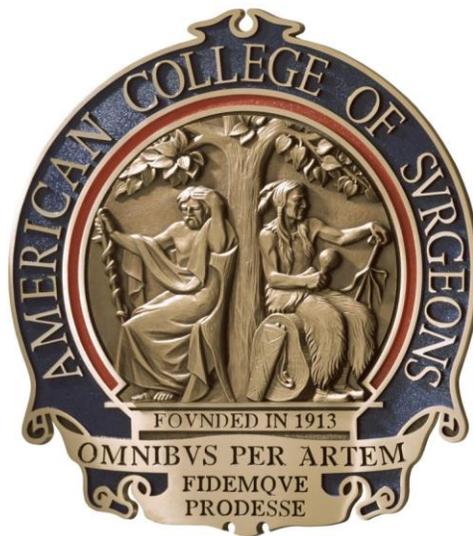

AMERICAN COLLEGE OF SURGEONS

Massachusetts Chapter

www.MCACS.org



2018 MCACS Surgical Advocacy Day

Stop-the-Bleed Training

Wednesday, October 10, 2018

9:00 am – 2:00 pm

Great Hall of Flags

Massachusetts State House

"When in distress every man becomes our neighbor."

Dr. John Collins Warren and Dr. James Jackson

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To become an MCACS Surgeon Advocate, please send your contact information to admin@mcacs.org

CME Information

CONTINUING MEDICAL EDUCATION CREDIT INFORMATION

Accreditation

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA PRA Category 1 Credits™

The American College of Surgeons designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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AMERICAN COLLEGE OF SURGEONS
DIVISION OF EDUCATION

Program Objectives

This activity is designed for physicians. Upon completion of this course, learners will have the ability to:

- Present the history of a national bleeding control program
- Learn the goals of the American College of Surgeons to control bleeding
- Train legislators in techniques for tourniquet use to stop bleeding
- Enable an understanding of a surgeons' scope of practice with respect to legislative policy
- Advocate on behalf of patients regarding trauma preparedness
- Expand upon the dialogue and relationships established with legislators and their staff on past advocacy days

2018 MCACS Surgical Advocacy Day

Schedule of Activities

9:00 – 9:15 am	Registration and Continental Breakfast
9:15 – 9:30 am	Welcome and Introductions <ul style="list-style-type: none">• Anne C. Larkin, MD, FACS, MCACS President, <i>UMass Memorial Hospital, Worcester</i>• Peter T. Masiakos, MD, FACS; MCACS Treasurer & ACS Governor, <i>Massachusetts General Hospital Trauma Services, Boston</i>
9:30 – 9:45 am	Boston Police Perspective <ul style="list-style-type: none">• William B. Evans, <i>Boston College Director of Public Safety and Chief of Police</i>• William G. Gross, <i>Boston Police Commissioner</i>
9:45 – 10:15 am	Legislative Perspective Representative Robert A. DeLeo, <i>Speaker of the House</i> History of Bleeding Control Lenworth M. Jacobs, MD, MPH, FACS <i>Chairman Hartford Consensus, CT</i> Stop-the-Bleed Primer Eric Goralnick, MD, MS, <i>Brigham Health, Boston</i>
10:15 – 11:10 am	Stop-the-Bleed Training Meet the Trainers on Pages 7-9
11:10 – 11:20 am	Preparedness Saves Lives Representative Kate Hogan
11:20 – 11:30 am	The Massachusetts Trauma Response Preparedness Act Representative Shawn Dooley
11:30 – 11:45 am	Preparation for Legislative Office Visits Christopher L. Johnson, <i>American College of Surgeons, Washington, DC</i>
11:45 am – noon	Group Photo – Grand Staircase
noon – 2:00 pm	Surgeon Visits with Legislators and Staff

Biographies

MCACS Leadership:

Anne C. Larkin, MD, FACS is Associate Professor of Surgery, Interim Senior Associate Dean of Educational Affairs, and Vice Chair of Education of the Department of Surgery at the University of Massachusetts Medical School and UMass Memorial Health Care in Worcester, Massachusetts.

She graduated from Columbia University College of Physicians and Surgeons in New York City and completed her residency training in General Surgery at Columbia Presbyterian Medical Center. Before joining UMass, Dr. Larkin served as a general medical officer in the United States Navy in Italy. She subsequently served as a surgeon aboard the USS George Washington and at the Naval Medical Center in Portsmouth, Virginia before joining the faculty at UMass Memorial in 2001.

