

Surgeons Actively Involved in All Aspects of TAVR

An STS survey on transcatheter aortic valve replacement (TAVR) shows that cardiac surgeons are involved in all facets of managing patients with aortic stenosis.

“These results are exciting,” said Thomas E. MacGillivray, MD, STS Treasurer. “Not only are cardiac surgeons actively participating during the preoperative and intraoperative phases of TAVR, but they also are involved in the postoperative care of TAVR patients.”

Last summer, led by 2016-2017 President Joseph E. Bavaria, MD, the Society surveyed surgeon participants in the Adult Cardiac Surgery Database to learn the extent of their involvement in TAVR. Approximately 500 surgeons completed the survey. The results were presented at the STS Annual Meeting in Houston and are available online in *The Annals of Thoracic Surgery*.

Among the respondents whose institutions offered TAVR, 84% said that they were involved in the heart team. In addition, more than three-quarters (77.5%) said that their TAVR programs were either jointly administered by cardiology and cardiac surgery divisions/departments or administered exclusively by cardiac surgery.



2016-2017 STS President Joseph E. Bavaria, MD released the results of the STS TAVR Survey at the Annual Meeting in Houston.

“We have a proven proof of principle that the team concept works and works well.”

—Thomas E. MacGillivray, MD

“I was surprised but pleased to see that a majority of patients were managed by some sort of combination of cardiac surgeons and cardiologists,” explained Dr. Bavaria. “I didn’t expect it to be such a team effort.”

STS Director-at-Large Vinod H. Thourani, MD agreed: “When we started the original PARTNER trials—the goal being

partnering cardiology and cardiac surgery together—I was concerned that we would lose some of the team momentum when TAVR was more widely adopted. This survey shows that we are doing really well; cardiologists and cardiac surgeons are working together at three out of four centers.”

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New Officers, Directors Elected

New STS officers and directors were elected during the Annual Membership (Business) Meeting on Monday, January 23, at the 53rd Annual Meeting in Houston.

The membership elected **Richard L. Prager, MD** as STS President for 2017-2018.

Additionally, **Keith S. Naunheim, MD** was elected First Vice President, and **Robert S.D. Higgins, MD, MSHA** was elected Second Vice President. **Joseph F. Sabik III, MD** was elected Secretary, and **Thomas E. MacGillivray, MD** was elected Treasurer.

The following also were elected or reelected by the STS voting membership:

Resident Director:
Edo K.S. Bedzra, MD, MBA

International Director:
A. Pieter Kappetein, MD, PhD

Canadian Director:
Sean C. Grondin, MD, MPH

Public Director:
Christopher M. Draft

Historian:
Douglas J. Mathisen, MD

Directors-at-Large:
Shanda H. Blackmon, MD, MPH and
Joseph C. Cleveland Jr., MD ■

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Making Advances Based on the STS Strategic Plan

Richard L. Prager, MD, President

At our Annual Meeting in Houston this past January, I was humbled by my election as the Society's 53rd President. This unique Society formed as thoracic surgery was recognized as a "highly specialized discipline which should demand ones' entire energy and attention" and, as such, "dignifies and justifies the creation of a society for thoracic surgeons." These comments were from a letter by J. Maxwell Chamberlain, Chairman of the Steering Committee tasked with creating The Society of Thoracic Surgeons, that was sent to all prospective members.

With this foundation, STS since 1964 has had a vision that was reiterated in our strategic plan adopted last year: "improving the lives of patients with cardiothoracic diseases." As our specialty evolved, so did The Society of Thoracic Surgeons, placing itself at the forefront of quality, innovation, professionalism, inclusiveness, and teamwork. As all of the leaders who have come before me advanced our Society, it is my goal, as well, that we will continue to make advances based on our core values and focus on our objectives.

Focusing on these overarching goals and objectives, which were developed by STS leadership during a strategic planning process, and following the established momentum of our Society, in the arena of **leading innovation and education** we recently held meetings on ECMO in Tampa and on robotic cardiac surgery in Chicago. The STS/EACTS cardiac surgery meeting in Latin America is coming to fruition in Cartagena, Colombia this September; it will

focus on valvular, ischemic, and thoracic aortic diseases, as well as new technologies. We also will continue the FACTS-Care tradition by offering the 14th Annual Multidisciplinary Cardiovascular and Thoracic Critical Care Conference in October in Washington, DC.

Recognizing the **importance of fostering collaboration** and connection, STS is working to facilitate a relationship with health care analytics company Avant-garde that would offer—without charge and at the request of Adult Cardiac Surgery Database (ACSD) participants—hospital payment data on six coronary artery bypass DRGs. This service is meant to help us further our understanding of cost-payment relationships and the value of our role as leaders in creating and facilitating efficient and appropriate care.

On the cover of this issue, you'll find results of an important survey that we conducted in 2016 on cardiothoracic surgeon

involvement in transcatheter aortic valve replacement (TAVR). The results were very exciting for two reasons. First, they showed that surgeons are involved in all aspects of patient care during TAVR procedures. Second, they showed that the relationship between surgeons and cardiologists

on the heart team is very strong. In fact, the multidisciplinary team approach to TAVR is working so well that the heart team concept is now being tested in other areas of structural heart disease. When we make decisions together and work well together, our patients benefit.

The relationships with our sister organizations throughout the world are also critically important. STS surgeon leaders will continue to be active attendees at meetings of our colleagues' organizations throughout the world and discuss further opportunities for collaboration and broad member engagement throughout all of these societies.

Intermacs is a further example of collaboration and connection. STS, The University of Alabama at Birmingham, and NHLBI are concluding discussions aimed at facilitating InterMac becoming an addition to the Adult Cardiac, Congenital Heart, and General Thoracic Surgery Databases that are a part of the STS National Database.

We continue to be a **leader in the quality arena**, anticipating a July 1 rollout of Version 2.9 of the ACSD with expanded aortic data fields, as well as further upgrades. We are also initiating trial sites for an online dashboard and have already started offering daily input of data with limited ongoing data summaries. In addition, we are piloting patient reported outcomes in adult cardiac surgery, which is of major importance to patients, payers, and all of us.

As we look to the future and its challenges and realities, STS will continue to represent all of its members and continue to advance our specialty working with you—our members—and our colleagues throughout the world.

