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News

STS Press Release

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Public Reporting of Lung Cancer Surgery Outcomes Provides Valuable Information About Quality of Patient Care

General thoracic surgery outcomes now available online from The Society of Thoracic Surgeons

CHICAGO (January 19, 2017) — The Society of Thoracic Surgeons (STS) has released the first publicly accessible national report of outcomes from lobectomy, a lung cancer procedure that removes a portion of the lung. The surgical outcomes data are from the Society's General Thoracic Surgery Database (GTSD), one of three components in the world-renowned STS National Database, which is widely considered the gold standard for medical specialty outcomes databases.

"Voluntary public reporting of our outcomes is one of the most important ways that cardiothoracic surgeons have distinguished themselves among all other health care providers," said David M. Shahian, MD, of Massachusetts General Hospital in Boston and Chair of the STS Council on Quality, Research, and Patient Safety. "We are one of the very few specialties that has affirmed the ethical responsibility of health care professionals to provide results to patients."

General thoracic surgeons specialize in diseases of the lungs, the esophagus, and the mediastinum (the area between the lungs). They perform operations for cancer and benign conditions, as well as lung transplants. The launch of GTSD public reporting demonstrates the commitment of these surgeons to transparency, accountability, and quality improvement in health care delivery.

Adult Cardiac Surgery Database (ACSD) participants have been publicly reporting outcomes since 2010, with approximately 56% of ACSD participants enrolled. Public reporting became available in early 2015 for Congenital Heart Surgery Database (CHSD) participants, with 59% now sharing their outcomes.

"Public reporting of surgical outcomes is becoming a routine expectation for patients, payers, and other stakeholders," said Benjamin D. Kozower, MD, of Washington University in St. Louis and Chair of the GTSD Task Force. "STS has done a tremendous job of establishing a transparent and sound methodology for public reporting in ACSD and CHSD. Thoracic surgery is very excited to join this effort."

The GTSD is the largest and most robust clinical thoracic surgical database in North America. The GTSD contains more than 480,000 general thoracic surgery procedure records and currently has more than 900 participating surgeons.

For the first stage of GTSD public reporting, a list of all active participating institutions in the GTSD as of October 31, 2016, was published on the STS website; individual surgeons at each institution also were named. Additionally, STS has published the discharge mortality and median postoperative length of stay for lobectomy for all GTSD participants as a group and compared those numbers to corresponding figures from the National Inpatient Sample, which is the largest, all-payer inpatient database available in the United States.

“The general thoracic programs that participate in the STS National Database generally represent the very best of their type in the US and, on average, have better results,” said Dr. Shahian. “Participation in the Database and public reporting provides patients and their families with meaningful information. Patients have a right to make informed decisions about choice of treatment and providers, and public reporting is one way to facilitate this.”

Making it easier for patients to understand the results of individual STS Database participants, STS uses a star ratings system to indicate performance. Participants receive a 3-star, 2-star, or 1-star rating. “Three-star programs perform better than average, an STS rating that is very difficult to achieve. Patients should understand that an STS 2-star program [average, or ‘as expected’], is also performing quite well,” said Dr. Shahian. “In fact, our studies suggest that the results of an ‘average’ STS GTSD participant are likely far superior to those of non-STS GTSD programs. Publicly reported outcomes are just one piece of information that patients should incorporate into their decision-making regarding the choice of a provider.” Dr. Shahian suggests that patients also consider the recommendations of their primary care physicians, the training, experience, and procedure volumes of potential providers, the reputation of the surgical group and hospital, and the quality of the patient’s personal interactions with the providers and their staff.

Future Plans for GTSD Public Reporting

Later this year, participant-level outcomes for lobectomy are expected to be publicly reported with comparisons to overall STS and national outcomes. Discharge mortality, median postoperative length of stay, and a two-domain lobectomy composite measure (including risk-adjusted mortality and major complications) will be reported for consenting programs.

"We strive for 100% participation in our public reporting program. This will send a very powerful message about our commitment to quality," explained Dr. Shahian. "Just as we are expanding public reporting into general thoracic surgery, we are also broadening the portfolio of measures that we report. Ultimately, this should include mortality and complication composite metrics for all our most commonly performed procedures, and in the future, readmissions, failure to rescue, patient-reported outcomes, and patient satisfaction."

To access the GTSD outcomes directly, visit <http://www.sts.org/thoracic-public-reporting-module-search>.

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For more information on STS Public Reporting or the STS National Database, contact Jennifer Bagley at 312-202-5865 or jbagley@sts.org.

Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing approximately 7,200 cardiothoracic surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical

procedures within the chest. The Society's mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

About The STS National Database

The STS National Database was established in 1989 as an initiative for quality improvement and patient safety among cardiothoracic surgeons. The Database has since grown exponentially and has become the gold standard for clinical registries. Participation in the STS National Database is global, currently spanning ten countries on five continents.

The STS National Database has three components, each focusing on a different area of cardiothoracic surgery—Adult Cardiac Surgery, Congenital Heart Surgery, and General Thoracic Surgery. By participating in the STS National Database, cardiothoracic surgeons demonstrate their commitment to improving the quality of care that their patients receive.