Dr. Larkin is clinically active as a breast and endocrine surgeon, and has ongoing research interests in breast surgery and surgical education. She is a member of many prestigious organizations including the American College of Surgeons, New England Surgical Society, American Society of Breast Surgeons and the Association of Surgical Education. She currently serves as the President of the Massachusetts Chapter of the American College of Surgeons.

Peter T. Masiakos, MD, FACS is the Treasurer of the MCACS and a Governor of the American College of Surgeons. He is a Pediatric Surgeon at MGH and Assistant Professor at Harvard Medical School. He has extended his clinical interest of trauma into the legislative forum where he has become an injury prevention advocate. He has been involved in successfully educating the Massachusetts legislature on the inherent risks that All Terrain Vehicles (ATVs) pose on children and testified both at the Massachusetts state house and at the consumer product safety commission on the need for new legislation which would prohibit the use of ATVs by children less than 14 years of age. Along with three other injury prevention laws, Sean's law was enacted on July 31st, 2010. Dr. Masiakos continues to work alongside Massachusetts State Legislators in getting comprehensive injury prevention laws passed.

Speakers:

William B. Evans, a nationally respected police leader with 38 years of experience in law enforcement, became Boston College's new executive director of public safety and chief of police on August 6. Previously, he was Commissioner of the Boston Police under Mayor Walsh since January 2014, after serving as acting commissioner under Mayor Menino. Evans, who became a Boston police officer in 1982, is the brother of former Commissioner Paul Evans, the head of the department from 1994 to 2003. William Evans rose through the ranks starting as a patrol officer, and in 2007 was named Superintendent of the Bureau of Field Services. has been captain of two districts, After running the Boston Marathon in 2013, he was one of the first commanders to reach the Boston Marathon scene after two bombs killed three people and injured more than 260 on April 15 of last year. As Police Commissioner, he is committed to community policing, forging authentic partnerships with the residents, youth, non-profits and local business owners in their districts, recognizing that relationships are the key to safe, healthy, and strong communities.

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William Gross is the City of Boston's first African American Commissioner and a 33-year veteran of the Boston Police Department. As a Patrol Officer he spent many years in the Gang Unit and Drug Control Unit, as well as serving as an Academy Instructor. He rose through the ranks, achieving the ranks of Sergeant and Sergeant Detective, and was promoted to Deputy Superintendent in 2008, where he became a member of the Command Staff of the Department. As Deputy Superintendent, Gross served as the Commander of Zone 2, which is comprised of Area B-2 Roxbury and Mission Hill, Area B-3 Mattapan, Area C-11 Dorchester, and Area C-6 South Boston. In this role, he coordinated with District Captains in their development of strategies to address crime trends, and attended community meetings to address specific neighborhood crime concerns. In 2010, Deputy Superintendent Gross became the commander of the Field Support Division, which included command over the Youth Violence Strike Force (Gang Unity), and the School Police Unit. In 2012, he was promoted to Superintendent, Night Commander, responsible for oversight of all police responses to incidents on a citywide basis in the evening hours. Throughout his career, Superintendent Gross has maintained a strong connection with the community, and has been awarded numerous awards for bravery, meritorious service and community partnership.

Lenworth M. Jacobs, MD, MPH, DSc (Hon), FACS, FWACS (Hon) is the Director of the Trauma Institute at Hartford Hospital. He is Professor of Surgery and Professor of Traumatology and Emergency Medicine at the University of Connecticut. He graduated from the University of the West Indies Medical School in 1970. He received his surgical training at the Peter Bent Brigham Hospital in Boston and at University and Boston City Hospitals. He received a Masters in Public Health from the Harvard School of Public Health.

Dr. Jacobs became the Director of Emergency Medical Services for the City of Boston and the Trauma Center at Boston City Hospital. He designed and implemented the Basic and Advanced Life Support Prehospital Service for the City of Boston. He then moved to Hartford Hospital where he implemented the LIFE STAR Air Medical Service and the Trauma Center. He inaugurated a new Department of Traumatology and Emergency Medicine at the University of Connecticut, School of Medicine.

He is the Chairman of the Hartford Consensus, Joint Committee to Increase Survival from Active Shooter and Intentional Mass Casualty Events. He is currently on the Board of Regents of the American College of Surgeons and was on the Executive Committee of the Governors of the American College of Surgeons. He is a past Director of the American Board of Surgery. He is a founder and past President of the Eastern Association for the Surgery of Trauma (EAST) and past Vice President of the American Association for the Surgery of Trauma (AAST). He is past President of the American Trauma Society.