Please feel free to contact me at my STS e-mail address, rprager@sts.org, and I look forward to seeing you at our upcoming meetings. ■

We are piloting patient reported outcomes in adult cardiac surgery, which is of major importance to patients, payers, and all of us.

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

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After patient care, professional satisfaction and financial security are significant concerns for STS members. This was clearly evident by the standing-room-only attendance at the 2017 Practice Management Summit, held during the STS 53rd Annual Meeting this past January. In this issue of STS News, Dr. Paul Levy shares some of the most important lessons from the Summit.

—Frank L. Fazzalari, MD, MBA, Chair, Workforce on Practice Management

How Cardiothoracic Surgeons Can Excel in an Employment Model Environment

Paul S. Levy, MD, MBA, Chief of Surgical Services, Northeast Arkansas Baptist Hospital & Clinic, Jonesboro

Proposed changes in health care finance and delivery have stimulated renewed interest in securing our specialty's place in this new order. At the 2017 Practice Management Summit, several experts shared how cardiothoracic surgeons can best function in this evolving environment.

The first speaker was Aaron Robinson, CEO of Community Hospitals at Health First in Melbourne, Florida. He discussed how physician-hospital partnerships and cost transparency will be important moving forward. "As we dig into more and more research on patient choice and the evolving space that it's in, patients are defining quality along the components of service and cost," he said. "Cost is certainly more important than we think."

Several talks dealt specifically with contract negotiation. Health care consultant Michael N. Heaton explained best practices, how fair market value is determined and utilized, and how to strengthen and leverage one's professional position. The importance of competent representation during a contract negotiation became very evident.

Michael G. Moront, MD, of ProMedica Toledo Hospital in Ohio, provided a surgeon's perspective of why using a professional medical contract consultant is so important. When his practice first entered an employment contract with a local hospital, they did not consult with an advisor. Years later, they realized that the work Relative Value Unit compensation model had many downsides, such as internal competition and increasing unpaid administrative work. The group retained a consultant who helped them shift to a salary model, which has been successful for both the surgeons and the hospital.

Health care attorney Mark Kopson, JD discussed important aspects of employment contract

negotiation, such as verbal promises, fraud and abuse, and fair market practice valuations. "If it's important enough to make a difference in whether or not you accept the position, it ought to be in black and white," he said. "Please, please, please do not accept the fact that we have standard contracts and they can't be changed—because they can if they want you."

Steven V. Manoukian, MD, who is the Cardiovascular Service Line Leader for Health Corporation of America, highlighted the value of the service line structure. He pointed to the importance of defined expectations for stakeholders (both administrators and physicians) and data-driven health care delivery.

Richard I. Whyte, MD, Chair of the STS Standards and Ethics Committee, discussed potential ethical conflicts that employed physicians may face. He emphasized the importance of always staying focused upon our "true north"—the patient.

Alan M. Speir, MD, Chair of the STS Council on Health Policy and Relationships, explained how the Medicare Access and CHIP Reauthorization Act may affect cardiothoracic surgeons, including the concept of "risk-sharing" and a bundled payment pilot for coronary artery bypass grafting surgery.

In the final presentation, Steven F. Bolling, MD, of the University of Michigan Health System, spoke about the logistics of taking an innovative idea to market. He warned that significant financial investment may be required—but that good ideas are worth the effort. ■

“Do not accept the fact that we have standard contracts and they can't be changed—because they can if they want you.”

—Mark Kopson, JD

If you would like to experience the full Practice Management Summit, it is included in STS 53rd Annual Meeting Online. See page 10 for more information.



On the Role of Law

Robert A. Wynbrandt, Executive Director & General Counsel
Avidan J. Stern, Associate General Counsel

With this edition of STS News, we return to our continuing series of guest columns from other members of the Society's management team discussing their respective areas of (apropos of this installment) jurisdiction. This time, Avi Stern, who joined the Society in January 2016 as its new Associate General Counsel, provides an overview of the role played by the STS legal team in both facilitating day-to-day operations and implementing STS strategic initiatives. Before joining the Society, Avi was a partner in the Chicago-based law firm of Jenner & Block, after which he established his own boutique law firm at which he worked for 8 years.

We have been hearing a lot lately about “the rule of law.” The United States is a country founded upon the principle that it is a democracy governed by “the rule of law,” as those of us raised here were taught in social studies classes since childhood. At its most basic level, the rule of law covers everything from how we govern ourselves to how we interact socially and in business. At STS, we have a keen awareness of both the rule of law and the *role* of law because virtually every function performed by the Society has some legal facet.

When it comes to the day-to-day operations of the Society, the legal team provides assistance to every STS department on a regular, ongoing basis. This is due largely to the numerous contracts necessary to advance our mission; STS members may not think about it, but practically every member service, program, meeting, publication, and STS National Database function involves one or more contracts somewhere in the process. Separately, many aspects of STS operations require the consideration of legal implications, ranging from compliance with STS Bylaws to the organization's statutory corporate and tax obligations. This breadth of legal activity is illustrated by a sampling of the legal work performed by the team in 2016:

- **Finance & Administration:** engaging a CPA firm for the annual audit, addressing STS lease amendment matters, and handling STS employment issues
- **Education & Member Services:** preparing documentation regarding the Society's relationships with faculty for the Annual Meeting and STS standalone educational programs, arranging joint providerships in order to issue CME credit for third-party organizations, and drafting third-party endorsement and co-sponsorship contracts

- **Quality:** drafting and negotiating all of the contracts that pertain to the STS National Database, including those with participants, software vendors, auditors, and the data warehouse and analytics center, as well as addressing subpoenas relating to STS National Database information and negotiating agreements involving the STS/ACC TVT Registry

- **STS Research Center:** drafting and negotiating data licensing agreements, preparing research grant applications and related submissions and agreements for the federal government and private entities, and developing the legal architecture of the PUF Research program

- **Marketing & Communications:** entering into publishing and videotaping contracts for the Annual Meeting, preparing for media interviews, and licensing STS intellectual property

- **Meetings & Conventions:** negotiating convention center, hotel, security, temporary employment, social venue, and other contracts required for the Annual Meeting and all of the other meetings and programs presented by the Society and its affiliated organizations

- **Government Relations:** drafting agreements for the retention of health policy consultants, addressing STS-PAC operations for purposes of compliance with federal law, addressing employment, real estate, and other issues pertaining to the Society's maintenance of a Washington office

- **Information Services:** drafting and negotiating software license and consulting agreements

- **Executive Office:** preparing a wide range of corporate documents, including various meeting agendas and minutes and the Illinois Annual Report required for maintenance of the Society's not-for-profit corporate status, drafting STS Bylaws amendments and policy documents, managing the legal aspects of STS Standards and Ethics Committee activity (esp. disciplinary proceedings), and addressing

The team also “papered over” the Society's acquisition of the annual CVT Critical Care Conference and began negotiating contracts for an educational program in Cartageña, Colombia.

legal issues related to the publication of *The Annals of Thoracic Surgery*.

