

New Database Reporting Dashboard to be Unveiled This Fall



This draft mockup of the new dashboard homepage displays a snapshot of national data.

Surgeons and data managers from 25 Adult Cardiac Surgery Database (ACSD) sites participated this spring in a month-long pilot aimed at developing an online reporting dashboard that would offer interactivity and more detailed analyses of data from the national report PDF than participating sites currently receive.

“It’s a much more granular way of assessing where your problem areas might be.”

—Gaetano Paone, MD, MHSA

The Society is making adjustments to the dashboard based on the pilot group’s feedback, and the dashboard is expected to be released to all ACSD participants this fall. General Thoracic Surgery Database and Congenital Heart Surgery Database participants should receive access to the dashboard next year.

Once participants log in, they will see an executive summary showing 3-year overall numbers of procedures, post-procedure length of stay, and unadjusted mortality by procedure for all partici-

pating sites. A menu on the left-hand side allows users to drill down into their specific institution’s data, including star ratings, National Quality

Forum measures, comorbidities, demographics, operative information, outcomes, postoperative events, and more.

“It’s a lot easier to navigate than trying to scroll through

a PDF,” said pilot tester Gaetano Paone, MD, MHSA, Division Head of Cardiac Surgery at Henry Ford Hospital in Detroit and Chair of the STS Task Force on Quality Initiatives. “For example, if I want to look at our blood transfusion rate for coronary bypass surgery in the current report, I have to find it on, let’s say, page 127; if I then want to see the same data for aortic valves, I might have to scroll through another 70 pages before I get there. With the new dashboard, all I have to do is unclick the CABG box and click the valve box, and the same dataset pops up. That’s an enormous improvement.”

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STS/EACTS to Hold First Educational Meeting in Latin America

STS is partnering with the European Association for Cardio-Thoracic Surgery (EACTS) on a new educational program in Latin America that is designed for all members of the cardiac surgical team.

“A key goal of the Society’s new strategic plan is to foster collaboration and connection, especially among the global cardiothoracic surgery community,” explained STS Immediate Past President Joseph E. Bavaria, MD. “During a recent workforce meeting, surgeons from Latin America noted the lack of an all-inclusive cardiovascular surgery educational program held in their region of the world. STS and EACTS jumped on the opportunity to provide that education.”

EACTS Past President Jose Luis Pomar, MD, PhD said that the collaboration was a natural fit. “Sharing experiences from different parts of the world will help improve our knowledge and better serve our patients,” Dr. Pomar said. “It also will help strengthen relations at a personal level; the face-to-face contact will be crucial.”

The STS/EACTS Latin America Cardiovascular Surgery Conference is planned for September 21-22 at the Hilton Cartagena in Cartagena, Colombia. It will highlight the

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Remaining Clinically Relevant

Richard L. Prager, MD, President

In 1989, Richard E. Clark wrote an article in *The Annals of Thoracic Surgery*, “It Is Time for a National Cardiothoracic Surgical Data Base.” At that time, the Society was preparing to launch the STS National Database in response to a 1986 report by the Health Care Financing Administration (HCFA, the forerunner of CMS) of US hospital coronary bypass mortality rates. In the report, HCFA noted hospitals that were above or below average; however, the report was misleading because it was based on “minimally adjusted,” non-clinical data sources.

Since the inception of the STS National Database in 1989, it has grown exponentially, both in terms of participation and stature, and has become the gold standard for clinical outcomes registries. It also has expanded the number of variables collected and has evolved from the initial Adult Cardiac Surgery Database (ACSD) to include the Congenital Heart Surgery Database (CHSD) and the General Thoracic Surgery Database (GTSD).

Each of these component databases evolves as practices and procedures evolve and measurement metrics are refined. It is imperative that the Society adapt these databases so that they remain clinically relevant and address new concepts and advances in our field. It also is imperative that these databases appropriately address specialty, societal, and governmental needs such as Medicare quality reporting requirements, national coverage determinations, and device surveillance.

Our databases are sources of critical data points, operative techniques, and device information; they are important repositories for us, our patients, CMS, the FDA, and industry. As such, the process of adapting and decision making relies heavily on input from all of us, as well as from committed STS members who serve on the task forces for each database (chaired by Rich D’Agostino/ACSD, Marshall Jacobs/CHSD, and Benj Kozower/GTSD) and report

to the Workforce on National Databases (chaired by Jeff Jacobs). This Workforce, in turn, reports to the STS Quality, Research, and Patient Safety Council Operating Board (chaired by Dave Shahian).

ACSD SPEC UPGRADE

In July, the Society launched the latest version of the ACSD (v2.9). As noted in an STS Headquarters announcement, a team of surgeons, data managers, statisticians, and staff spent a year balancing a need for updated and expanded fields with the reality of additional data acquisition burden.

Heart valvular procedures, thoracic aortic procedures, and arrhythmia operations are all evolving. As a result, sections pertaining to valvular and aortic procedures have been expanded and revised substantially, while the arrhythmia section has been updated.

The data fields are procedurally specific and highly clinical, which means that **active surgeon involvement during the data capture is extremely important.** To help facilitate the collection and entry of valid and useful data, STS offers online training manuals and procedure-specific worksheets for surgeons. The Society also plans to offer a series of webinars and teaching videos for aortic, valve, and arrhythmia procedures that would help supplement annual educational presentations at our data manager meeting, Advances in Quality and Outcomes. The meeting this year will be held October 18-20 in Chicago.

MIPS REPORTING

Another important point to recognize is that the STS National Database remains a

Qualified Clinical Data Registry and, with your written consent, STS will submit your 2017 ACSD data to CMS for the new Merit-Based Incentive Payment System (MIPS). With more changes anticipated in Washington, I urge you to review the MACRA Toolkit for Cardiothoracic Surgeons that’s available on the STS website (see page 13) to learn more about MIPS, Alternative Payment Models, and how STS can help you navigate the reimbursement process.