He has lectured extensively in the United States and across the World. He has over 250 publications including numerous books and book chapters. He is the founder of the Advanced Trauma Operative Management Course (ATOM) and the Editor of the ATOM Textbook. ATOM is now available in 55 sites in the United States, Canada, Africa, the Middle East, Japan, Saudi Arabia, UAE, Qatar, Italy, and Brazil. Over 700 surgeons have been fully certified as ATOM instructors. ATOM has trained over 4000 surgeons.

Dr. Jacobs has received numerous awards: an Honorary Degree of Doctor of Science (Honoris Causa) presented by The Council and Senate of the University of the West Indies; an Honorary Fellowship in the West African College of Surgeons; the Connecticut American College of Surgeons Distinguished Service Award; the Meritorious Award of the American College of Surgeons Committee on Trauma, along with being recognized by his peers for his contribution to the surgery of trauma; the "Surgeons' Award for Service to Safety" presented by the American College of Surgeons, American Association for the Surgery of Trauma, and the National Safety Council; the Dr. Norman E. McSwain, Jr. PHTLS Leadership Award for Contributions and Continued Commitment to the Care of the injured patient especially to their Pre-hospital Care; the States' Award for Dedicated Service to the State of Connecticut presented by the Governor; and the Bigelow Medal by the Boston Surgical Society for "Contributions to Surgery of the greatest value."

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Eric Goralnick, MD, MS serves as Medical Director, Emergency Preparedness and Access Center, Brigham Health. He is responsible for system wide efforts to prepare, mitigate, respond, and recover from disasters in addition to coordination of all outside hospital transfers to the Brigham Health system. He is an Assistant Professor of Emergency Medicine at Harvard Medical School and is a practicing Emergency Medicine physician at Brigham and Women's Hospital, a level 1 trauma and burn center in Boston, Massachusetts. He also serves as Medical Director of Gillette Stadium, providing medical direction for all mass gathering events including New England Patriots' football games and concerts. He is the faculty lead for the Harvard Medical School Civilian Military Collaborative, a network of engaged professionals seeking to develop, support, and mobilize expertise in the overlapping and transferable domains of the civilian and military medical sectors. Dr. Goralnick is an active emergency preparedness and healthcare operations management researcher authoring articles and lecturing nationally and internationally.

Prior to his career in medicine, Dr. Goralnick served in the United States Navy. Goralnick is a graduate of the United States Naval Academy, Sackler School of Medicine at Tel Aviv University, Yale New Haven Hospital Emergency Medicine residency and holds a Master of Science in Health Care Management from the Harvard TH Chan School Of Public Health.

Stop-the-Bleed Workshop Trainers:

Reza Askari, MD is an Associate Surgeon at Brigham and Women's Hospital and an Instructor in Surgery at Harvard Medical School. He is board certified in General Surgery and Surgical Critical Care. The scope of his clinical practice currently involves Trauma, Burn, Acute Care and Critical Care. He is also active in multiple consulting efforts through the department of surgery in outreach and trauma center development across Massachusetts. Dr. Askari plays an active role in student, Resident, and Fellow education. He has recently been promoted to Director of Surgical Critical Care, along with taking over the Directorship of the Surgical Critical Care and Acute Care Surgery Fellowships. He has received several teaching awards from both Harvard Medical School and the department of surgery at Brigham and Women's Hospital. He's also an active Member of the Massachusetts Chapter of American College of Surgeons Committee on Trauma and holds multiple committee roles for the Surgical Infection Society.

M. George DeBusk, MD, MSc, FACS, FCCP, is an Assistant Professor in the Dept. of Surgery, Div. of Trauma and Surgical Critical Care at UMass Memorial Medical Center in Worcester, MA. He is a graduate of Jefferson Medical College in Philadelphia, PA. He completed his surgical residency training in General Surgery at the Beth Israel Deaconess Medical Center in Boston, MA. He then completed a Post-Doctoral Fellowship at the Massachusetts Institute of Technology and a Surgical Critical Care Fellowship at Brown University. His professional affiliations include being elected to the MA Committee on Trauma (MACOT) as Vice Chair and serving as a member of the Advocacy Committee for the MA Chapter of the American College of Surgeons (MCACS). Dr. DeBusk serves as the *Stop the Bleed* Coordinator for the MACOT.

Andrea Fantegrossi, MPH, is the Administrative Manager for the Department of Emergency Medicine at Brigham and Women's Hospital. Andrea works closely with BWH physicians to coordinate efforts to expand bleeding control awareness. Andrea holds a Bachelor of Arts in Psychology from American University in Washington, D.C., as well as a Master of Public Health with a concentration in Health Policy and Management from Boston University in Boston, MA.

