaborating with FLS leaders to develop new FLS products. Through this collaboration non-medical-grade Ligating Loops are now available, providing a lower-cost solution to FLS manual skills practice and testing than sterile, pre-tied loops designed for clinical use. The Multi-use Ligating Loop is designed and constructed to be used up to 10 times for simulation training, and the Single-use Ligating Loop is approved for use in the FLS exam. Visit [www.vtomedical.com](http://www.vtomedical.com) for more details, and to preview other products in development.
- FLS Committee members are convening in Chicago for a program development retreat to review the didactic content to ensure continued relevance to the field and up-to-date content.

# FUNDAMENTALS OF ENDOSCOPIC SURGERY



- The FES program is now available at special inaugural pricing. Visit [www.fesprogram.org](http://www.fesprogram.org) for ordering information.
- The FES didactic materials are now available to everyone, free-of-charge, at [www.fundamentals-didactics.com](http://www.fundamentals-didactics.com)
- FES Test Centers are now starting to open all over the county, for the most up-to-date list of your nearest test centers please visit [www.fesprogram.org/testing-information/regional-test-centers](http://www.fesprogram.org/testing-information/regional-test-centers)

Below please find the list of regional FES test centers currently accepting test appointments:



Appointments are being scheduled now for FES testing at the 2014 SAGES Annual Meeting in Salt Lake City – April 2-5. Please schedule as soon as possible as availability is limited. For more information please call 310-437-0544, ext. 149.

## USA – Western Region

University of California; Los Angeles, CA – COMING SOON  
University of Colorado; Denver, CO- COMING SOON

## USA – Midwest Region

The Ohio State University; Columbus, OH  
University Hospitals Case Medical Center; Cleveland, OH  
The Methodist Hospital; Houston, TX  
University of Texas Health Science Center at San Antonio; San Antonio, TX  
Henry Ford Hospital; Detroit, MI- COMING SOON  
Indiana University School of Medicine; Indianapolis, IN- COMING SOON  
Northwestern University NCASE; Chicago, IL- COMING SOON  
University of Nebraska Medical Center; Omaha, NE- COMING SOON  
University of Texas Southwestern Medical Center at Dallas; Dallas, TX- COMING SOON

## USA – Eastern and Mid-Atlantic Region

Hartford Hospital; Hartford, CT  
University of Pennsylvania; Philadelphia, PA  
Massachusetts General; Boston, MA- COMING SOON  
NCA Walter Reed Bethesda Medical Simulation Center; Bethesda, MA- COMING SOON

## USA – Southeastern Region

Duke University; Durham, NC  
University of Miami; Miami, FL  
University of South Florida; Tampa, FL  
Tulane University; New Orleans, LA- COMING SOON

## Canada

McGill University; Montreal, QC, CANADA

WINTER 2014

# BIG CHANGES TO THE SAGES SURGICAL WIKI!



SAGES launched a member-generated Wiki in 2010 and it quickly grew into a resource accessed by more than 2,500 people/month seeking advanced and accurate definitions of all types of minimally invasive surgery and diseases treated by minimally invasive surgery.

As part of the recent overhaul to SAGES web properties, the SAGES Wiki has been moved to a new home: [www.sages.org/wiki](http://www.sages.org/wiki)

In addition to moving more than 75 member-generated articles back to the main SAGES web site, we have also completely changed the way members can interact with the Wiki.

It's easier than ever to become a contributor! Simply log in with your member account and head over the Wiki pages. Use the "Create A New Wiki" button on the right sidebar to add your own article.

If you see a way to improve an existing article, simply click the Edit tab at the top of the article and make your edits.

Want to discuss an article? All logged-in SAGES members can now comment on an article using the Discussion tab at the top of the article and post away.

## SAGES BLOGS ON THE WAY

New year, new features on the SAGES web site. SAGES Members will be writing blog posts for the SAGES web site to begin publishing in January. Look for the first entry at [www.sages.org/blog/](http://www.sages.org/blog/) and also read the past Messages from the Presidents.