In today’s environment, all cardiothoracic surgeons—including me—are feeling challenged as our practices, institutions, networks, and external agencies request more of our time, energy,

While we recognize the burdensome reality of database upgrades, the Society is committed to improving and evolving the databases for the specialty and our patients.

and quality data. While it may be difficult at times to recognize the value in all that we are doing, our involvement in the STS National Database creates opportunities to improve the quality of care that our patients receive.

It was only a few weeks ago that the FDA fast-tracked approval of a TAVR valve-in-valve device after reviewing “real world” evidence from the Transcatheter Valve Therapy (TVT) Registry, which is a collaboration between STS and the American College of Cardiology. In the future, the STS National Database itself will be called upon to provide operative procedure and device-specific data in real-world timeframes to facilitate further FDA reviews.

While we recognize the burdensome reality of database upgrades, the Society is committed to improving and evolving the databases for the specialty and our patients.

On behalf of the Society, thank you for all of your efforts, as well as your commitment and patience. ■

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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In this installment of STS News, Dr. Paul Levy describes his institution's approach to increasing value in the care of cardiac surgery patients. By incorporating a team approach to postoperative management, NEA Baptist Memorial Hospital has been able to demonstrate remarkable improvement in extubation times.

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

Timely Extubation in Cardiac Surgery: A Team Sport?

Paul S. Levy, MD, MBA, Director of Surgical Services, NEA Baptist Memorial Hospital, Jonesboro, Ark.

"A boat doesn't go forward if each one is rowing their own way." Swahili Proverb

With recent efforts by the Centers for Medicare & Medicaid Services to bundle payments for cardiac surgical services, alternative payment models (APMs) are now front and center in health care reform. An emphasis has been placed on coordination of care and stakeholder collaboration. Payer demand for value is here to stay.

At our institution, we heard this message loud and clear. We have aggressively focused our efforts toward driving cardiac surgery production costs down. The high-cost environments of the operating room and intensive care unit were targeted.

The ability to extubate patients expeditiously following open heart surgery is dependent upon a multitude of factors. Many stakeholder groups are involved, with each having its own entrenched practice patterns. Needless to say, there are many moving parts. Organizational culture and stakeholder "tribal knowledge" can stall the most driven change agents.

In 2015, we investigated the current state of our post-cardiac surgery extubation times and were surprised to find that only 9% of patients were extubated within 8 hours of their surgery (the average extubation time was 14 hours). Additionally, 65% of our patients had a 2-day ICU length of stay (LOS). Certainly, we could do better. Identifying our barriers was fundamental to achieving our goals, which were to reduce the average extubation time to 8 hours or less, reduce ICU LOS, and maintain patient safety.

The first steps involved educating stakeholder groups—anaesthesia, ICU RN, respiratory therapy, and step-down RN staff—on how our current state compared to STS National Database benchmark data and describing the potential negative clinical

impact of prolonged mechanical ventilation.

Our initiative's goals were then clarified, and each stakeholder group developed plans to close performance gaps.

Our anaesthesia group adopted a best practice, standardized approach to cardiac anaesthesia. As a result, patients arrived at the ICU less sedated. ICU RN and respiratory therapy staff members developed a "protocol-driven" extubation process and, as a result, fewer arterial blood gas (ABG) tests were required with no reintubations. Educational in-services helped the step-down RN staff close clinical care gaps in the postoperative day #1 cardiac care pathway. Deming's scientific method was employed to monitor the initiative's

progress and help stakeholders make appropriate adjustments.

In 2016 (12 months after taking these steps), 62% of our patients were extubated within 8 hours, compared to only 9% in 2015. In fact, in

the last quarter of 2016, average time to extubation was 6.1 hours.

ICU LOS has similarly improved, with 78% of patients having a 1-day LOS in 2016 compared to only 35% in 2015. The collaboration between the ICU RN and respiratory therapy staffs also has resulted in improved collegiality, a reduction in the average number of ABG tests per case (3.4 in 2016 versus 7.0 in 2015), and preserved patient safety. The financial impact was a substantive decrease of at least \$650/case.

As is evident by our win, teamwork with clear, unified goals is an effective strategy to cost reduction in cardiac surgery. ■

To view previous practice management columns, visit www.sts.org/practicemanagement.





On an STS Quality Trip

Robert A. Wynbrandt, Executive Director & General Counsel

Donna McDonald, Director of Quality

If we were hard-pressed to identify the one thing that distinguishes The Society of Thoracic Surgeons from all of the other national medical specialty societies, most of us would probably identify the STS National Database, particularly in light of its international recognition and all of the other STS initiatives and activities that are dependent on it. In this next guest column by another member of the management team, STS Director of Quality Donna McDonald (whose department is responsible for the care and feeding of the Database, among other things) takes us on a grand tour of the STS Quality world. Donna was initially employed as a registered nurse, and spent a significant portion of her career in the Cardiac Surgery ICU at the former Michael Reese Hospital in Chicago before moving on to the world of clinical research and informatics. She joined the STS staff in 2009, and was promoted to the position of Director of Quality last year.

Any tour of the STS Quality world necessarily starts with the National Database, which was developed by and for cardiothoracic surgeons to assess quality and improve outcomes for their patients. The Database currently has three components—the Adult Cardiac Surgery Database (ACSD), the Congenital Heart Surgery Database (CHSD), and the General Thoracic Surgery Database (GTSDB), and the Society is planning to expand its scope with the addition of the Interagency Registry for Mechanically Assisted Circulatory Support (Intermacs) next year. The ACSD is the largest component of the Database, including more than 6.2 million procedure records submitted by the vast majority of adult cardiac surgery programs in the United States, and also serving 21 international participants. The Society's Workforce on National Databases is responsible for developing and enhancing all of the components of the STS National Database. This includes modernizing data collection and leveraging existing resources such as the electronic medical record to reduce the data collection burden for participants.