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Scott Goldberg, MD, MPH, FACEP, FAEMS is an instructor of emergency medicine at Brigham & Women's Hospital in Boston. He has roles with several local and regional EMS agencies including FEMA MA Task Force 1. His interests include event medicine, tactical response, and novel approaches to the opioid epidemic.

David R. King, MD received his medical degree from University of Miami, Miller School of Medicine. He is a fellow of the American College of Surgeons, Associate Professor of Surgery at the Harvard Medical School, and Trauma Surgeon at Massachusetts General Hospital. Dr. King has 17 years of service in the US Army, currently Lt. Colonel, completing multiple combat deployments with the special operations community.

Dr. King has research interests in the areas of pre-hospital bleeding control, intracavitary hemorrhage control, non-invasive monitoring for trauma, trauma triage, and human athletic performance. He has multiple federally funded biomedical research grants. Dr. King is one of the principle inventors of ResQFoam, in addition to several inventions and holds multiple patents on medical devices. He has over 150 peer-reviewed publications and book chapters reflecting these research interest. He is on the editorial board of multiple peer-reviewed journals. When not working at the hospital or with the military, Dr. King trains as an ultra-endurance athlete. He has completed over 50 marathons and 9 Ironman triathlons. He races regularly around the world.

Megan Mazokopos, RN is the Quality and Performance Improvement Manager for the Trauma Service at Brigham and Women's Hospital. She received her Bachelors of Science in Nursing degree from Millikin University in Decatur, Illinois. Prior to her current role. Megan was a Level 1 Emergency Department Trauma Nurse for 13 years and then an Emergency Department Access Nurse for 3 years at Massachusetts General Hospital.

Dawn MacDonald, MSN, RN, is the Outreach Program Manager for the Trauma Service at Brigham and Women's Hospital (BWH) in Boston. Dawn received her BSN from Salem State College and her MSN in Nursing Leadership and Health Administration from Regis College. She has been involved in the care of the trauma patient for 20 years; her most recent experience was in the Burn/Trauma ICU at BWH. Dawn provides education and feedback to area hospitals as part of an effort to improve care quality in the trauma system

Meghan McDonald MSN, RN is the Trauma Program Nurse Director at Brigham and Women's Hospital. Meghan holds a Bachelor of Science degree from Boston College and a MSN from Walden University. Meghan began her career at Massachusetts General Hospital as a staff nurse in the Emergency Department, where she was then promoted to Clinical Nurse Specialist. She has also served as Director of Emergency Services for a Boston area community hospital.

Deepika Nehra, MD, is an Associate trauma/acute care surgeon at Brigham and Women's Hospital in the Trauma, Burn and Surgical Critical Care department. Dr. Nehra graduated Summa Cum Laude from the University of Missouri-Columbia and received her medical degree from Stanford University. Dr. Nehra is a member of the faculty with the Program for Global Surgery and Social Change (PGSSC) and Human Resources for Health (HRH) Program, both affiliated with Brigham & Women's Hospital, the latter located in Kigali, Rwanda. Dr. Nehra serves as the Associate Program Director for the Surgical Critical Care and Acute Care Surgery Fellowship program.

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Dr. Nehra is interested in global health, specifically, around improving trauma systems and trauma related education in resource-limited settings. Due to this, after completing her clinical training, Dr. Nehra spent a year as a general/trauma surgeon at Mbarara Regional Referral Hospital in Mbarara. Dr. Nehra strives to be both an effective clinician and educator both in the United States and globally while working to improve the care and outcomes for injured populations across the world.

Stephanie Nitzschke, MD, is an acute care surgeon, trauma surgeon and surgical intensivist at Brigham and Women's Hospital (BWH). Her clinical interests include caring for the trauma, burn and acute care surgery patients. She is a graduate of the Loyola University Stritch School of Medicine in Maywood, IL. She completed her general surgery residency at INOVA Fairfax Hospital in Falls Church, VA; Burn Surgery Fellowship at the US Army Institute of Surgical Research in Fort Sam Houston, TX; and trauma & critical care fellowship at the University of Pennsylvania in Philadelphia, PA. She now holds an Instructor of Surgery position at Harvard Medical School.

Dr. Nitzschke's goal is to expand clinical growth as well as improve and streamline our current clinical care processes for the Burn Program. She has already revised several of our clinical protocols and policies and created superior standards of care. She is an active participant in resident and medical student education. Her research interests include clinical outcomes for burn and trauma patients. She has authored over 15 peer-reviewed manuscripts, chapters, and presented 20 abstracts and lectures regionally and nationally concerning surgical care.