Beyond the ordinary course of STS operations, the legal team also has played an important role in implementing the Society's strategic initiatives. For example, in 2016, the legal team guided STS through the procedures required in order to merge with The Joint Council on Thoracic Surgery Education, assisted with contract negotiations for a new online Learning Management System, and helped engage the services of consultants and contributors to migrate existing electronic textbooks and create a new one. The team also “papered over” the Society's acquisition of the annual CVT Critical Care Conference and began negotiating contracts for an educational program in Cartageña, Colombia.

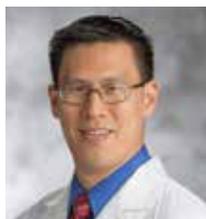
The list of ongoing special projects with which the STS legal team is involved is too long to include here. Indeed, given the pervasiveness of legal issues at STS and the constant evolution of the law, the work of the STS legal team will remain active and challenging as the Society continues to expand its reach and fulfill its mission of enhancing the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy. ■

Member News



WOOD CHAIRS UW DEPARTMENT OF SURGERY

STS Past President **Douglas E. Wood, MD, FRCSEd** has been named the Henry N. Harkins Professor and Chair of the Department of Surgery at the University of Washington in Seattle. Previously, he served as Chief of UW's Division of Cardiothoracic Surgery and Vice-Chair of the Department of Surgery. Dr. Wood also was recently elected President of The Thoracic Surgery Foundation, the Society's charitable arm. He has been an STS member since 1995.



KUO JOINS BANNER MD ANDERSON

Elbert Y. Kuo, MD, MPH, MMS has been named Section Chief of Thoracic Surgery for Banner MD Anderson Cancer Center in Gilbert, Ariz. Previously, Dr. Kuo was Director of the Minimally Invasive and Robotic Surgery Program at the Norton Thoracic Institute in Phoenix. He has been an STS member since 2010.



FREEMAN NAMED HOSPITAL SYSTEM CMO

Richard K. Freeman, MD, MBA is now the System Chief Medical Officer of St. Vincent Health, a 20-hospital system located in Indiana. Previously, he was CMO of St. Vincent's Indianapolis hospital campus. He has been an STS member since 2002.



GULESERIAN HEADS TRANSPLANT PROGRAM

Kristine J. Guleserian, MD has been named Director of the Heart Failure and Transplant Program at Nicklaus Children's Hospital in Miami. Previously, Dr. Guleserian served as Surgical Director of Pediatric Cardiac Transplantation and the Adult Congenital Heart Surgery Program at Children's Medical Center/University of Texas Southwestern Medical Center in Dallas. She has been an STS member since 2007.



XYDAS IS NEW CHIEF AT MOUNT SINAI

Steve Xydas, MD has been named Chief of the Columbia University Division of Cardiac and Thoracic Surgery at Mount Sinai Medical Center in Miami. He also will co-direct the Mount Sinai Heart Institute. Previously, Dr. Xydas was a cardiothoracic surgeon at Morristown Medical Center in New Jersey. He has been an STS member since 2011.



BEDI MOVES TO LUDHIANA HOSPITAL

Harinder Singh Bedi, MD is the new Chair of the Department of Cardiovascular, Endovascular, and Thoracic Sciences at the Cardiac Care Centre of Ludhiana Mediways Super Specialty Hospital in Ludhiana, Punjab, India. Previously, Dr. Bedi was a Senior Consultant at the Escorts Heart Institute in New Delhi, the Fortis Heart Institute in Punjab, and Head of Cardiothoracic and Vascular Surgery at the Christian Medical College and Hospital in Ludhiana. He has been an STS member since 1999.



JAQUISS BECOMES DIVISION DIRECTOR

Robert D.B. "Jake" Jaquiss, MD has been named Division Director of Pediatric and Congenital Cardiothoracic Surgery at Children's Medical Center of Dallas, as well as Co-Director of its Heart Center. Previously, he was Chief of Pediatric Cardiac Surgery at Duke University School of Medicine. Dr. Jaquiss has been an STS member since 1996.



LAMELAS TAKES NEW ROLE AT BAYLOR

Joseph Lamelas, MD has been appointed Associate Chief of Cardiac Surgery at Baylor College of Medicine in Houston. Previously, Dr. Lamelas was Chief of Cardiac Surgery at Mount Sinai Medical Center in Miami. He has been an STS member since 1995.



FORBESS HEADS TO ADVOCATE CHILDREN'S

Joseph M. Forbess, MD is the new Chief of Pediatric Cardiovascular Surgery at Advocate Children's Hospital and Co-Director of the Advocate Children's Heart Institute in Park Ridge, Ill. Previously, Dr. Forbess was Director of Pediatric Cardiovascular Surgery at Dallas Children's Hospital. He has been an STS member since 2003.



LOOR JOINS BAYLOR

Gabriel Loor, MD has been named Director of Lung Transplantation at Baylor College of Medicine and Baylor St. Luke's Medical Center in Houston. Previously, he was Surgical Director of Lung Transplantation and Co-Director of the Aortic Center at the University of Minnesota. He has been an STS member since 2012. ■

Submit news about yourself or a colleague to stsnews@sts.org. Submissions will be printed based on content, membership status, and space available.

Surgeons Actively Involved in All Aspects of TAVR

→ continued from cover

The survey also looked at surgeon involvement in 11 technical components of the operation, from access to valve placement, positioning, and closure (see graph). “It was interesting to me that at least 50% of respondents were involved in every one of those conduct of operation time points, except for operating the endovascular table,” said Dr. Bavaria.