## RECENT BREAKING NEWS FROM SAGES

***SAGES Launches ATIV's EventPilot® Conference App to Provide an Interactive Mobile Meeting and Handouts Tool***  
[www.prweb.com/releases/2013/11/prweb11349853.htm](http://www.prweb.com/releases/2013/11/prweb11349853.htm)

***Weight-loss Surgery Offers Short and Long-Term Benefits for Obese Patients with Type 2 Diabetes, According to New Study Co-Authored by SAGES Members***  
[www.prweb.com/releases/2013/11/prweb11327063.htm](http://www.prweb.com/releases/2013/11/prweb11327063.htm)



***"Sportsman's Hernia – Is it Real?"***  
***Meet the Expert Lecture With SAGES President-Elect Dr. Michael Brunt at ACS Clinical Congress***  
[www.prweb.com/releases/2013/10/prweb11195545.htm](http://www.prweb.com/releases/2013/10/prweb11195545.htm)



***Dr. Mark A. Talamini to Deliver Excelsior Surgical Society/Edward D. Churchill Lecture on "Surgery & Technology: A Complicated Partnership" at ACS Clinical Congress***  
[www.prweb.com/releases/2013/10/prweb11184986.htm](http://www.prweb.com/releases/2013/10/prweb11184986.htm)

***AMA's Classification of Obesity as a Disease Will Enhance Patient Care, Treatment and Prevention***  
[www.prweb.com/releases/2013/6/prweb10858143.htm](http://www.prweb.com/releases/2013/6/prweb10858143.htm)

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For more information, or if you have any SAGES news to share, contact [Mary@sages.org](mailto:Mary@sages.org) or visit our newsroom at [www.sages.org/newsroom/](http://www.sages.org/newsroom/)

# SAGES IRCAD VISITING FELLOWSHIP



As the 2013 recipient of the SAGES/Karl Storz IRCAD award, I was able to attend two advanced courses at L'Institut de Recherche contre les Cancers de l'Appareil Digestif (IRCAD) in Strasbourg, France this past Fall. The first course was a Per Oral Endoscopic Myotomy (POEM) course led by Dr. Inoue, the Japanese surgeon who pioneered the technique. The following two days were an Advanced Endoscopy course, taught by Drs. Marescaux, Dallemagne, Swanstrom, Perretta, Dunkin, and many other leaders in surgical endoscopy. The courses were both didactic and hands-on, with an associated live pig lab allowing us to practice techniques learned.

Strasbourg is a picturesque city in which French and German cultures *mélange*, just a three hour train ride north of Paris. The institute is not far from the city center which is easily walk-able, and full of historic cathedrals and architectural wonders.

My first impression of IRCAD, was that this place is no less than amazing. The institute, whose mission is to develop and teach minimally invasive surgical techniques, trains over 4,000 surgeons a year. Additionally, their associated website WebSurg serves as an educational resource for surgeons around the world.

The sphere of influence and appeal of the institution are impressive, as I realized that I was the only American surgeon course participant. There were surgeons and gastroenterologists from all over the world (Europe, S. Africa, Japan, Australia, and Malaysia- just to name a few.) all of whom came to enhance their education and learn advanced techniques. I also learned that endoscopy is not taught in many European surgery residency training programs, and therefore many of the practicing surgeons there have limited experience with even basic endoscopy- which I found interesting as the paradigm regarding the role of endoscopy in surgical education is being increasingly addressed in the United States.

Overall, the opportunity to travel to IRCAD and learn from leaders in surgery and endoscopy was exceedingly valuable to my career and development as a surgeon. I am thankful for the experience, and look forward to incorporating many of the advanced endoscopic procedures learned into my surgical practice.

*Melanie Hafford, MD*

## FELLOWSHIP COUNCIL UPDATE



The Fellowship Council was created to foster the development of high quality fellowships in Minimally Invasive, Gastrointestinal, Flexible Endoscopy, Bariatric, Hepato-Pancreato-Biliary, Thoracic and Colorectal surgery.

All fellowships within the Fellowship Council are subject to a rigorous accreditation process to ensure that a certain standard of educational experience for fellows is insured. Additional activities of the Fellowship Council include assurance of a fair and equitable match for all fellow applicants and fellowships, annual monitoring of fellow satisfaction, and development and validation of assessment tools for monitoring fellow progress.

The Fellowship Council continues to grow and currently represents 160 programs and over 200 fellowship positions. The Council was put together by program directors to meet the needs of the programs and Fellows. The Fellowship Council is governed by leadership drawn from its component societies, SAGES, ASMBS, SSAT, AHPBA, and ASCRS.

The Fellowship Council's application and match process for 2015 surgical fellowships is now open and will close on March 3, 2014. For more information on applying, visit [fellowshipcouncil.org](http://fellowshipcouncil.org).