Meredith Scannell, PhD, MSN, MPH, CNM, SANE, is Instructor in the School of Nursing at MGH Institute of Health Professions and on the steering committee for the Center for Climate Change, Climate Justice, and Health. She has extensive experience in critical-care nursing and women's health. She is a certified nurse-midwife, earned a diploma in nursing in 1995, became a Sexual Assault Nurse Examiner in 2004, through the Massachusetts Department of Public Health, received a Master's Degree in Public Health and became a Certified Nurse Midwife in 2006, earned a Master's Degree in Nursing in 2008 and currently is a PhD candidate.

Darlene Sweet, MSN, RN is the Director for the Level I Trauma Center at Beth Israel Deaconess Medical Center. She received her associate's degree in nursing from Quinsigamond College in Worcester, MA and her BSN from Saint Joseph's College of Maine and then received her MSN from Saint Joseph's College of Maine. She began her career as an ICU nurse and progressed to educator, manager and administrator. She is an active leader, educator and researcher with extensive accomplishments in change management, driving quality initiatives, developing proactive teams that foster best practices with a strong focus on quality assurance/providing optimal care to the injured patient. Darlene received the Joseph M. Koufman foundation award for excellence for her dedication to patient and perioperative care within the department of surgery.

Cheryl Waldron, ACNP is currently work at MGH as the Lead NP for the Division of trauma and emergency surgery. Have been a nurse for 30 years and an NP for 20. I have worked for the Division of Trauma for 13 years. I was working the day of the Marathon Bombing and took care of the many survivors. I have been training with the Stop the Bleed initiative for the past year. I have an interest in providing education to all health care providers and those in our communities.

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Disclosure Information Massachusetts Chapter of the ACS State House Advocacy Event October 10, 2018

In accordance with the ACCME Accreditation Criteria, the American College of Surgeons, as the accredited provider of this activity, must ensure that anyone in a position to control the content of the educational activity has disclosed **all** relevant financial relationships with any commercial interest. Therefore, it is mandatory that both the program planning committee and speakers complete disclosure forms. The ACCME defines a 'commercial interest' as "any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients".

The ACCME also requires that ACS manage any reported conflict and eliminate the potential for bias during the session. The planning committee members and speakers were contacted and the conflicts listed below have been managed to our satisfaction. However, if you perceive a bias during a session, please advise us of the circumstances on the session evaluation form.

Please note we have advised the speakers that it is their responsibility to disclose at the start of their presentation if they will be describing the use of a device, product, or drug that is not FDA approved or the off-label use of an approved device, product, or drug or unapproved usage.

The requirement for disclosure is not intended to imply any impropriety of such relationships, but simply to identify such relationships through full disclosure and to allow the audience to form its own judgments regarding the presentation.

SPEAKERS / MODERATORS/ CHAIRS / DISCUSSANTS	NOTHING TO DISCLOSE	DISCLOSURE (As it pertains to the content of the presentation)
Eric Goralnick	X	
Lenworth Jacobs	X	
Reza Askari	X	
Michael DeBusk	X	
Andrea Fantegrossi	X	
Scott Goldberg	X	
David King	X	
Megan Mazokopos	X	
Dawn MacDonald	X	
Meghan McDonald	X	
Deepika Nehra	X	
Stephanie Nitzschke	X	
Meredith Scannell	X	
Darlene Sweet-Marzullo	X	
Cheryl Waldron	X	
PLANNING COMMITTEE	NOTHING TO DISCLOSE	DISCLOSURE (All commercial relationships)
Peter Masiakos	X	
Charles Rickert	X	

2018 MCACS Surgical Advocacy Day

List of Pre-registered Attendees

Enoch Anyanwu
Sandra Arabian
Ruth Balsler, Staff
Terry Buchmiller
Denise Buckley
Cristina Carpio
Elizabeth Chouinard
Norman Chouinard
Michael Cox
Kathryn Cullinane Whalen
Michael DeBusk
Robert DeLeo
Kimberly Demerski
Shawn Dooley
Phillip Duarte
Christopher Ducko
William Evans
Andrea Fantegrossi
Maureen Farrow
Andrea Foster
James Frank
William Galvin
Sam Gendron
Eric Goralnick
Avery Goss
William Gross
Keyvan Heshmati
Patrick Higgins
Kate Hogan
Kathryn Hughes
Lenworth Jacobs
Michael Jaklitsch
Christopher Johnson
Mark Kashtan
David King
Ida Konderwicz
Anne Larkin
Dawn MacDonald
Sandra Mackey
Eric Mahoney
Peter Masiakos
Megan Mazokopos
David McAneny
Meghan McDonald
Maria McMahan
Lauren Nadeau
Vinod Narra
Russell Nauta
Dmitry Nepomnaysky
John Nguyen
Stephanie Nitzschke
Daphney Orion
Elizabeth Pahigian
Katherine Palm
Denise Provost
Toby Raybould
Michael Reinhorn
Ernesto Reyes Hernandez
Charles Rickert
Julia Rodriguez
Cassandra Slater
Tracey Sutherland
Darlene Sweet
Walter Timilty
Debbie Lyn Toomey
Chika Toure
Lorraine Willett
Kaitlin Wright