One recent major Database advancement includes dashboard reporting, which will be fully implemented within the next year to allow more timely feedback for quality improvement initiatives (see cover story). Other coming attractions include linkages to datasets such as cancer registries and the National Death Index, which will improve the specialty's ability to track long-term outcomes. Patient-reported outcomes and quality-of-life assessments also are on the horizon.

In addition to serving as a quality improvement tool, the STS National Database provides a mechanism to assess new technologies and techniques, monitor device safety, and support research. The Database can

even put money in your pocket by providing data for the Relative Value Scale Update Committee (RUC) process and through quality reporting to CMS for the Merit-Based Incentive Payment System (see page 13).

PUBLIC REPORTING

Participants in the STS National Database have the opportunity to share their risk-adjusted surgical outcomes with the public on a voluntary basis. Public reporting started with the ACSD in 2010 in collaboration with Consumer Reports, and that arrangement continues today. In addition, it is now available for all three Database components via the STS website (www.sts.org/publicreporting). The Society believes that publicly reporting surgical outcomes is an ethical responsibility of the specialty and continues to refine its associated tools in order to provide the public with scientifically valid, user-friendly information.

QUALITY MEASUREMENT

Our next stop on the tour is quality measurement territory. The STS Quality Measurement Task Force is responsible for developing risk models and quality measures. Risk modeling allows for fair comparisons of outcomes involving the most commonly performed procedures in cardiothoracic surgery. Quality measures are tools used to promote process, structure, or outcome goals for providers using language that is understandable to patients, and STS has more quality measures endorsed by the National Quality Forum than any other medical specialty society (see page 9). These measures are used to benchmark quality for cardiothoracic surgery programs, payers, and patients.

CLINICAL PRACTICE DOCUMENTS

The Workforce on Evidence Based Surgery develops clinical practice documents, including clinical practice guidelines and expert consensus papers, which provide surgeons with practical, point-of-care assistance. Each guideline topic undergoes an exhaustive, collaborative review of clinical information and scientific evidence published in the medical literature, and is subject to development and adoption processes that follow Institute of Medicine standards. There's

Quality is a journey—not a destination.

even an app that will connect you to the Society's clinical practice guidelines! You can download the app and find other valuable resources at www.sts.org/guidelines.

PATIENT SAFETY

Cardiothoracic surgeons have long been recognized as safety leaders in health care. The Workforce on Patient Safety provides resources and plans educational programs to enhance awareness of safety issues in cardiothoracic surgery. This includes the Patient Safety Symposium at the STS Annual Meeting. Past topics have included resilience, avoiding burnout, building strong teams, how to safely introduce new techniques and technology, how to deal with patients, families, and staff following unanticipated events, and optimizing communication during care transitions. You can access narrated PowerPoint slides of past symposia at learningcenter.sts.org.

The STS staff recognizes that quality is a journey—not a destination—and appreciates all of you who travel with us! We believe that the specialty of cardiothoracic surgery and its practitioners personify the words of Ralph Waldo Emerson: "Do not go where the path may lead. Go instead where there is no path and leave a trail." ■

Member News



GUYTON RECEIVES ACC CITATION

STS Past President **Robert A. Guyton, MD** was awarded the 2017 Presidential Citation by the American College of Cardiology at its Annual Scientific Session in March. The Presidential Citation is awarded to a person whose contributions to the field of cardiology

have been truly extraordinary. Dr. Guyton is the Distinguished Charles Ross Hatcher Jr. Professor of Surgery and Chief of the Division of Cardiothoracic Surgery at Emory University in Atlanta. He has been an STS member since 1986.



JACOBS CO-DIRECTS HEART INSTITUTE

Jeffrey P. Jacobs, MD has been named Co-Director of the Johns Hopkins All Children's Heart Institute in St. Petersburg, Fla. He currently serves as Chief of the Division of Cardiovascular Surgery, Director of the Andrews/Daicoff

Cardiovascular Program within the institute, and Professor of Surgery and Pediatrics at Johns Hopkins University. Dr. Jacobs has been an STS member since 2002.



CERFOLIO MOVES TO NYU

Robert J. Cerfolio, MD, MBA has joined New York University Langone Medical Center as Chief of Clinical Thoracic Surgery. He also will serve as the first Director of the Lung Cancer Center at NYU Langone's Perlmutter Cancer Center. Previously, Dr. Cerfolio was

the James H. Estes Family Lung Cancer Research Endowed Chair and Chief of Thoracic Surgery at the University of Alabama Hospital in Birmingham. He has been an STS member since 1995.



ARDEHALI AWARDED ELLIS ISLAND MEDAL

Abbas Ardehali, MD has been selected as a 2017 recipient of the Ellis Island Medal of Honor. The medal is awarded annually to a group of distinguished US citizens who exemplify a life dedicated to community service. Dr. Ardehali is Director of the UCLA

Heart and Lung Transplant Program and a Professor of Surgery and Medicine in the Division of Cardiothoracic Surgery at the David Geffen School of Medicine at UCLA. He has been an STS member since 1998.



ANDERSON ELECTED VP OF STATE MEDICAL SOCIETY

Richard C. Anderson, MD has been elected Vice President of the Illinois State Medical Society. Dr. Anderson is Chief of the Section of Cardiothoracic Surgery at the University of Illinois College of Medicine in Peoria. He has been an STS member since 2003.



GILLINOV HEADS DEPARTMENT AT CLEVELAND CLINIC

A. Marc Gillinov, MD has been appointed Chair of the Department of Cardiothoracic Surgery at the Cleveland Clinic. He has been with the institution since 1997, most recently serving as Chief Experience Officer of its Heart & Vascular Institute and holding

the Judith Dion Pyle Chair in Heart Valve Research. He has been an STS member since 2001.



WEIGEL NAMED CHIEF AT WESTCHESTER

Tracey L. Weigel, MD is now Chief of Thoracic Surgery for the Westchester Medical Center Health Network, a 1,700-bed health care system headquartered in Valhalla, New York. Previously, Dr. Weigel served as Chief of Thoracic Surgery and Medical Director of the Comprehensive

Thoracic Oncology Program at Maine Medical Center in Portland. She has been an STS member since 2002.