EXPANDING THE HEART TEAM APPROACH

Now that the paradigm has been set for the heart team approach in the treatment of aortic valve disease, Drs. Bavaria, MacGillivray, and Thourani are advocating for expanding the heart team concept to other areas of structural heart disease.

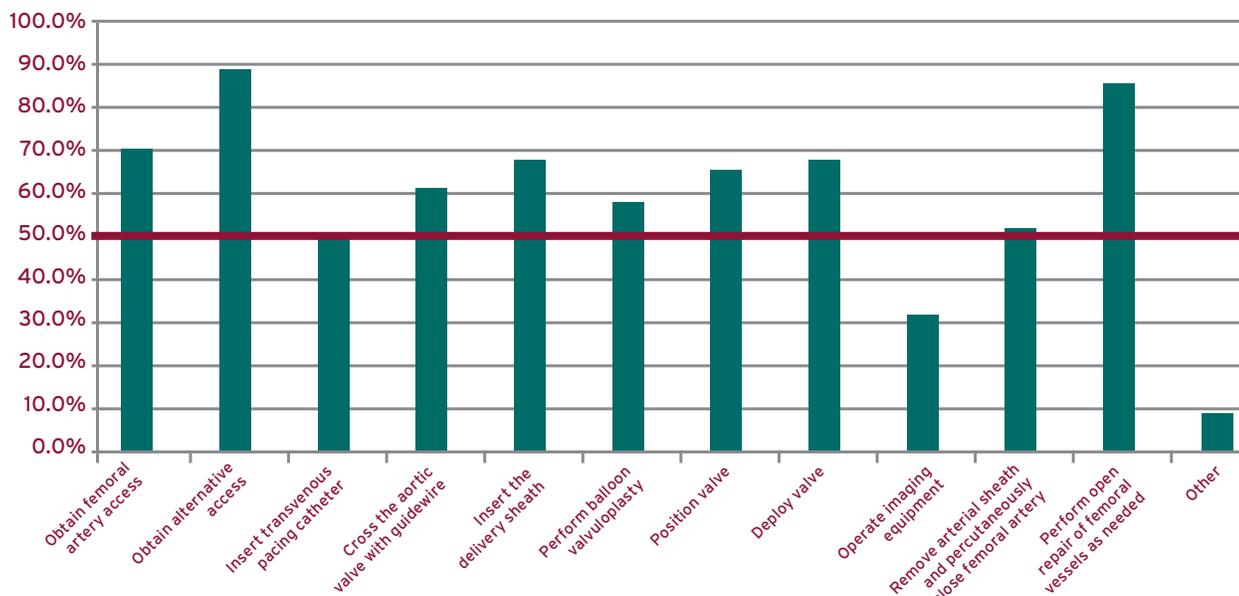
“We have a proven proof of principle that the team concept works and works well,” said Dr. MacGillivray. “Cardiac surgery is the quintessential medical team sport. We have multidisciplinary teams that take care of patients for all kinds of cardiac problems. The natural place is for a patient to rely on a cardiac team that

is set up to manage patients with all kinds of comorbidities and other problems.”

In some centers, interventional cardiologists and cardiac surgeons routinely work with heart failure specialists. Dr. Thourani said that he’s involved in early feasibility trials where an imager also is part of the heart team. “We need to make sure that surgeons and cardiologists who aren’t as familiar with some treatment options have the support they need from other areas. We have an expanded team that is now looking into new mitral and tricuspid valve technologies.”

To see the full survey results, access “Surgeon Involvement in Transcatheter Aortic Valve Replacement in the United States: A 2016 Society of Thoracic Surgeons Survey” in *The Annals of Thoracic Surgery* at www.sts.org/TAVRSurveyAnnals. A video roundtable featuring Drs. Bavaria, MacGillivray, and Thourani discussing the results is available at www.sts.org/TAVRSurveyRoundtable. Dr. Bavaria’s Annual Meeting presentation is available via Annual Meeting Online (see page 10) in General Session II. ■

INTRAOPERATIVE TECHNICAL ASPECTS OF TAVR BY CARDIAC SURGEONS



Staff Updates

Wesley Peart joined STS on January 3 as its CME Compliance and Program Coordinator. In this position, he will coordinate the solicitation, collection, and compilation of all documentation required by the Accreditation Council for Continuing Medical Education for STS educational programs. He also will assist in course planning and implementation. Previously, Wesley was a Graduate Student Instructor at Loyola University Chicago and a Research Assistant at the University of New Orleans. He holds a master of arts degree in English from the University of New Orleans. To contact Wesley, e-mail wpeart@sts.org.

Carole Krohn joined the Society on February 21 as its STS National Database Manager—Adult Cardiac Surgery. She will manage clinical and operational aspects of the Adult Cardiac Surgery Database, including data collection and software specification upgrades, data manager training, and Core Group support. Previously, Carole was a Performance Improvement Coordinator/Quality Control at St. Catherine Hospital in East Chicago, Ind. She holds a bachelor of science degree in nursing from the University of Phoenix. To contact Carole, e-mail ckrohn@sts.org.

Statements Released on Clinical Practice Guidelines Development, Cardiac Arrest

New statements published in *The Annals of Thoracic Surgery* outline recommendations for developing clinical practice guidelines and handling cardiac arrest after cardiac surgery. "The American Association for Thoracic Surgery/Society of Thoracic Surgeons Position Statement on Developing Clinical Practice Documents," available at www.sts.org/guidelines, proposes a scientific framework for reliable and transparent synthesis of evidence-based recommendations in cardiothoracic surgery.

"The Society of Thoracic Surgeons Expert Consensus for the Resuscitation of Patients Who Arrest After Cardiac Surgery," available at www.sts.org/expertconsensus, describes a new protocol on cardiac arrest that takes into account issues particular to cardiac surgery, including timing of emergency re-sternotomy, number of attempts at defibrillation before re-sternotomy, and use of the intra-aortic balloon pump. ■



The STS Symposium on Robotic Mitral Valve Repair provided attendees with an up-close look at robotic procedures.