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MA Chapter ACS Resident Advocate Awardee

Samuel J. Enumah, MD, *Brigham & Women's Hospital, Boston*



I recently attended the 2018 American College of Surgeons Leadership and Advocacy Summit, and it was a phenomenal opportunity to connect with members of the ACS and MC-ACS. I wanted to reflect on a few of the remarkable aspects of the conference that really provided me with insight into a potential future in the world of advocacy for surgical patients.

Sunday's Leadership day was an incredible opportunity to hear from leaders in the field and to gain insight into specific Chapter success stories. Dr. Tavakkoli spoke from Massachusetts Chapter of the ACS, and I learned a lot more about the planning and results of their efforts to create and fund the surgical skills competition to increase enrollment in the organization. It was incredibly helpful to listen to him share a nearly decade long story of both successes and failures and how their group managed these events. Additional chapter representatives discussed their history and programming and all offered valuable contributions. Moving forward, I will continue to find opportunities to learn valuable insights about how people and groups navigate challenges to arrive at sustainable solutions.

Another truly memorable part of the Leadership Day was Anton Gunn, an inspirational and captivating motivational speaker. Mr. Gunn told a powerful narrative of service and responsibility, and his charisma was infectious. Of all the talks throughout the entire weekend, his presentation was the most engaging. My take away is that, as he mentioned in his speech, much of communication is about tone and body language (much less about content). If we hope not only to generate new knowledge but also disseminate it as well to change practice, we have to develop our communication skills and work to refine our skills in body language and tone. As I prepare for my academic research time and future presentations, I will remember Mr. Gunn's advice about Impacting Lives Beyond Your Practice, which really helps remind me of the level of influence that we can grow to have as we invest in ourselves and in our communities.

Advocacy Day was another incredibly memorable and valuable experience. Memorable moments from the weekend include insight from Dr. Maier on how politicians think about health, information on documentation and burden on providers, and discussions about legislation and regulation and appropriations and all the components that are involved in taking a concept from inception to implementation. Dr. Maier started the morning by sharing with us that participation in numbers (proportion of members who donate) can often be viewed as stronger than an overall dollar amount and this is critical in convincing legislators that an issue is critically important. I learned about the various efforts that leaders are working on from a legislative perspective to reduce provider excessive documentation. There is a specific Documentation Requirements Simplification Initiative and the government is dedicated to helping reduce this burden on healthcare providers, which is excellent. Additionally, advocacy day offered opportunities to hear from different elected officials who offered their positions on some of the key issues in healthcare today. It was fascinating to have the opportunity on Monday evening to brainstorm and discuss with the other members of the Massachusetts Chapter prior to our visit to Capitol Hill on Tuesday.

The Lobby Day provided me with an incredible opportunity to learn more about how our government works. We met with various representatives from the offices of Senator Warren, Senator Markey, Congressmen Moulton and Congressman Capuano. In Senator Warren's office, we spoke at length with Julia Frederick, a legislative aid. We have subsequently been in touch regarding the CARE act around opioids and we are working to create an ongoing relationship with their office. Meeting Senator Markey was a pleasure and it was great to hear his vision for the future. Meeting with representatives from Congressmen Moulton and Capuano's offices was also helpful and it was great to see my colleagues share our collective agenda for the ACS.

Overall, the trip offered me much of what I was excited about when I applied to attend the conference. I gained insight into the legislative process. I met with and learned from many leaders in surgery from around the country including both urban and rural areas as well as academic and non-academic environments. I was introduced to new concepts (like \$50 million for firearms research) that I was not yet aware of and I had the opportunity to hear from inspiring orators, policy makers, and change makers from around the country. It was a memorable opportunity and meeting other residents was truly a phenomenal portion of the program. I plan to continue to work with MC-ACS in the future and hope I can contribute in some small way towards the overall mission of building relationships with patients and providers. Thank you for your support and for this incredible opportunity.