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For additional information about the application and match process, email [info@fellowshipcouncil.org](mailto:info@fellowshipcouncil.org) or call (310) 437-0555, ext. 138.

WINTER 2014

# CONTINUING EDUCATION COMMITTEE

## *American Board of Surgery (ABS) Maintenance of Certification (MOC) Part 2 Self-Assessment Credit Available for the 2014 Annual Meeting*



The SAGES Continuing Education Committee's Assessment Task Force continues to review SAGES' evaluation methods for the Annual Meeting for areas of further improvement to help ensure that SAGES is meeting its overall educational objectives. Completing the survey will be mandatory in order to claim CME credit for the 2014 meeting.

Participants who complete the online survey and CME credit form who also complete a post-test are eligible to convert all of the CME credits claimed for participation at the Annual Meeting to Self-Assessment credits, which can be used toward fulfilling Part 2 of the ABS MOC Program. Be sure to review the SAGES Final Program and meeting website for additional information.

Your feedback is vital to meeting the needs of surgeons and addressing changes in practice with the ultimate goal of improved patient safety and care. Thank you in advance for completing your Annual Meeting surveys.

## SAGES UNIVERSITY-ONLINE LEARNING



**FREE FOR SAGES MEMBERS:** SAGES University launched in July 2011 and provides members with access to a free premier online resource designed to fill the educational needs of general surgeons. Courses are now available in the following categories: Bariatric, Colorectal, Flexible Endoscopy, Hernia, NOTES, Solid Organ, Abdomen, HPB Foregut, Vascular, Biliary Tract, Endocrine and Education.

All SAGES University courses offer Self Assessment CME credit, which can be used toward fulfilling Part 2 of the American Board of Surgery Maintenance of Certification (MOC) Program.

### SAGES U currently features:

- **Journal Club** featuring articles from Surgical Endoscopy articles – get 1 CME credit per article.
- **OSAP (Online Self Assessment Program)** featuring over 40 SAGES videos – get 0.25 CME credit per video course.
- **Guidelines** featuring the latest SAGES guidelines - get 2 CME credits per Guidelines course.
- **Additional modules to follow!**
- **My CME Webpage** featuring your own personalized webpage to track all of your SAGES CME credits with your credits transmitted directly to the ABS. **Note:** Although the MYCME system is intended to eventually become the central location to store all CME data awarded by SAGES, it is currently not loaded with historical data from all past SAGES activities. Past event data will be evaluated and uploaded as available.

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Visit SAGES University today: [www.university.sages.org](http://www.university.sages.org).

# WHY MEMBERSHIP IN THE AMA IS IMPORTANT

Are you concerned about reimbursement? What about healthcare reform? Do you wonder about patient's diminishing access to quality care? If you answered yes to any of these questions then your membership in the American Medical Association (AMA) is important.

## YOUR AMA MEMBERSHIP – WHAT IT MEANS FOR SAGES

In order for SAGES to retain its seat in the HOD, a significant percentage of our members also have to be members of the AMA. Your membership in the AMA allows SAGES to:

- Keep our seat in the AMA House of Delegates (HOD)
- Have representation on the CPT Advisory Committee
- Have representation on the RUC Advisory Committee

But that is just a part of it. While SAGES continues to gain experience and recognition in the legislative arena, there is no denying that being a part of a larger organization has its benefits. The government recognizes the AMA as representing physicians across the country. They take the lead in tracking action on Capitol Hill and in organizing member associations and grass roots efforts to affect positive change.

Keep the SAGES voice strong. Please join the AMA or renew your membership by visiting the AMA website: <https://membership.ama-assn.org/JoinRenew/search.jsp>. In addition, please visit [www.ama-assn.org/go/ballot](http://www.ama-assn.org/go/ballot) to designate SAGES as your specialty society for representation purposes.

## SAGES NEWS

### ANNOUNCING NEW SAGES AMERICAN COLLEGE OF SURGEONS (ACS) AND AMERICAN BOARD OF SURGERY (ABS) REPRESENTATIVES

**Dr. Steven Schwartzberg** has been selected to serve as SAGES representative to the ACS Board of Governors. We want to thank Dr. Nathaniel Soper for his leadership in the past year.

**Dr. Lee Swanstrom** has been selected to serve as SAGES representative to the ABS.. Thank you to Dr. Bruce Schirmer's for his leadership in the past year.