Attendees Gain Hands-on ECMO and Robotics Experience

In March, STS hosted educational courses on extracorporeal membrane oxygenation (ECMO) and robotic mitral valve repair. During the ECMO course, held in Tampa with the Extracorporeal Life Support Organization, attendees used high-fidelity simulation to learn initiation and separation of support, patient and circuit management, and management of ECMO emergencies. At the robotics symposium in Chicago, attendees learned key concepts in the performance of robotic mitral valve repair procedures, as well as how to successfully launch a robotics mitral valve program within a hospital setting. ■

STS Promotes Awareness of Heart Valve Disease

As part of the first Heart Valve Disease Awareness Day (February 22, 2017), STS Immediate Past President Joseph E. Bavaria, MD joined the Director of the National Heart, Lung, and Blood Institute, as well as a patient and his caregiver, on Capitol Hill to educate congressional staffers and others about the disease, which affects nearly 5 million Americans. STS, the Alliance for Aging Research, and other organizations successfully lobbied for this new health awareness day. The full Congressional Briefing is available on the Society's Facebook page at www.facebook.com/societyofthoracicsurgeons. Dr. Bavaria's video segment also is available on the STS YouTube Channel at www.youtube.com/ThoracicSurgeons. Visit www.valvediseaseday.org to learn more. ■



STS Immediate Past President Joseph E. Bavaria, MD spoke about heart valve disease on Capitol Hill.

STS Expands Resources for Early Career Members

The Society is ramping up efforts to support career development for cardiothoracic surgeons.

The new STS Workforce on Career Development was created to address the specific career needs of members in their first 7 years of practice. “The development and success of our early career members is an important objective for STS. We are providing resources for those seeking guidance navigating the obstacles of early clinical or academic practice,” said Workforce Chair Vinay Badhwar, MD.

One of the Workforce’s first projects was to develop a series of answers to frequently asked questions, including clinical interactions, program development, personal finances, contracting, and research. The FAQs are available on the STS website at www.sts.org/career-development. The Workforce also plans to hold quarterly Twitter chats, during which Workforce members and other Society leaders will discuss early career issues in this open social media forum. The first Twitter chat is planned for Wednesday, May 24, at 8:00 p.m. ET; follow @CTSurgCareers for more information.

MENTORSHIP IS KEY

Another project involves the development of an early career mentorship service. The plan is to develop a Mentorship Portal on the Society’s website with a roster of surgeons who have volunteered to provide expert, one-on-one assistance on a broad array of topics. STS members will be able to log into the portal, find the type of mentorship they need based on a menu of mentor types and topics, and be connected with a relevant mentor.

The Society has a long history of supporting mentorship, particularly through its Looking to the Future (LTF) Scholarship Program, which connects medical students and general surgery residents with surgeon mentors while at the STS Annual Meeting. Many of the LTF scholarship participants have continued their relationships with their mentors long after the meeting.

Now, the goal is to expand this valuable experience to a wider audience.

“Mentorship has always provided a pivotal role in my career and those of nearly all of my colleagues,” Dr. Badhwar said. “Whether it be from a senior colleague, partner, friend, or spouse, the knowledge and input from

respected individuals helps one navigate challenges and shape your path forward.”

Dr. Badhwar encouraged STS members who are more advanced in their careers to volunteer as mentors once the opportunity is available. “By volunteering to become a STS Early Career Mentor, your experience can directly help shape the future of our younger members,” he said. ■

More information will be provided in *STS News* and other Society communications as the mentor portal is developed.

View Tips on How to Build Your Academic Career

The latest video in the Society’s roundtable series focuses on building a career in academics. Visit www.sts.org/academic-career-roundtable to hear Drs. Richard L. Prager, Leah M. Backhus, Douglas J. Mathisen, and G. Alexander Patterson discuss how they were influenced to pursue academic careers and provide advice on finding a good mentor.

STS Engages the General Public via Press Release Program

As part of its continuing effort to raise public awareness about STS, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, the Society issued 13 press releases from November 11, 2016 to March 16, 2017. The most recent release described a study in *The Annals of Thoracic Surgery* that looked at statin usage prior to coronary artery bypass grafting surgery, finding that continuing medication up through the day of surgery improved survival. The release was covered by more than 100 media outlets, including *The New York Times*. To read the full press releases, visit www.sts.org/media. ■

For more information on the Society’s press release program and other public outreach efforts, please contact media@sts.org.

Apply for an STS/AATS Ethics Forum Scholarship

The Ethics Forum, a joint STS and American Association for Thoracic Surgery project, is once again offering scholarships in amounts up to \$10,000 for cardiothoracic surgeons to obtain formal training in biomedical ethics. The training would be through any of several programs offered by leading ethics centers in North America, including Harvard University, Georgetown University, Columbia University, and the University of Washington. The application deadline for the August 2017-August 2018 academic year is Saturday, July 1, 2017. Learn more about the scholarship program and apply at www.ctsnet.org/cardiothoracic-ethics-forum-scholarship. ■

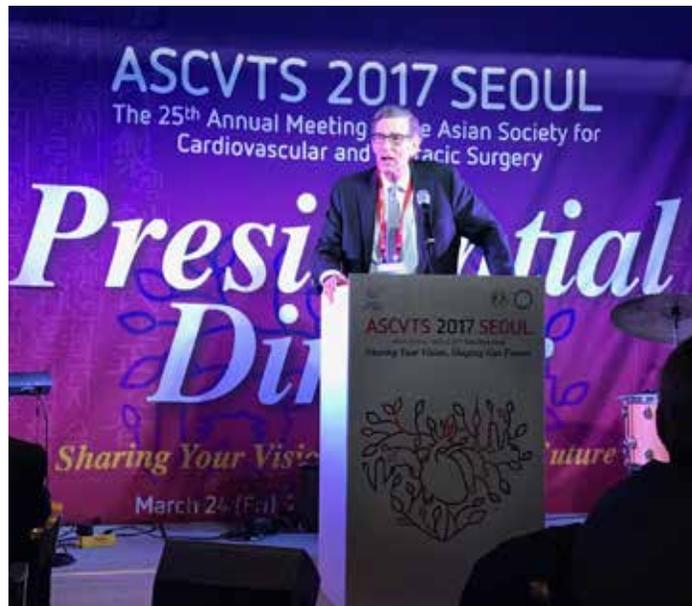
TSF Awards \$655,000 in Cardiothoracic Surgery Grants