LEE TO START IOWA HEART SURGERY PROGRAM

Chong Chin Lee, MD has been tapped to launch a new heart surgery program at Mercy Medical Center in Cedar Rapids, Iowa. Dr. Lee also has built heart surgery programs at two separate institutions in Wisconsin. He has been an STS member since 1999.



MACKE MOVES TO BANNER MD ANDERSON

Ryan A. Macke, MD is now the Director of Esophageal Surgery at Banner MD Anderson in Phoenix. Previously, he was an Assistant Professor of Surgery in the Section of Thoracic Surgery at the University of Wisconsin School of Medicine and Public Health in Madison.

Dr. Macke has been an STS member since 2010.



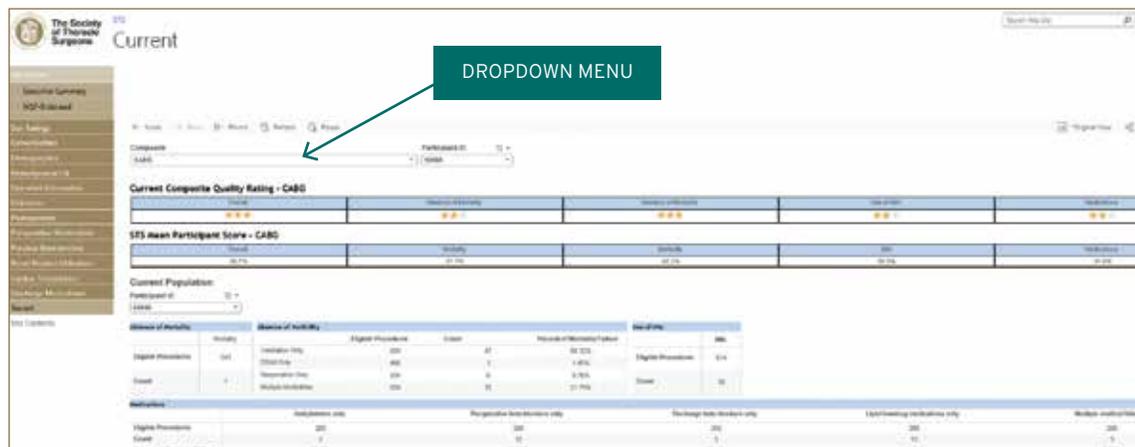
VELEZ APPOINTED CHIEF AT PHOENIX CHILDREN'S

Daniel A. Velez, MD is now Chief of the Division of Cardiac Surgery at Phoenix Children's Hospital. Previously, he served as Director of Quality at PCH. Dr. Velez has been an STS member since 2010. ■

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

New Database Reporting Dashboard to be Unveiled This Fall

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(left) Participants can use the dropdown menu to easily switch between different procedures.

(below) The dashboard will allow detailed analyses of specific patient subgroups (e.g., patients with diabetes).



MORE FREQUENT DATA UPDATES

Another advantage of the dashboard is the speed with which new data will be incorporated. Site data will be refreshed daily; analytics will be updated once per quarter.

Being able to access data so quickly, rather than waiting for quarterly reports, is a big plus for Mary Barry, Database Coordinator for the ACSDB at the University of Michigan, who also participated in the pilot.

“I anticipate using the dashboard to more quickly query our data,” she said. “I also like being able to download reports that show the specific Record ID associated with a selected variable.”

TOOL FOR QUALITY IMPROVEMENT

The dashboard will make it even easier for participating sites to improve quality and patient outcomes at their institutions.

“I generally know how our division is doing day to day, but there are some specific things I don’t know—Have we been transfusing more patients or having more patients with longer times on the ventilator? The dashboard allows me to quickly assess these variables,” Dr. Paone said. “You also can create aggregate subsets of patients with specific morbidities and see the rate of major complications and operative mortality outcomes that occurred within that group. It’s a

much more granular way of assessing where your problem areas might be.”

Other pilot testers agreed.

“We like the ability to see the benchmarks easily,” said Amy Geltz, Quality Data Manager at the University of Michigan Health System. “I think if we ever do continuous harvesting at our site, the dashboard would be even more helpful. I also could see us using this dashboard in quality improvement meetings, allowing us to quickly look at certain data points.”

Barry added that the interactivity of the dashboard will help her track ongoing projects.

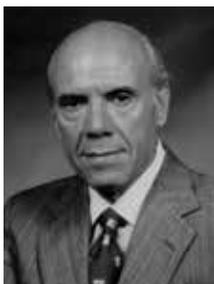
“I anticipate that I will use it to assist in monitoring work related to a quality project, as well as checking consistency of data abstraction,” she said. ■

More information on the dashboard will be shared in future issues of *STS News* and *STS National Database News*. If you have questions about the dashboard, contact Carole Krohn, STS National Database Manager, Adult Cardiac Surgery, at ckrohn@sts.org or (312) 202-5847.

In Memoriam

HASSAN NAJAFI, MD

STS PAST PRESIDENT (1982-1983)



A cardiothoracic surgeon known for his technical expertise and heralded by colleagues as a gracious gentleman has died at the age of 86.

Hassan Najafi, MD was an Iranian immigrant who performed the first successful heart transplant operation in Chicago on December 27, 1968, and later became the Society's 18th President.

Dr. Najafi completed a surgical residency at Pahlavi University Hospital in Tehran before coming to the United States, where he was an intern at George Washington University Hospital and then a general surgery resident at Presbyterian-St. Luke's Hospital in Chicago. In 1972, he became Chairman of the Department of Cardiovascular and Thoracic Surgery at Rush Presbyterian-St. Luke's Medical Center, a position he held for 25 years.

