Dear Friends and Colleagues,

It has been another busy few months for both me and the AASA. I have just moved to Nashville and have just finished week two at Vanderbilt. I am enjoying learning a new organization and the differences and similarities between Vanderbilt and Wake Forest. Being in Nashville had the distinct advantage as it allowed me to drive to Lexington Kentucky to attend the first of our two regional retreats. I want to give a big thank you to John Hundt and Rebecca Napier and especially the University of Kentucky for hosting a truly outstanding meeting. We had over 40 participants at the meeting.

The retreat began with a wonderful dinner which provided a great venue for reconnecting with old friends and making new ones. On Friday, we kicked off our day learning a bit about UK and singing a less than on key version of “My Old Kentucky Home.”

Later sessions included an interactive session that provided a chance for many of us to share EMR war stories. We also were treated to a tour of the new (and old) UK hospital by Dr. Joe Iocono where he discussed some of the many challenges we are all facing as our campuses continue to grow and expand. John Case from PwC and Dr. Jay Zwischenberger, the University of Kentucky Chairman presented a though provoking session about the creation of integrated business units as a way to improve quality, gain efficiency and lower costs. They were joined by Rebecca and the entire Surgical team who candidly discussed the benefits they are enjoying from the creation of their IBUs. Our own, John Hundt shared some of his efforts at Johns Hopkins to leverage our ever precious financial resources with a session about Strategic Planning. The highlight of the meeting was an in depth workshop around coaching and communication lead by Ralph Weickel. This session included opportunities to work in small groups to learn some of our strengths and ways to tap into them more frequently. I think we all left with new tools in our arsenal to help us manage leadership, surgeons, our teams and most importantly ourselves.
The South East regional retreat did not disappoint and I am certain the retreat in two weeks in Madison Wisconsin will be equally inspiring. If you can, I encourage all of you to get to the meeting in Madison. You can read about some of the sessions later in this issue of the Cutting Edge. For me regional retreats have provided a great place to build my network of fellow Surgery administrators. The more intimate setting encourages lots of discussion to help us support each other as we continue to navigate the challenges that Sequestration and Health Care Reform will likely bring to our organizations and the industry as a whole.

Also this month, John Osborn, Jamie Meyer and David Kaplan visited Washington DC and Benson Won to participate in the Annual Advocacy Day on April 15th and 16th in Washington DC. I know it provided them with some further insight to the impacts we will all be feeling in the months and years to come. Their time in DC continues to build our Advocacy platform and strengthen our partnership with the American College of Surgeons.

Kira Martin and John Hundt have begun to populate the Member Tool Kit section of the AASA website. The goal is to build a robust library of resources our members can turn to when in need. To ensure that we have the tools you need, please email either of them regarding resources you would like to see included AND to send them great tools that you would be willing to share with other members. We have now had three webinars all have had great content and participation. Each session is targeted around a key area identified by you, our members. We are of course always looking for more sessions, so if you have an idea for a topic consider, please consider leading a webinar. Please share with Jamie Meyer ideas for future webinars or volunteer to lead a session yourself.

In this issue of the Cutting Edge you also get to read up on the great planning that is underway for the AASA National Meeting in Washington DC. Megan Berlinger and Nicole Buikema have been doing an outstanding job of leading their Programming Committee to make DC another must-not-miss annual conference.

As always, remember the AASA is your organization and we want to make sure that we provide you with meaningful and timely information. Part of what makes the AASA so outstanding is members who get involved so I welcome your thoughts on how we can improve for both new and experienced administrators.

Best Wishes
Bess
The Program Committee has been hard at work over the last few months to develop an energizing and informative agenda for the Annual Conference in Washington, DC which is scheduled for October 6-8, 2013. We are excited to announce that we will once again be partnering with the American College of Surgeon’s Society of Surgical Chairs that Sunday the 6th. This joint SSC/AASA session has proven to be a valuable component of the conference the past two years and we look forward to another opportunity to connect over key topics that affect surgeons and administrators alike. Thank you to all who responded to the call for proposals and topic survey. Your feedback is much appreciated and will be used to develop this year’s programming. If you did not have an opportunity to respond and have a recommendation for a speaker, please contact me at mberling@wakehealth.edu. Some of the suggested topics include:

- Health Policy Updates
- Managing to Reimbursement
- Evidence-Based Management
- Physician Workforce Issues

Plans are in place to renew the aspects of the program that are highly valued by attendees as well as to create new platforms for networking. Examples include round table discussions on hot topics, focused break-out sessions, case studies and additional opportunities to socially engage with other attendees. Conference registration will be available in July, but please visit our website for the latest conference information: www.aasa1.org.

See you in DC!
Midwest/West Retreat

By Teri Keeler and Kira Martin

The combined 2013 Midwest/Western AASA Regional Retreat will be held in Madison, Wisconsin on Thursday, May 2nd and Friday, May 3rd.

Madison is a unique city situated on an isthmus between Lake Mendota and Lake Monona. The city’s trademark “Lake, City, Lake” reflects this geography. Madison is the State Capital of Wisconsin and the second largest city in the state. The Wisconsin State Capitol is the city’s signature landmark and is modeled after our nation’s Capital. Every Saturday from April – October there is an amazing farmers market that surrounds the Capitol Square. State Street, a one mile pedestrian mall, connects the Capitol Square with the University of Wisconsin-Madison campus.