WINTER 2014

# FLEXIBLE ENDOSCOPY COMMITTEE

## MIS Flexible Endoscopy Course for Fellows:

This year's Fellow's course is taking place September 18- 20, 2014 at the University of South Florida's Center for Advanced Medical Learning and Simulation (CAMSLS). The course is open to 60 Fellows that must be SAGES Candidate members. This course is free of charge (fellows just need to pay for their travel to and from Tampa). A deposit is required at the time of registration but will be fully refunded once the Fellow completes the course.

Registration will be available in May.

For more information please visit: [www.sages.org/mis-fellows-course/](http://www.sages.org/mis-fellows-course/)

For any other questions please contact [christine@sages.org](mailto:christine@sages.org)

## SAGES Video Atlas

### Videos Needed!



Over a year ago, we embarked on a project to develop a video atlas of benign and malignant pathology of the GI tract. As surgical endoscopists, we are sometimes criticized for being good technicians but not being aware of the pathology we are viewing. A video atlas will help fill this knowledge gap. With the assistance of a number of you, we have created an outline of the normal and abnormal pathology that should be included in this atlas. We have also created a link that allows uploading captured video to include in this atlas. Our main limitation now is the limited number of videos submitted for the project.

Go to: [www.sages.org/video\\_atlas/](http://www.sages.org/video_atlas/) to upload your videos

Please see the outline of the types of normal or abnormal pathology we are seeking, located on the website. Raw initial videos should be recorded on highest available resolution. The uploaded (unedited video) should remain in the highest quality possible. That file is downloaded by us and edited in the highest possible resolution the editing software will allow us to. Please note we all will be using different editing software.

There is no current limit to each of the mentioned pathologies on the atlas. Names for the file should include location of gi tract, pathology and name of original physician. **Example: Colon, serrated adenoma, JMartinez**

Please contact [Christine@sages.org](mailto:Christine@sages.org) for any additional questions and information.

### INSTRUCTIONS ON HOW TO UPLOAD VIDEOS TO SAGES WEBPAGE:

Uploads: [www.sages.org/video\\_atlas/](http://www.sages.org/video_atlas/)

Name the files as to be recognized.

Names for the file should include location of gi tract, pathology and name of original physician,

Example: Colon- serrated adenoma- JMartinez





# UNIQUE FEATURES OF THE 2014 SAGES MEETING



- Casual attire – Leave your ties and button down shirts at home and order a SAGES polo!
- Learn essentials regarding Foregut Surgery, Colorectal Benign and Malignant Disease management, Emerging Endoscopic Techniques (POEM), and the Ethics of Innovation.
- Attend comprehensive postgraduate courses dedicated to the basic tenets to treat Common Duct Stones, Management of Bariatric Complications, Complex Ventral Hernia Repairs, and Enhanced Recovery Pathways.
- Enjoy a Collaborative Conference with our Joint Armed Forces colleagues.
- SAGES Humanitarian Postgraduate Course
- Patient Safety issues are identified and highlighted with in focused sessions and specific lectures.
- Attend Joint sessions with ALACE, ASMBS, CAGS, EAES, JSES, KSELS & SSAT.
- Heckle previous Presidents as they debate current topics.
- Enjoy the New \* Spotlight on Hernia \* Area with learning center stations, posters, and industry products related to hernia repairs all in one spot!
- Check out your medical colleagues' "fund of knowledge" at the MIS Jeopardy session.
- Relax at the Exhibit Hall Oasis for informal gatherings and re-charge your electronic devices!
- Gala and Sing-Off at "The Depot"
- iOS + Android App!
- Bring the family. Child care, mini med school for high school students; and Top Gun for Kids
- Come before the meeting starts or stay a couple days after the meeting to enjoy the snow and ski slopes!

*P.S. What is not unique is that food and alcoholic beverages will be plentiful, as always, at the SAGES Gala event!*

**WINTER 2014**

# WHAT IS THE RUC?

Annual updates to the Center for Medicare and Medicaid Services (CMS) physician fee schedule and the relative value work units (wRVU) therein are based, in part, on recommendations from the AMA Resource-Based Relative Value Scale Update Committee (a.k.a. the RUC). The RUC has 31 members of which 21 are appointed by major national medical specialty societies including those recognized by the American Board of Medical Specialties. Four of the remaining 10 seats are rotating 2-year positions that include one primary care representative, two internal medicine specialty seats, and one specialty otherwise not represented on the RUC. The final six seats are the RUC Chair, Co-Chair of the RUC Health Care Professional Advisory Committee (HCPAC) Review Board, and representatives of the AMA, American Osteopathic Association, the Practice Expense Subcommittee, and the CPT Editorial Panel Chair.