"I worked for Hassan in my first job out of training. He indeed was a great leader, mentor, and friend," said STS Past President and current Historian Douglas J. Mathisen, MD. "When I decided to return to Boston, he could not have been more supportive and reassured me it was the right decision. His heart was always in the right place—residents, education, his department, the hospital, and STS. He served many important roles in our specialty and always added his great wisdom and judgment. He will be missed as a friend and important figure in our specialty."

In addition to serving as STS President, Dr. Najafi was Chair of the American Board of Thoracic Surgery and the first President of the Thoracic Surgery Directors Association.

In his Presidential Address, "A Fascinating Journey," Dr. Najafi emphasized the importance of member involvement in STS activities: "The crucial ingredients for our success are involvement and participation. The degree of our influence is governed by the depth of concern and responsibility each member is willing to accept. In contributing to the maturity of our Society, the sum of the potentiality of the membership should supersede what the leadership can accomplish by itself. This collective force, with unprecedented strength and guided by the sincere efforts of the leadership on behalf of the public, provides the greatest protection for the integrity of our profession." ■

TSF AWARD APPLICATIONS DUE IN OCTOBER

Applications are due October 15 for a number of research grants and fellowships from the Society's charitable arm, The Thoracic Surgery Foundation (TSF). Visit www.thoracicsurgeryfoundation.org/awards for information on the awards and to apply.

A Surgeon Match Challenge also has been launched for 2017. Contributions made to TSF will be matched by the Society up to a total of \$200,000. For example, if you donate \$5,000, STS will match the contribution and a total of \$10,000 will be available for research and education programs. Make your tax-deductible contribution today at www.thoracicsurgeryfoundation.org/donate. ■

If you have questions, contact Priscilla S. Kennedy, TSF Executive Director, at (312) 202-5868 or pkennedy@sts.org.

STS Promotes Cardiothoracic Surgery at AMA Specialty Showcase

In June, the Society hosted a table at the American Medical Association Specialty Showcase and Clinical Workshop in Chicago to entice medical students into learning more about the exciting field of cardiothoracic surgery. During the event, STS Member David D. Odell, MD, MMSC, from Northwestern Memorial Hospital (left), spoke to several dozen students about why he loves being a cardiothoracic surgeon. ■



STS/EACTS to Hold First Educational Meeting in Latin America

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management of coronary artery disease, valvular heart disease, thoracic aortic disease, and atrial fibrillation, as well as the surgical management of heart failure.

In addition to Drs. Bavaria (from Philadelphia) and Pomar (from Barcelona), Program Directors include Juan P. Umana, MD (from Bogota) and Vinod H. Thourani, MD (from Washington, DC). The faculty will be a mix of experts from North America, Europe, and Latin America.

The 2-day conference will begin with general sessions on management of the mitral valve before splitting into separate tracks on adult congenital, heart failure, atrial fibrillation, and the tricuspid valve. The second day starts off with dual tracks of “Stump the Professor,” followed by general sessions on the aortic valve and quality initiatives, and in the afternoon will feature tracks on coronary artery disease and the aorta and aortic arch. The program closes with another general session on the aortic root.



The Hilton Cartagena offers ocean views, secluded beach access, an expansive swimming pool complex, and tennis courts.

“The program design highlights the importance of the Heart Team approach as a means to offer patients the best possible treatment available, regardless of geographic location.”

—Juan P. Umana, MD

“The program covers a wide array of topics, with special emphasis on valvular disease. We believe this is an area that holds great potential in Latin America, particularly

as it pertains to valvular preservation and repair,” Dr. Umana said. “The program design highlights the importance of the Heart Team approach as a means to offer patients the

best possible treatment available, regardless of geographic location.”

Scientific abstracts and panel discussions will be incorporated into each session.

“This course features a heavily case-based format,” said Dr. Thourani. “Our goal is for it to be very interactive.”

An exciting component of the program will be invited technical videos displaying procedural expertise in these disease processes, which Dr. Umana described as “very powerful teaching tools.”

The session on quality and outcomes initiatives will explore the history of the STS National Database, the

challenges of implementing multicentric registries in Latin America, and how to maintain quality in a surgical program.

“As quality initiatives and registries become increasingly important, a specific session dedicated to performing research and measuring quality will look at the cross-pollination of what’s been done in Europe and the United States,”

Dr. Thourani said. ■

To learn more about the conference and register, visit www.CardiovascularSurgeryConference.org. If you have questions, contact STS Education Manager Michelle Taylor at mtaylor@sts.org or (312) 202-5864.



STS Leadership Self-Nomination Process Opens in September

All members are invited to participate in the Society's self-nomination process for standing committee and workforce appointments. Submissions will be accepted September 1–30. You will receive an e-mail with further information on how to self-nominate.

A full list of the Society's standing committees and workforces can be found at www.sts.org/leadershipstructure. Leadership appointments are approved by the STS Executive Committee each year, usually during its December meeting. Leadership appointments

for 2018–2019 will take effect immediately after the STS 54th Annual Meeting in Fort Lauderdale, January 27–31, 2018. The majority of open positions are for 3-year terms, renewable on a one-time basis. ■

If you have questions about the STS leadership structure or the self-nomination process, contact Elisa Robles, Governance Coordinator, at erobles@sts.org.

National Quality Forum Endorses Three STS Measures

3 NEWLY ENDORSED MEASURES



MVRR COMPOSITE SCORE



MVRR+CABG COMPOSITE SCORE



INDIVIDUAL SURGEON COMPOSITE MEASURE FOR ADULT CARDIAC SURGERY

34

Total number of the Society's NQF-endorsed measures

The National Quality Forum (NQF) has endorsed three additional STS quality performance measures, bringing the Society's total number of NQF-endorsed measures to 34, more than any other medical specialty society.

The newly endorsed measures include the mitral valve repair/replacement (MVRR) composite score, the MVRR+CABG composite score, and the individual surgeon composite measure for adult cardiac surgery.