The Thoracic Surgery Foundation (TSF) has distributed 16 new grants in support of research and education programs in cardiothoracic surgery. These grants will help advance treatment options for patients with heart and lung diseases and offer much-needed assistance in countries around the world, including Cambodia, Nepal, Nigeria, Peru, Rwanda, and Uganda. View a list of the award winners at www.sts.org/TSF2017Awards. Applications for the 2018 TSF Awards Program will open on July 15 and are due by October 15, 2017; visit www.thoracicsurgeryfoundation.org/awards for more information. ■

STS PARTICIPATES IN ASCVTS MEETING

STS President Richard L. Prager, MD offered a congratulatory toast to the Asian Society for Cardiovascular and Thoracic Surgery on its 25th Anniversary. Dr. Prager and several other STS surgeon leaders attended the recent ASCVTS Annual Meeting in Seoul, South Korea. ■



PUF Research Program Now Open to All Database Components

Participants in the STS National Database can now request national-scale de-identified data from all three Database components—Adult Cardiac Surgery, General Thoracic Surgery, and Congenital Heart Surgery—through the STS Participant User File (PUF) Research Program. The PUF Program is an affordable option for investigators to pose research questions, quickly obtain quality data, analyze these data themselves with appropriate biostatistics resources, receive feedback, and develop their efforts into abstracts and manuscripts. For more information and to submit an application, visit www.sts.org/PUF.

REFER YOUR PATIENTS TO CTSURGERYPATIENTS.ORG

The Society's patient website, ctsurgerypatients.org, recently introduced a blog through which surgeons offer a wide variety of information to patients about their most frequently asked questions. More than a dozen STS members have contributed blog posts on topics such as "Surgical or Transcatheter Aortic Valve Replacement: Which is Best for You?," "Understanding the Stages of Esophageal Cancer," and "Preparing Your Child for Heart Surgery." Check out the posts at www.ctsurgerypatients.org/blog and make sure to refer your patients. ■

The Patient Guide to Heart, Lung, and Esophageal Surgery
A Website Developed by Cardiothoracic Surgeons Committed to Improving Patient Care

ADULT Heart Disease Adult and Congenital Heart Disease Lung, Bronchial, and Vessel Chest Disease Heart and Lung Transplantation Sclerotic, Bicuspid, and Aortic Surgery

BLOG

Welcome to the STS Blog!

The STS Blog offers a place for patients affected by heart, lung, and esophageal disease to find the most current information related to cardiothoracic surgery. The Blog will feature a wide variety of topics and information that address the questions most frequently asked by patients when they meet with cardiothoracic surgeons.

New blog entries will be added regularly, offering new topics and updated information.

Richard L. Prager, MD, MChD, Medical Director of Cardiothoracic Surgery at Washington Hospital in Washington, DC, and Associate Professor of Cardiothoracic Surgery at the University of Southern California, and other surgeon contributors will author the blog articles.

March 8, 2017 By Richard L. Prager, MD
Cardiothoracic Surgery Training in Mexico, But It Wasn't Perfect

February 22, 2017 By Cynthia Himmelfarb, MD
Heart Transplant in Young Patients Offers 50% or Less

February 17, 2017 By Lucie M. Barilina, MD, MPH, MChD
The surgical success of coronary revascularization surgery increased more than 500 years ago

January 31, 2017 By R. Robert Dixon, MD
When Should I Have Surgery for COPD?

January 27, 2017 By Richard L. Prager, MD, MChD
What You Should Know About Off-Pump Coronary Artery Bypass Surgery

If you've had heart surgery in the past few years, you may have recently received a letter from your hospital or health plan recommending that you read the full text of this article and that you provide positive feedback from a piece of research that we used during your operation.

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HIGHLIGHTS OF THE 53RD ANNUAL MEETING

More than 4,100 people, including more than 2,100 cardiothoracic surgeons and allied health care professionals, gathered in Houston January 21-25 for the STS 53rd Annual Meeting. To view meeting photos, program content, and daily editions of the *STS Meeting Bulletin*, visit www.sts.org/AMarchive.

Access STS 53rd Annual Meeting Online

STS Annual Meeting Online provides access to more than 100 hours of recorded sessions. Access to Annual Meeting Online was included with Annual Meeting registration. Non-attendees can purchase the online product at www.sts.org/AMonline.

Bavaria Urges Out-of-the-Box Thinking

The fine line between delivering quality treatment and embracing innovation may sometimes make cardiothoracic surgeons feel trapped between conflicting goals. In his Presidential Address at the STS 53rd Annual Meeting, Joseph E. Bavaria, MD challenged that paradigm.

“What if these two fundamentally important obligations, which go so far as to almost define us, are at odds with each other? If they are in fact colliding, then this is a challenge that we must sort out,” he said.

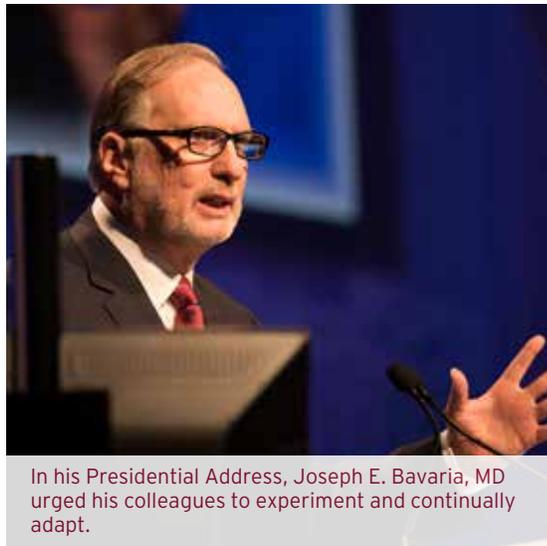
Pointing out that there is even conflict within innovation and quality, he asked if it was better to always be an innovator, adopting promising technology and navigating a difficult learning curve, or wait for guidelines on that new technology.

“Innovation has become absolutely critical to the survival of our specialty. We must experiment. We must continually adapt. And I know we are up to the challenge,” Dr. Bavaria said, suggesting that cardiothoracic surgery should work to build a culture of innovation by emphasizing democracy and freedom of inquiry within the specialty.