On Thursday afternoon, we will meet at 4:30 p.m. in the lobby of the hotel and travel to the Wisconsin Institute for Discovery (WID) for a tour of their facility. WID is located in the center of the University of Wisconsin-Madison campus and is a public transdisciplinary research institute where innovative minds come to explore, play, imagine and create.

Friday’s educational program will start with breakfast and welcome from Dr. K. Craig Kent, MD; A.R. Curreri Professor and Chair Department of Surgery. Our keynote speaker will be Dr. Caprice Greenberg, MD, MPH; Associate Professor Department of Surgery and Director, Wisconsin Surgical Outcomes Research Program. Dr. Greenberg is the recipient of a three-year grant supporting the initiation of the Wisconsin Surgical Coaching Program and includes collaborators in the Athletic Department, School of Education and College of Engineering. Dr. Greenberg will present her Surgical Coaching Program that she is implementing for the state of Wisconsin.

Additional speakers will showcase best practices in On-Line CME Professional Development, Gloves On Referring Surgeon Program, Faculty Recruitment and OR Quality Initiatives. We will also have an AASA Pinterest session where members can present (pin) their quick interest topic/best practice (details to follow!). We will wrap up the program with a tour of the UW School of Medicine and Public Health and UW Health Simulation Center.
The American College of Surgeons held its second annual Advocacy Summit and Lobby Day in Washington, DC, April 16 and 17. The AASA was represented by David Kaplan, Jamie Meyer, John Osborn, and Benson Won. The event kicked off with a dinner and talk by Bob Woodward, legendary Washington Post reporter, who offered his thoughts on the state of politics and leadership today. The second day was filled with talks and issue briefings from experts and ACS leaders, including thought-provoking proposals for alternative reimbursement models, surgeon training and retention, and viewpoints from several members of Congress.

On Tuesday, the AASA team, along with hundreds of surgeons, went to Capitol Hill to meet with legislators. We met with members of our home delegations, and discussed payment and liability reform, the future of the surgical workforce and policies to ensure that all Americans have access to surgical care, including trauma care. In light of the tragedy in Boston the previous day, the role of surgeons and academic medical centers in response to disasters was a key talking point.

In October, we will return to Capitol Hill to continue our conversation with Congress about how we can adopt and adapt policies that serve the best interests of our patients and sustain our mission as academic institutions. In the meantime, the Advocacy Committee will be discussing how we can contribute to the on-going discussion of the future of specialty reimbursement. The American College of Surgeons has developed a concept of a “Value-Based Update” which associates reimbursement to specific groups of conditions and procedures. We will be applying our perspective to this and other proposals.

For an up-to-date take on policy issues important to surgery, visit the ACS website: http://www.facs.org/ahp/index.html. If you are interested in joining the committee, please contact John Osborn (osborn.john@mayo.edu) or David Kaplan (david.kaplan@mounsinai.org).
We have started off 2013 strong and already have 5 new members added to the roster. Please take a moment to welcome these new colleagues. You can find their contact information after you login online at www.aasa1.org. Go to Member Resources and then Directory Search to look them up.

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Now that 2013 is well underway there will be a push to get even more new members. At present there are 158 medical schools recognized by the AAMC in the United States & Canada and AASA currently has members from 71 of them. Our goal is to gain as many new members as possible from the unrepresented schools. Below is a list of 12 of those schools as a sampling. If you know colleagues at any of these schools please reach out to them and tell them the benefits of being part of AASA.

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As always, if you know of someone who would benefit from becoming a member of AASA please share with them how great this organization is and direct them to www.aasa1.org and the “join us” button at the top of the page. Hearing a personal testimony about the organization is an easy way to gain new members.
From My Bookshelf:

*Genius on the Edge: The Bizarre Double Life of Dr. William Steward Halsted*, by Gerald Imber, MD

**John Hundt, Eastern Region**

It has long been common knowledge that William Stewart Halsted, one of the giants of American surgery suffered from addiction - initially to cocaine and later to morphine. He first came in contact with cocaine by experimenting with its use as an anesthetic in the 1880’s. This experimentation had a devastating effect on the careers of several of his students and fellow surgeons.

Dr. Halsted is credited with numerous achievements during his career. He created a surgical residency program that became the model throughout the country. He practiced and taught surgical technique that was slower and more methodical, emphasizing hemostasis and avoiding injury to sensitive tissues. He pioneered new operations and invented new tools for surgery. He trained others who went on to become giants in surgery.

What is amazing is that he achieved all this while handicapped with a strong addiction. The book explores the impact of his addiction on his personal and professional life. His addiction was only known to a small circle and many presumed that he had been cured before becoming the first professor of surgery at Johns Hopkins. He maintained a strange schedule and would withdraw from others to maintain the secrecy. He was often moody and demanding. His summer vacations at a retreat in North Carolina become longer with passing years.

Have you read something interesting lately?