NQF endorsement is the gold standard for health care quality, and NQF-endorsed measures are recognized by the national health care community as “best in class,” evidence-based, and valid. NQF evaluates measures using four major criteria: importance to measure and report, scientific acceptability of measure properties, feasibility, and usability and use. Major health care purchasers, including the Centers for Medicare & Medicaid Services, rely on NQF endorsement to ensure that measures are scientifically sound and meaningful. ■

Learn more about the Society's quality performance measures at www.sts.org/qualitymeasures or contact Mark Antman, Senior Manager, Quality Metrics and Initiatives, at mantman@sts.org.

Staff Updates

Nicholas Beek joined STS on April 3 as its Political Affairs and Advocacy Manager. He represents the Society on Capitol Hill and at political events, oversees management and fundraising for STS-PAC, and helps organize STS grassroots initiatives. Previously, Nick was a Legislative Aide in the US House of Representatives and the Finance and Political Director at Eckert & Associates. He holds a bachelor of science degree in political science from Northeastern University in Boston and is pursuing a master of public administration degree with a concentration in federal policy, politics, and management from The George Washington University. To contact Nick, e-mail nbeek@sts.org.

Mark Antman joined the Society on April 11 as its Senior Manager, Quality Metrics and Initiatives. He oversees all aspects of STS activities related to performance measurement, quality improvement, and STS Public Reporting Online initiatives. Prior to joining the Society, Mark spent nearly 17 years at the American Medical Association, most recently as Director, Measure Development Operations. He holds a master of business administration degree from Keller Graduate School of Management in Chicago, a doctor of dental surgery degree from the University of Illinois, and a bachelor of arts degree in biological sciences from Northwestern University. To contact Mark, e-mail mantman@sts.org.

Amanda Grimm Wiegrefe joined STS on May 22 as its Assistant Director of Government Relations. She works with the team in DC to advance the Society's legislative and regulatory initiatives. Previously, Amanda was the Associate Director, Practice Management and Delivery Systems Policy, for the American Psychiatric Association. Prior to her time at APA, Amanda served as Manager, Regulatory and Public Policy, for the American Academy of Dermatology. She holds a master of science degree in health sciences and regulatory affairs and a bachelor of arts degree in political science and public policy from The George Washington University. To contact Amanda, e-mail awiegrefe@sts.org.

Claire Vernon joined the Society on June 6 as the CTSNet Medical Writer. She serves as the primary medical writer and staff editor of materials developed for and published by CTSNet.org, such as cardiothoracic surgery news items, seminal journal articles, and critical research updates. Previously, Claire was Co-Editor-in-Chief of the *Northwestern Public Health Review*. She holds a doctor of philosophy degree in life sciences from Northwestern University's Feinberg School of Medicine and a bachelor of arts degree in foreign languages from Scripps College in Claremont, Calif. To contact Claire, e-mail cvernon@sts.org.

STS PARTICIPATES IN AATS ANNUAL MEETING

This spring, STS hosted a booth at the American Association for Thoracic Surgery Annual Meeting in Boston to share information about the Society's many activities. Visitors received the latest updates on participation in the STS National Database (including international participation), public reporting initiatives, the STS Participant User File Research Program, upcoming meetings on CVT critical care (in Washington, DC) and the surgical management of cardiovascular diseases (in Latin America), legislative and regulatory opportunities, and STS membership benefits. ■



STS Government Relations Coordinator Madeleine Stirling helps an attendee contribute to STS-PAC.

2018 LOOKING TO THE FUTURE SCHOLARSHIP APPLICATIONS AVAILABLE SOON

Help support the future of cardiothoracic surgery by encouraging general surgery residents and medical students interested in the specialty to apply for a 2018 STS Looking to the Future Scholarship.

Scholarships include complimentary registration for the STS 54th Annual Meeting and STS/AATS Tech-Con 2018 in Fort Lauderdale, a 3-night stay at an STS-designated hotel, participation in exclusive events, an assigned mentor to help plan a schedule of educational programming and facilitate

introductions, and reimbursement of up to \$500 in related travel expenses.

If you know of a general surgery resident or medical student who may qualify for an LTFF scholarship, encourage him or her to apply. You also can offer to write a letter of recommendation on the applicant's behalf. ■

Application details will be available at www.sts.org/lfff in mid-August. For more information, contact Rachel Pebworth, Affiliate Manager, Awards and Operations, at rpebworth@sts.org.



2017 LTFF scholarship recipients mingling with surgeon leaders at the STS Annual Meeting in Houston.

Register Your Team for AQO



Registration and housing for the 2017 Advances in Quality & Outcomes: A Data Managers Meeting are now available at www.sts.org/AQO. The meeting will be held at the Palmer House Hilton in Chicago from Wednesday, October 18, through Friday, October 20.

AQO attendees will benefit from in-depth presentations by both surgeons and data managers, who will outline practical applications of data collection and provide helpful insights on achieving quality outcomes. Sessions will focus on each of the three STS National Database

components—Adult Cardiac Surgery, General Thoracic Surgery, and Congenital Heart Surgery.

The AQO conference is designed for data managers of all experience levels. Primary data contacts and new data managers are strongly encouraged to attend. Surgeons also are urged to consider attending the conference along with their data managers. Register by Wednesday, September 20, for early bird pricing; after this date, registration fees will increase by \$100. ■

If you have questions about registration and housing, contact Amy Cacich, Meetings and Conventions Coordinator, at acacich@sts.org. If you have questions about the AQO program, contact Emily Conrad, Senior Coordinator, STS National Database, at econrad@sts.org.

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 four press releases March 17–June 15. Brief recaps can be found below. To read the full press releases, visit www.sts.org/media.

April 10: **“Heart Surgeons Actively Involved with TAVR Patients Every Step of the Way”** described the results of a survey showing that cardiothoracic surgeons are fully invested in the patient-centered, team-based model of care, guiding patients through the entire transcatheter aortic valve replacement experience.

June 6: **“New Surgical Techniques Help Save Patients from Life-Threatening Heart Condition”** explained how new surgical techniques for type A aortic dissection, along with improved postoperative care, are resulting in better long-term outcomes and lower rates of complications, according to an article in *The Annals of Thoracic Surgery*.