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MA Chapter ACS Resident Advocate Awardee

Megan G. Janeway, MD, *Boston Medical Center, Boston*



I want to extend my utmost appreciation for the opportunity to attend the ACS Leadership and Advocacy Summit in Washington, DC this year, made possible by a generous grant from the MCACS. This experience was invaluable, and I will do my best to summarize why below, although it is difficult to properly describe how influential this experience was.

The summit started with the Leadership portion, which featured many inspiring speakers with stories about how to be effective leaders, and then continued with the Advocacy portion which featured an array of representatives, federal employees and experts in a diversity of fields. The sessions were informative and engaging, and sometimes even shocking (particularly the dinner with Nicolle Wallace about the current state of politics in Washington). I appreciated that the ACS brought voices from all sides and political affiliations to present on the issues and to teach us about the art of legislation and to answer tough questions from us.

The most valuable part of the summit for me was the visit to Capitol Hill. Getting to meet with state representatives was informative and eye opening. It helped me feel more confident in how to interact with my elected officials and made me believe that citizens do have a say in the legislative processes carried out in Washington DC. This was invaluable in that it made me more comfortable in how to advocate for patients and healthcare going forward, and I feel it will help me continue advocacy work as my career progresses. I also learned a lot about the legislative process, how information is provided and weighed within the Representatives offices and, importantly, how to present issues to staff and legislators in a compelling way. Presenting as a team of surgeons with our personal experiences and stories of patients was particularly effective. In addition, I feel the need to include how enjoyable it was getting to ride the little underground Senate train with my advocacy team.

During the day on Capitol Hill I also found the time to attend several committee meetings, and visit the House floor to watch a vote on a bill on the regulation of pharmaceuticals in clinical trials. This added to my understanding of the ins and outs of everyday lawmaking and how information and expert witness testimony is used to leverage causes. Together with the visits with our representatives and their staff, it made the details of the legislative process more understandable, and clarified how effective surgeons can be in face-to-face advocacy. I have a greater appreciation for how important our voices can be for many of the issues affecting our patients and our practices.

Lastly, working with surgeons at all levels during these meetings was a wonderful experience and I enjoyed getting to know many of the other advocates from Massachusetts. The breakout session with the Massachusetts contingent was productive and it was nice to have a voice in the discussion of the issues to tackle going forward for MCACS. It was helpful to make connections to other Residents and Attendings doing this work at other institutions, and to learn about aspects of MCACS advocacy initiatives I was unaware of and hope to be part of in the coming years. I really enjoyed spending the week meeting with, discussing and advocating with my fellow MCACS members.

I cannot thank the MCACS enough for this opportunity, I would recommend it to everyone in a career in medicine. It gave me both experience and confidence into how to advocate and to do so effectively. I look forward to using all that I learned going forward in residency and my career to continue to advocate for patients, and help other surgeons take this important step to get involved in political advocacy.

MA Chapter ACS Legislative Priorities

Massachusetts Trauma Preparedness Act

HD.4327 would require all public buildings and any building required to have an AED in Massachusetts to house at least one bleeding control kit and a staff member trained to use it at all times. A bleeding control kit is a basic, inexpensive kit containing easy-to-use tools such as a tourniquet, gauze, wound packing, and gloves that allow bystanders to an accident or Mass Casualty Incident (MCI) to help stem serious bleeds before the arrival of first responders. Research shows that 35% of all pre-hospital trauma deaths are due to uncontrollable hemorrhaging from an extremity, and when a tourniquet is applied there is a six-fold increase in chances of survival. By allowing bystanders to act as immediate first responders and leveraging our current AED laws, this bill aims to save many lives that are unnecessarily lost each year. This is in accordance with training standards of the American College of Surgeons Committee on Trauma and the national Stop the Bleed Campaign.

Support HD.4327

Sponsor Rep Shawn Dooley

Child Safety Window Guards

H.2500 would require a landlord of a residential property to install protective guards on windows in a residential unit where the window is higher than 6 feet off the ground. Installing window guards is an easy and inexpensive way to prevent young children from accidentally falling out of windows. Nationwide, nearly 3,300 children suffer severe injury from falling out of windows annually.

Support H.2500

Sponsors Rep James O'Day, Rep John Mahoney, Rep Marjorie Decker, Sen. James Eldridge

Definition of Surgery

H.2470, would define the practice of surgery and provided that surgery is limited to physicians licensed by the Board of Registration in medicine. Adopting a definition of surgery ensures patients are protected and treated with the highest level of care by clarifying the type of surgical procedures physicians and non-physicians may perform. H.2470 mirrors the model definition adopted by the American College of Surgeons and the American Medical Association.