Tell us what’s on your bookshelf - the latest from the Harvard Business Review? A new book on social media in health care? Send book reviews to the Editor at osborn.john@mayo.edu.

What’s on your iPhone?

Have you found the “killer app”? That one tool that has saved you time, energy, and frustration? How are you leveraging technology to help you work? Send your tools, tips, and reviews to the Editor at osborn.john@mayo.edu.
One is left wondering what this fascinating man could have achieved if he had never become addicted. Did the isolation he experienced give him time for creative thought? Dr. Halsted did not leave a lot of personal correspondence as did his other fellow founding fathers of the Johns Hopkins school of medicine William Osler and William H. Welch who also figure in this biography. Because of the lack of personal reflections by Halsted, much is left to conjecture. Based on evidence from neighbors in North Carolina, the author speculates on whether Mrs. Halsted, the former Caroline Hampton, shared an addiction for morphine in later years. There is no proof but it seems likely.

Gerald Imber is a plastic surgeon who graduated from State University of New York Medical College and trained at New York Hospital Cornell Medical College. He writes with an engaging style. I recommend this book to anyone interested in the history of American surgery or on the impact of addiction. Another interesting book that compares the experiences of Dr. Halsted to Sigmund Freud is An Anatomy of Addiction by Howard Markel (Illustrated. 314 pp., Pantheon).

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Save the Date
As we ring in the New Year, mark your calendars for 2013’s AASA conference.

The Association of Academic Surgical Administrators
26th Annual National Meeting
Oct 6-8, 2013
Washington, DC
Administrators Reclassified

Well-being Afflictions

Debra Carlton, Vanderbilt University

Administrators are moving further away from overseeing Departmental Operations to becoming Investigators of vague and mind-numbing reports. The current aphorism in defining the success of the Health Care industry is to do more with less. Personalized services are at an all-time low and there are three mainstream ideologies bustling around the Academic Health Care Industry to help make them solvent; consolidation, centralization, and elimination. When these three principles are intertwined it can create havoc on an Administrator’s personal well-being and personal sacrifices.

**Well-being affliction number one.** The upper echelons of an academic health care system are placing more pressure on Administrators to consolidate resources which can be as simple as sharing a break room with the Department next door to reallocating the task-driven efforts of a dedicated, yet non-departmental, staff member to another department of the Institution. When this occurs the Administrator’s work ethics goes into overdrive and they have a tendency to complete the tasks themselves or assign the job to an already overtaxed Departmental staff member.

**Well-being affliction number two.** When the consolidation success is not enough for the institution, or the notorious Consultant Group enters the arena, centralizing of staff positions becomes the next big hot topic. Without fail, the consultant group moves forward with their reviews, and their audits, and finally their recommendations on how to reduce overhead. They present their colorful and overwhelming data of money saving ideas by connecting similar job functions. Their report and presentation usually includes the typical adoration of cross training staff members and how wonderful it will be for them to be all together in the same place, doing the same thing as the person next to them.

**Well-being affliction number three.** Administrators are then faced with delivering the news to Departmental staff members, sometimes people who have worked in the Department for over 20 years. Most of the positions that are moved are well within the purview of the Administrator’s area then abruptly assigned to other departments within the institution. Any oversight on the Administrators part becomes report driven, either by verbal communication, vague written emails, or tedious reports, thus requiring the Administrator to become their own Investigator. Meanwhile the Administrator loses valuable FTE’s within their Department and subsequently ends up putting additional work on themselves or the staff they have left.

**Well-being affliction number four.** The worst of all considerations, and hopefully the last proposal on the table, is the elimination of staff. Administrators are not immune from the inevitable plague of abolishment of jobs. The simplest response to this type of proposal is due to various reasons from economic impacts, poor judgements and decision making.
of their predecessors or superiors, or even their own misjudgments. However simple or complex the reasons or responses may be, it does nothing to mollify an Administrator’s psyche.

**Well-being affliction number five.** Personalized services, be it patient care or administrative, is a phrase of the past within the Health Care Industry. The Administrator used to receive personalized and consistent reports of the Departmental operations by his or her delegates. After consolidating, centralizing or eliminating staff members, the Administrator now solely relies on his or her own investigative work to make sense of how the unit is performing, sometimes spending countless hours digging for information. Meanwhile, any personalized service given or received is significantly diminished.

With the advancement of technology, alternative work arrangements (the ability to remotely connect into work) and the ability to forward phones to any location and get email on your cell phone, it is easy to say the Institution has fully achieved the perception of doing more with less. What remains to be seen is if the desired outcomes of improved revenue, the reduction of costs, and staff that are now more employable since being crossed-trained, are actually true. If the desired outcomes are in fact proven and achieved, the pendulum is still swinging. Therefore the job of the Administrator and their assessments must continue. Personalized services, particularly the services which are patient care related, are the most prevalent affected areas when cost cutting measures are achieved.

In summary, the Administrators role has evolved. It has evolved into an Investigator, a detective of sorts; a position which now spends more time and effort on tasks historically done by the smiling and caring staff of the Administrator. It has become a system and a position where one has to do more with less, regardless of personal well-being and sacrifice, all for the sake of Academic Heath Care success. have left.