June 13: **“Rep. Ami Bera Recognized for Advancing Issues Important to Cardiothoracic Surgery”** highlighted the Congressman’s efforts to support cardiothoracic surgery in the face of significant regulatory challenges. In recognition of these efforts, he received the STS Legislator of the Year award.

June 15: **“New Screening Tool Helps ID Heart Surgery Patients at Risk for Malnutrition”** described a nutrition score generated by seven variables, such as prior cardiac interventions, white blood cell count, and urgent/emergent operation status, that independently predicted the need for nutritional support after heart surgery. ■

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

Unlock the Pathway to a Successful Academic Career

Aspiring academic surgeons, take note: Start building your pile of “stuff.”

As part of the Society’s continuing efforts to expand resources and provide mentorship to members who are early in their careers, four surgeon leaders participated in a video roundtable and discussed how young cardiothoracic surgeons can take steps to grow their academic capital. The surgeons included STS President Richard L. Prager, MD, G. Alexander Patterson, MD, FRCS(C), Douglas J. Mathisen, MD, and Leah M. Backhus, MD.

“To be successful in academia, you need to have your own pile of stuff,” said Dr. Patterson, the Joseph C. Bancroft Professor of Surgery at Washington University in St. Louis and Editor of *The Annals of Thoracic Surgery*, referring to clinical papers, education portfolios, and other barometers of academic activity. “You need to add things up and figure out how much academic capital you have in the bank.”

To build that academic capital, the surgeon leaders outlined four main steps.

STEP 1: FIND A GOOD MENTOR

All of the participants agreed that the influence of a mentor is essential.

“You start with an interest in being an academic surgeon, and then you have to look for a role model,” said Dr. Mathisen, who is Historian and Past President of STS and the Hermes C. Grillo Professor of Surgery at Harvard Medical School.

A mentor can provide insight and lessons learned about his or her own career path, as well as help steer you toward an academic focus that best suits your skills.

“Mentors may be able to observe more about you than you can observe about yourself,” said Dr. Backhus, an Associate Professor of Cardiothoracic Surgery at Stanford University.

STEP 2: DETERMINE YOUR AREA OF INTEREST

Building an academic career requires exploring



Four STS surgeon leaders discussed the steps young cardiothoracic surgeons can take to have successful academic careers.

the potential avenues, honing in on the path that you want to take, and establishing yourself within your given area. “Oftentimes, young surgeons start out with rather diffuse aspirations, which I don’t discourage, because you don’t want to narrow yourself too soon,” Dr. Mathisen said. “But as you identify what you want, you have to build a body of work

around that activity. Publicize it, publish it, and talk about it so that you become known as somebody who’s an expert in something.”

Even if you don’t think you want to pursue academics, it’s important not to dismiss the idea immediately while in training.

“Whether you think you want to be an academic surgeon or not, time spent in the laboratory is time well spent,” Dr. Mathisen

said. “You’ll find out if you’d like to perform research, and even if you end up not pursuing that path, it’s a time when you’ll read enormously about your profession, so it’s not time that’s lost.”

The roundtable participants also noted the myriad pathways now available for academic surgeons outside of the traditional laboratory work.

“You can become an academician in a lot of different ways,” Dr. Mathisen said. “You can have a lab interest, you can work on outcomes research, and you can perform clinical reviews; educating others is also a pathway to academic recognition.”

Dr. Patterson agreed, “The terrific thing is that now there are so many ways to be successful in an academic career.”

The challenge lies in creating protected time to pursue these non-clinical interests, Dr. Backhus added.

STEP 3: GATHER SUPPORT

To help ensure that you’ll have the necessary time to explore your interests, take a close look at the people with whom you’ll work, they advised.

“They have to see what you’re doing as equally important as somebody who’s out doing a procedure or a case,” said Dr. Mathisen.

STEP 4: BECOME A LEADER

Dr. Prager, the Richard and Norma Sarns Professor of Cardiac Surgery at the University of Michigan, noted that one of his goals as a mentor is training his staff to become leaders—whether they’re working in the lab, pursuing outcomes research, or doing something else.

Dr. Patterson agreed: “When you think about an academic surgeon, he or she is in the OR, the ICU, the office, the clinic, the lab—every one of those environments is an opportunity for leadership. It’s critical.”

The roundtable participants’ final message was not to be afraid of failure—sometimes, they said, it can be a good thing. Grit, passion, and perseverance are key.

To view the entire roundtable video, visit www.sts.org/academic-career-roundtable. To find other career resources, visit www.sts.org/career-development. ■

Avoid Payment Cut by Reporting Quality Data through STS National Database

Cardiothoracic surgeons participating in the STS Adult Cardiac Surgery Database (ACSD) can avoid a Medicare penalty by reporting Quality measures to the Centers for Medicare & Medicaid Services (CMS) through the STS National Database.

The Merit-Based Incentive Payment System (MIPS) is a new CMS program that combines elements of existing Medicare physician quality programs, including the Physician Quality Reporting System, the Value Modifier, and the Electronic Health Record Incentive Program. Clinicians will be evaluated on four categories under MIPS, with the Quality category carrying the most weight.

Eligible professionals who do not satisfactorily report on at least one MIPS category during the January 1–December 31, 2017 reporting period will be subject to an

automatic 4% negative payment adjustment in the 2019 Medicare Part B Fee Schedule.

ACSD participants can consent to have STS submit data on 14 different measures to CMS on their behalf, thus fulfilling the reporting requirement, avoiding the penalty, and potentially qualifying for a small to a moderate upward payment adjustment, depending on performance and the number of measures and activities reported under MIPS. A consent form must be submitted by Tuesday, October 31, 2017, and can be accessed at www.sts.org/MIPS-reporting.

This service is **free** for STS members. Non-members participating in the ACSD will each be assessed a \$500 fee for the Society to transmit data on their behalf.