“Is a culture that requires rigid conformity

capable of significant innovation by its people?” Dr. Bavaria asked. “Liberated surgeons can be ingenious. So innovation—or importantly, early adoption of innovation—is an imperative.”

Moving to the issue of quality, STS has been a leader in this area with its long-established collection of outcomes data and its ongoing development and refinement of risk-adjustment models and metrics.



In his Presidential Address, Joseph E. Bavaria, MD urged his colleagues to experiment and continually adapt.

He suggested exploring the concept of patient-centered and patient-reported outcomes.

“The collision is not necessary if we keep the patient in mind. In this model, we convert the collision into a merger. The patients and their families become deeply involved with the decision making,” he said. “By discussing all the treatment

options, with full consent, including high-risk and alternative options, we can affect a patient-centered outcome, and risk aversion can be moderated.”

Dr. Bavaria concluded his address by urging cardiothoracic surgeons to continue embracing innovation and quality: “I ask you to search for solutions for yourselves and your programs so that these two important imperatives don’t collide. This requires out-of-the-box thinking. But remember, we make the boxes. We construct those boxes that constrain our thinking.” ■

“Remember, we make the boxes. We construct those boxes that constrain our thinking.”

—Joseph E. Bavaria, MD

said, adding that using complex data to create simple grades is a challenge. “Are the risk-adjustment models strong enough? Do they penalize or reward larger, tertiary institutions doing more complex cases?”

“The STS National Database has had a long evolution toward improving its ability to generate meaningful measures that can discriminate and point to a ‘quality’ program,” Dr. Bavaria

THANK YOU

The Society gratefully acknowledges the following companies for providing educational grants for the STS 53rd Annual Meeting.

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Award Winners Honored

The STS Annual Meeting offered the opportunity to recognize those who are making an impact on the specialty. The following were honored by the Society in Houston:



David M. Shahian, MD (center) received the Distinguished Service Award.



Eric A. Rose, MD received the Earl Bakken Scientific Achievement Award.

DISTINGUISHED SERVICE AWARD

STS presented the Distinguished Service Award to David M. Shahian, MD. This award recognizes those who have made significant and far-reaching contributions to the Society and the specialty. Dr. Shahian is a renowned quality improvement expert and public reporting advocate who previously led the STS Workforce on National Databases and currently serves as Chair of the STS Council on Quality, Research, and Patient Safety.

EARL BAKKEN SCIENTIFIC ACHIEVEMENT AWARD

The Earl Bakken Scientific Achievement Award was presented to Eric A. Rose, MD, who is best known for making history in 1984 when he performed the world's first successful pediatric heart transplant. The Bakken Award honors individuals who have made outstanding scientific contributions that have enhanced the practice of cardiothoracic surgery and patients' quality of life.

PRESIDENT'S AWARD

The President's Award was presented to Panos Vardas, MD from the Indiana University School of Medicine for his paper, "Current Status of Endovascular Training for Cardiothoracic Surgery Residents in the United States." Selected by the STS President, this award recognizes an outstanding scientific abstract by a lead author who is either a resident or a surgeon 5 years or less in practice.

POSTER AWARDS

ADULT CARDIAC SURGERY: Permanent Pacemaker Placement in Transcatheter Aortic Valve Replacement Patients Is Not Associated With Increased Mortality or Readmission (Fenton H. McCarthy, MD)

CARDIOTHORACIC SURGICAL EDUCATION: Creation of a Coronary Anastomotic Checklist Using a Delphi Technique Reveals Significant Variability Among Experts (Ara A. Vaporciyan, MD)

CONGENITAL HEART SURGERY: Surgical Ligation of Patent Ductus

Arteriosus in Preterm Infants: An Exceptionally Safe and Beneficial Approach to Management (Todd Crawford, MD)

CRITICAL CARE: Early Glycemic Variability Is Associated With Adverse Outcomes in Normoglycemic Patients Following Cardiac Surgery (Lily E. Johnston, MD, MPH)

GENERAL THORACIC SURGERY: Long-Term Outcomes Following Surgical Management of Bronchopulmonary Carcinoid Tumors Using the National Cancer Database (Caitlin Harrington Brown)

Annual Meeting by the Numbers



2,155

professional registrants



286

pieces of bovine and porcine tissue purchased for STS University



126

exhibiting companies and organizations



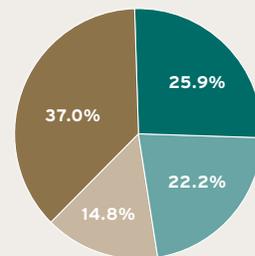
66

countries represented by registrants, with the most professional registrants coming from the United States, Japan, Canada, Mexico, and United Kingdom.

Survey Says...

A new Question of the Week feature in the *STS Weekly* e-mail is helping the Society learn more about members' practices, educational needs, and other topics related to cardiothoracic surgery. Recently, members were asked about which upcoming STS Annual Meeting destination they were looking forward to the most. San Diego was the clear winner, followed by New Orleans.

Make sure to open each issue of *STS Weekly* and share your thoughts on questions like this!



- San Diego, CA (2019)
- New Orleans, LA (2020)
- Fort Lauderdale, FL (2018)
- Austin, TX (2021)



1 Richard L. Prager, MD (right) was elected STS President during the Annual Membership Meeting. The gavel was presented by Joseph E. Bavaria, MD, now Immediate Past President.

2 At Tech-Con, Shanda H. Blackmon, MD, MPH described the Blackmon-Mayo Buttressing Anastomotic Device, which received positive reviews from the judges and audience.

3 In the STS Exhibit Hall, attendees learned about products and services from more than 100 exhibiting companies and other organizations.

4 C. Walton Lillehei lecturer Samer Nashef, MD, author of *The Naked Surgeon*, provided an overview of quality initiatives, their benefits, and unintended consequences.

5 During the Jeopardy championship competition, residents from G. Kuppuswamy Naidu Memorial Hospital in Coimbatore, India, emerged victorious over the University of Maryland Medical Center competitors.

6 Thomas B. Ferguson lecturer Ralph W. Muller spoke about how specialists, such as cardiothoracic surgeons, can take a broader role in patient care through service lines and disease team approaches to promote care standardization.