Support H.2470

Sponsor Rep Ronald Mariano

Sunscreen in Schools

Legislation proposes to establish a statewide policy that would permit students to possess and use sunscreen products at school, school related activities and youth camps. Sunscreen products are regulated by the U.S. Food and Drug Administration as an over the counter medicine. Some local school districts and youth camps have adopted policies requiring children to obtain a note from a physician to use sunscreen or have banned them altogether. A statewide policy would remove these barriers.

Support S.229 and H.2055

Sponsors Sen Julian Cyr, Rep Timothy Whelan, Rep Sarah Peake, Rep Marjorie Decker, Rep Kate Hogan

MA Chapter ACS Legislative Priorities continued

Insurance Coverage for 3D Mammography Tomosynthesis

Legislation would extend existing insurance coverage for baseline mammography to include 3D mammography tomosynthesis screening and prohibit insurance plans from imposing a deductible or coinsurance/copayment on patients. The ACS supports expanded access to cancer screenings and care.

Support S.554 and H.2176

Sponsors Sen Joan Lovely, Sen Anne Gobi, Sen William Brownsberger, Rep Louis Kafka, Rep Brian Ashe, Rep Thomas Golden

Insurance Coverage for Colorectal and Breast Cancer Screenings

H.544, would prohibit health insurance plans sold in the state from imposing a deductible or coinsurance/copayment for a patient to receive an initially cancer screening colonoscopy, sigmoidoscopy or mammogram. The ACS supports expanded access to cancer screenings and care.

Support H.544

Sponsors Rep Louis Kafka, Thomas Golden, Rep Elizabeth Poirier, Rep Keiko Orrall

Maintenance of Certification

H.2446 would prohibit the use of maintenance of certification as a basis for physician licensure, hospital employment or credentialing, or health plan reimbursement and/or credentialing. The American College of Surgeons opposes legislation prohibiting MOC because it interferes with the right of the profession to set standards for patient care, interferes with employment contracts of hospital medical staffs, and denies patients the right to know the continuous education standards of their physicians.

Oppose H.2446

Sponsors Rep Diana DiZoglio, Sen Kathleen O'Connor Ives

Question #1

This proposed law would limit how many patients could be assigned to each registered nurse in Massachusetts hospitals and certain other health care facilities. The maximum number of patients per registered nurse would vary by type of unit and level of care. The MA Chapter of the ACS has joined the Coalition to Protect Patient Safety along with over 50 physician organizations, 50 business organizations and more than a dozen elected officials who prefer that policies such as these be set by hospitals and not by a government mandate.

Oppose Question #1 - Vote NO

Tips for Speaking with Legislators

Tip #1 – Individually written letters are very persuasive lobbying tools. Often, legislators say they introduced or supported legislation because of the volume of mail they received on an issue. President John F. Kennedy once wrote, “Everybody’s vote counts in America, but those who sit down and write letters make their votes count more times. Nothing is more effective than a letter that reflects both an understanding of the question involved and a sincere expression of a personal viewpoint based on that understanding.”

Tip #2 – When communicating with your legislator, don’t threaten, cajole or berate them or their staff. This is one sure way to lose a legislator’s support—forever.

Tip #3 – Know what you wish to ask for prior to communicating with your legislator—if you don’t ask you don’t get.

Tip #4 – Always understand that you are one of many constituents vying for a legislator’s time and attention and that there are many sides to every issue. Always respect that a decision may take time.

Tip #5 – Be confident and assertive in making your case, but don’t dismiss counter arguments—different views can help guide your future efforts.

Tip #6 – When communicating with your legislator on a specific matter, be concise. Legislators are extremely busy and are interested in the “bottom line.”

Tips #7 – Legislators depend overwhelmingly upon their staff for judgment, guidance and advice on the spectrum of issues they have responsibility for. It is impossible for members of the Massachusetts General Assembly to be fully informed on all these issues. Therefore, legislative staff are employed to handle various policy areas and they quickly become experts on the issues over which they have responsibility. In addition to knowing your legislator, take time to get to know his/her staff.

Tip #8 – When communicating with your legislator, stress why the legislation is so important to you, those in your profession and the citizenry of Massachusetts. Reinforce why the legislator should support or oppose it.

Tip #9 – Always ask for a commitment, but don’t expect one!

Tip #10 – Make adversity your teacher and never give up on your program goals. Perseverance is the key in getting legislation passed or defeated.