



President's Address

LeRoy Ferries

Since this is my last Journal editorial as President, I would like to share with you some of my thoughts and feelings regarding AMSECT. My insight and understanding of AMSECT, and the people within, have been broadened beyond expectation. I have been active and an officer in AMSECT for many years. However, being President has given me an opportunity for another view. Working closely with fellow perfusionists on the day-to-day functions and special projects has been educational and for the most part enjoyable. It has been an inspiration participating with other medical and professional groups, and to watch the growing recognition of AMSECT and the acceptance of perfusionists. This does not mean everything I have done or that happened has been fun or a barrel of laughs, to say the least. But then, I didn't expect it to be.

I can now truly appreciate what AMSECT is all about, the scope of our involvement, and the tasks confronting us now and in the future. I am optimistic about the viability of AMSECT as a professional organization. Now, more than ever, I am convinced it is imperative we professionally be more critical and demanding of ourselves. We all should take pride in the fact that AMSECT has been one of the pioneers in establishing guidelines and standards of performance. AMSECT is one of the few organizations to encourage and support both a continuing education program and a certification process.

We should all take pride in the historical evolution of AMSECT and the impact it has had on the art of perfusion and perfusionists as well. I caution all not to ever be satisfied with the status quo. AMSECT must remain progressive. Every effort must be made to continually upgrade the state of the art and improve service to the patient. As always, this will not be easy or pleasant to all. I encourage all concerned to make every effort to keep personal prejudices out of all AMSECT decision-making processes. This is a very difficult but necessary commodity.

I am confident the upcoming annual convention in San Diego will again provide an excellent opportunity for exchange of ideas. Hopefully, most of you will be able to attend the scientific sessions as well as the corporate meeting. See you in San Diego.

(The following letter was sent by AmSECT President LeRoy Ferries in response to a portion of the proposed National Guidelines for Health Planning.)

Office of Planning, Evaluation, and Legislation
Health Resources Administration
Center Bldg., Room 10-22
3700 East-West Highway
Hyattsville, Maryland 20782

RE: (42 CFR Part 121)
National Guidelines for Health Planning

Dear Sirs:

The American Society of Extra-Corporeal Technology wishes to submit the following comments regarding the Advanced Notice of Proposed Rulemaking for Health Planning which appeared in the Federal Register, Volume 42, No. 185, Friday, September 23, 1977. The American Society of Extra-Corporeal Technology represents more than 1,000 perfusionists, those responsible for operating and monitoring cardiovascular equipment during open heart surgery, throughout the country. Our professional Society sponsors several programs aimed at quality health care and cost containment. These programs include: certification and recertification, continuing education programs, recognition as an allied health profession by the American Medical Association, joint accreditation of training programs, affiliation with the Association for the Advancement of Medical Instrumentation's Oxygenator and Blood Filter Standards committees, and many other efforts on local, regional and national levels. The concerns expressed by the Department of Health, Education and Welfare regarding quality health care and cost containment are our concerns as well.

Our Society is in agreement with the intent and purpose of the Guidelines. However, there are several areas of concern. Basically, we feel that there is no reasonable method of controlling the quality of health care simply by controlling a particular number of cases. A survey recently completed by our Society indicates that approximately 50% of the open heart surgery programs in this country would close if the proposed Guidelines are implemented. We feel that this is not in the best interest of quality health care.

If 50% of all programs closed, this would create a tremendous caseload demand on the remaining programs. However, because of a restriction, also under these Guidelines, most centers would be unable to increase their bed capacity to handle the increase in volume of open heart referral patients.

While, in general, one might feel that a certain volume of cases would be important to the proficiency of an open heart program, there are other considerations. There are some centers doing a rather large volume of cases with or without the same good results achieved in centers performing less surgery than that permitted under these Guidelines.

Another point to consider is the realignment of the volume of patients. Many centers are now operating with anywhere from a one to three month back-log of cases. They are operating at maximum efficiency as limited by their facilities. A great many of these centers have an open heart waiting list mortality rate comparable to that of the

surgical mortality rate. This is just one more example in which quality and cost containment may not be directly related to a fixed number of cases as suggested by the proposed Guidelines.

As we are sure it has been pointed out already, the Inter-Society Commission on Heart Disease Resources did make some recommendations for optimum resources in the form of allocating numbers. However, this document was written as optimum rather than minimum resources required for a quality performance of open heart surgery.

We feel that the definition of institution is somewhat vague in the Guidelines. Does institution mean "hospital" institution or "program" institution? As an example: a program of open heart surgery may involve two or three or more hospitals. Their total number of cases could be well above that required in the Guidelines, but there could be one hospital in the "program" institution which does fewer than the required number. Therefore, it becomes difficult to determine whether or not this one institution should be closed down and the other institution's capacities increased even though they may already be at maximum capacity and efficiency.

There also seems some inconsistency with the definition of a referral center. A referral type hospital may encompass a far greater area than just that of its own particular Health Service Area. An example: an institution operating at virtually 100% capacity occupancy and servicing a statewide or even multi-statewide area for open heart surgery. The expansion of this particular institution might then be restricted because many smaller institutions in its Health Service Area which do not offer the same service, are operating at less than 80% occupancy. Once again, we return to offering quality health care of everyone at a reasonable cost.

Regarding pediatric open heart surgery, the numbers that the department has chosen could very possibly close all institutions in this country which are doing only pediatric open heart surgery. The real inconsistency is evident in that some exceptions were made for pediatric catheterizations, but still require a specific higher number of pediatric open heart surgical procedures. Therefore, we feel that the pediatric surgery section should be further evaluated.

To reiterate, the American Society of Extra-Corporeal Technology believes in the purpose and intent of PL93-641 in its attempt to provide better patient care for all patients in this country. However, we hope that from our suggested considerations of the proposed Guidelines that we might all be able to reflect and consider other options to providing quality health care and not limit our vision to number restrictions. We appreciate the opportunity to respond to the notice of September 23. The American Society of Extra-Corporeal Technology remains at your service to explain or further clarify any of the suggestions that have been made, at this time or at any future date, which might be helpful in formulating the final Guidelines.

Sincerely,
LeRoy H. Ferries
President
(For the Board of Directors)