7 Attendees received hands-on experience with several different cardiothoracic surgical procedures, including mitral valve repair (as seen here), during STS University.

8 A joint session with STS and the European Association for Cardio-Thoracic Surgery reviewed the nuances of various aortic valve repair procedures to treat tricuspid and bicuspid aortic valve diseases.

9 The STS Social Event was held at the Space Center Houston, which featured a collection of spacesuits worn by NASA astronauts, the Apollo 17 Command Module, the giant Skylab Trainer, and more.



Download or order copies of 53rd Annual Meeting photos by visiting stsphotos.com/STS2017.



What I've Gained From Participating in STS Advocacy

Jess L. Thompson III, MD

Assistant Professor of Surgery, Section of Congenital Heart Surgery, University of Oklahoma | 2016 STS Key Contact of the Year

"Politicians and diapers must be changed often, and for the same reason." - Mark Twain

In the 5th grade, my teacher asked what job I wanted when I grew up. My response – a United States Senator. When asked to provide the rationale for my choice, I replied, "Because people will think I'm important, but I don't have to do anything."

Whether I was displaying youthful naiveté or a precocious understanding of our political process is open to debate, but what is certain is that being engaged in the Society's advocacy efforts has been a fulfilling professional experience. I have come to better understand and appreciate the history and machinations of the American political process.

During my cardiothoracic surgical training, I had the opportunity to attend my first STS Legislative Fly-In. Prior to meeting with our representatives on Capitol Hill, we were given a thorough briefing by the Society's Government Relations staff. I was impressed by how the more seasoned surgeons in attendance displayed a deep understanding of the pressing issues confronting cardiothoracic surgeons. Feeling a little intimidated, I initially wondered how I could contribute. The DC staff, however, did a wonderful job preparing me so that I could advocate our positions. It also was very reassuring to make visits with other surgeons who had done it before.

When the time came to meet our legislators, I was struck by several things. First, it is much more common to meet with a legislative aide than an actual member of Congress. The aides appeared young, but were obviously very bright and inquisitive. Second, having clearly defined "asks" (the actions we were requesting members of Congress to perform on our behalf) increased our chances of success. Third, we were treated with respect, in part because of our professional status, but perhaps even more so because we were advocating not for ourselves, but for issues that would benefit our patients.

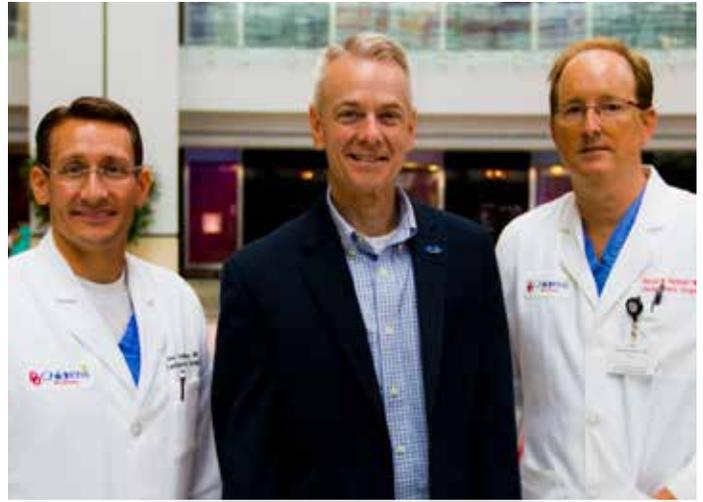
Fourth, proactively steering the direction of a policy from its inception is infinitely easier than changing a policy that has already gained momentum. Ultimately, I left Washington feeling like I had made a positive contribution to the specialty and to our patients.

"If you're not at the table, you're on the menu" goes the saying in Washington.

With our advocacy efforts giving us the proverbial seat at the table, potentially catastrophic changes to our specialty have been avoided. For example, it was only through our advocacy that the Centers for Medicare & Medicaid Services (CMS) mandated that a multidisciplinary heart team approach be used for transcatheter aortic valve replacement (TAVR). Certainly, embedding a cardiothoracic surgeon in TAVR protects the surgeon's ability to provide this therapeutic modality, enhances patient safety, and continues patient access to optimal care (see page 1 for more on surgeon involvement in TAVR).

More recently, CMS proposed to eliminate 10- and 90-day global surgical payments. The leadership provided by STS rallied the surgical community so that we could stop this disastrous policy before it was implemented.

It has been said that the first noble truth of politics is frustration. Certainly, this emotion has been experienced by everyone who has engaged in any level of political advocacy. When I feel this way, I try to remember that most of our advocacy focuses on policies and practices that are long-term in nature.



STS members Jess L. Thompson III, MD (left) and Harold M. Burkhart, MD (right) took Rep. Steve Russell on a tour of the operating rooms and ICU at the University of Oklahoma.

Securing meaningful change in government is more akin to turning an aircraft carrier as opposed to maneuvering a nimble speedboat. That said, once we point the aircraft carrier in the direction we want, it is difficult to move it off course.

During the most recent Fly-In, our attentive STS legislative staff made me aware that my member of Congress was having an early morning meet-and-greet for people in his district. I was able to have a long discussion with Rep. Steve Russell and invite him to visit the hospital where I work. When he toured my hospital, I pointed out the economic impact of and jobs created by the hospital. We visited the operating rooms and the ICU, and he interacted with one of our patients and her grateful parents (our best advocates!).

I have enjoyed a great deal of professional satisfaction by participating in STS advocacy efforts. I believe that the successes we have achieved on Capitol Hill are significant contributions to our specialty and are for the betterment of our patients. Plato is attributed with the observation that one of the penalties for refusing to participate in politics is that you end up being governed by someone worse. I would invite those STS members not currently participating in the Society's advocacy activities to reconsider their involvement in this vital effort. ■

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CVT Critical Care
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Washington, DC
October 5-7, 2017

Advances in Quality
& Outcomes
Chicago, Illinois
October 18-20, 2017

Coding Workshop
Hollywood, California
November 16-18, 2017

STS/AATS Tech-Con 2018
& STS 54th Annual Meeting
Fort Lauderdale, Florida
January 27-31, 2018

Find out more at
www.sts.org/education-meetings.

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