Advisors selected by 122 specialty societies seated in the AMA House of Delegates, including SAGES, provide the RUC recommendations to consider for wRVUs for each CPT code. Through analysis of standardized surveys sent to practicing physicians, specialty society discussion and analysis of literature, and open forum dialogue at national RUC meetings the relative value for various CPT codes is vetted. The standardized surveys address every aspect of physician/patient interaction including preparation, actual face-to-face time, and completion of post-procedural administrative activities. As SAGES members, you will receive these standardized surveys from time to time through a required randomized distribution process. The recommendations provided by the specialty advisors are heavily dependent on active participation of specialty organization members in the survey process. Although time consuming, answering the surveys honestly and completely is of paramount importance. Upon submission of recommendations by the specialty society advisors, a 2/3 majority vote by the RUC is required to submit a recommendation to CMS. Ultimately, the actual relative work value will be determined by CMS. They may accept, revise, or outright reject the recommendations of the RUC.

The RUC process is further stratified by subcommittees that are charged with evaluating practice expenses in the form of clinical staffing, medical supplies, and equipment. Research subcommittee is charged with evaluating changes in practice patterns and technology that may alter the value for a particular code. The intensity of work involved with each code, including liability potential is considered in assigning the wRVU for a given CPT code. The RUC employs a rolling review process for the CPT codes to remain current on evolution of work.

Therefore, the RUC is a unique committee that involves the AMA and the specialty societies. It gives physicians a voice in shaping the CMS physician fee schedule. Actual reimbursement is determined by a complex calculation created by CMS that includes wRVUs as determined by CMS, a monetary conversion factor that is developed by CMS without physician participation, and CMS determined factors that address geographic and liability components. In the end, the RUC plays an extremely important role, but it is not solely responsible for determining actual reimbursement.

## OPEN TO MIS



SAGES: Minimal Access Surgery. Better Results.

The mission of the Open to MIS or Get Well Sooner initiative is to improve the overall value of patient care through promoting the adoption of and access to minimally invasive surgical techniques. At our Fall retreat the working group reviewed data on the prevalence of MIS techniques in the management of gallstones, colorectal disease, bariatrics and hernia and discussed strategies to influence change through education, marketing and evidence of cost-effectiveness. Part of the initiative's branding has involved renaming it as "Get Well Sooner" to better communicate the mission to the general public.

The group has chosen to focus the initiative on one specific therapeutic area, colorectal, and has identified Central Florida a target area for a pilot project. The Getwellsooner.org website has been created and includes patient and PCP information.

Promoting adoption of MIS requires both education of the public and availability and access to MIS procedures through proper training for surgeons and referrals by PCPs. As such, the working group is now finalizing courses, identifying optimal locations for trainings, and recruiting SAGES members in targeted institutions to invite local PCP's to an update presentation.

PSAs have been produced and will air nationwide in late spring/ early summer to coincide with a local PR and marketing campaign in the target area. Additionally, a benchmark study is underway to allow for measurement of program success and outreach has also commenced to local medical societies to raise awareness and encourage participation.

[www.getwellsooner.org](http://www.getwellsooner.org)

*Surgical Spring Week*  
**SAGES 2015**  
*SAVE THE DATE*



**April 15-18, 2015 Nashville, TN**

Program Chair: Aurora Pryor, MD

Program Co-Chair: Michael Holzman, MD



[www.sages.org](http://www.sages.org)



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## SAVE THESE DATES! SAGES FUTURE ANNUAL MEETINGS

### SAGES SCIENTIFIC SESSION & POSTGRADUATE COURSE (W/IPEG)

**April 15-18, 2015, Gaylord Opryland Hotel & Convention Center, Nashville, TN**

### SAGES SCIENTIFIC SESSION & POSTGRADUATE COURSE

**March 16-19, 2016, Hynes Veterans Memorial Convention Center, Boston, MA**

### SAGES SCIENTIFIC SESSION & POSTGRADUATE COURSE

**March 22-25, 2017, George R. Brown Convention Center, Houston, TX**