Please note that STS will not report for surgeons who are enrolled in or part of an

Accountable Care Organization or who plan to report in a group through the MIPS group reporting option known as GPRO. As a result, surgeons who are employed by hospitals or health systems are encouraged to check and see if other reporting arrangements have been made before submitting a MIPS consent form to STS.

Reporting Quality data is just one component of the MIPS program. To receive a bonus payment, clinicians can elect to report data in other MIPS categories, including Improvement Activities and Advancing Care Information. Learn more at www.sts.org/MIPS. ■

If you have questions about MIPS Quality reporting, contact Derek Steck, STS National Database Coordinator, at dsteck@sts.org or (312) 202-5818.

Access New MACRA Toolkit

MIPS falls under the umbrella of the Quality Payment Program, which was established by the Medicare Access and CHIP Reauthorization Act (MACRA). The Society has compiled a MACRA Toolkit for Cardiothoracic Surgeons that includes detailed overviews of both MIPS and Advanced Alternative Payment Models, a checklist of steps to take this year, and additional CMS resources. Access the MACRA toolkit at www.sts.org/macra-toolkit.

2017 - MIPS TRANSITIONAL REPORTING YEAR

NO PARTICIPATION

- Submit nothing and receive 4% penalty in 2019

AVOID PENALTY

REPORT:

- 1 Quality Measure* OR
- 1 Improvement Activity* OR
- Required ACI Measures*

PARTIAL PARTICIPATION

REPORT:

- >1 Quality Measure AND/OR
- >1 Improvement Activity AND/OR
- "More than required" ACI

FULL PARTICIPATION

- Full Reporting Across All Categories
- Eligible for "Exceptional Performance" Bonus Payment

**Must be for Medicare Part B patients*

Members Tackle Physician Reimbursement, Lung Cancer Screening Issues with Lawmakers

By all accounts, the June 12-13 STS Legislative Fly-In was a big win for the Society.

Eleven STS members representing all career stages, from medical student to seasoned surgeon, joined the Society's new Public Director Chris Draft in meetings with lawmakers and legislative aides on Capitol Hill. They discussed a number of issues important to cardiothoracic surgeons, including physician reimbursement, ways to reduce the resident physician shortage, passage of legislation providing medical liability reform, funding for the Agency for



Chris Draft with Rep. John Lewis



Todd Rosengart, MD with Sen. Ted Cruz

Healthcare Research and Quality, and both lung cancer prevention and early detection.

Lung cancer is a topic about which Draft is especially passionate. The former NFL player lost his young wife to lung cancer in 2011; she was a non-smoker. He also lost an uncle to lung cancer. His uncle was an Army

and, unfortunately, many are addicted to smoking. We've got to help them now. We can't continue to enable them by allowing them to smoke on VA campuses."

Fly-In participants also spoke out against proposed payment cuts for low-dose computed tomography scans for patients at

veteran who had spent years smoking cigarettes.

"In my meetings, I pushed for a bill that would prohibit smoking in VA facilities," explained Draft. "When we talk about this bill, it's not just about getting people to stop smoking. It's about helping people. Veterans took care of us



STS Legislator of the Year Ami Bera, MD (center) with Fly-In participants (from left) Drs. Eric Jeng, Jess Thompson, Todd Rosengart, Natalie Lui, Alan Speir, Malini Daniel, David Blitzler, Paula Guinnip, Fred Grover, Paul Linsky, Bryan Steinberg, and Raymond Strobel

high risk for lung cancer. The messages were delivered to veterans such as Sen. Gary Peters, Rep. Ruben Gallego, and Rep. Jimmy Panetta, the ranking member on the VA Subcommittee on Health (Rep. Julia Brownley), and high-profile lawmakers such as House Minority Leader Nancy Pelosi, House Minority Whip Steny Hoyer, Sen. Ted Cruz, and Rep. John Lewis.

“You have to be excited when you meet Congressman Lewis,” said Draft. “He’s an American hero, and he’s my congressman from Atlanta, so it was even more special.”

Todd Rosengart, MD, from Baylor College of Medicine in Houston, described his Fly-In experience as amazing: “Government regulation, oversight, and payment strategies—as we all know—are an increasingly unavoidable and heavily influential part of our professional lives. Meeting with legislators and their aides provided us with a real chance to influence these processes and the fate of our professional experience. It was enlightening and positive. All of our membership CAN and SHOULD partake!”



(from left) David Blitzer, MD, Raymond Strobel, MD, STS Government Relations Director Courtney Yohe, and Chris Draft

STS LEGISLATOR OF THE YEAR

The night before the Capitol

“Every physician and surgeon has a role, and, right now, the country needs our leadership.”

—Rep. Ami Bera, MD

Hill meetings, Fly-In participants gathered for a preparatory dinner and to meet with Rep. Ami Bera, an internal

medicine physician, who was presented with the STS Legislator of the Year award for exceptional support of cardiothoracic surgeons and their patients.

“It’s an honor to be a doctor in Congress,” Rep. Bera said as he accepted the award. “Most of us went into the profession because we wanted to serve our communities and serve our patients. We live in a unique time; we all have an obligation to step up and serve and move our nation forward. Every physician and surgeon has a role, and, right now, the country needs our leadership.”

Draft agreed: “We’ve got some tremendously intelligent people with us today that are making a difference in this world. To share what they’re seeing on the ground is important. But at the end of the day, this is bigger than me; it’s bigger than STS. We have to work as a team, take advantage of our strengths, and play to those strengths to make a difference.”

To see a video of the award presentation to Rep. Bera, visit the STS YouTube Channel at www.youtube.com/user/ThoracicSurgeons. To see more photos from the Fly-In, visit www.sts.org/fly-in. ■



(from left) Rep. Markwayne Mullin, Paula Guinnip, MD, and Jess Thompson, MD

STS MEETS WITH HHS

Alan M. Speir, MD (left), Chair of the STS Council on Health Policy and Relationships, represented the Society at a June roundtable discussion on regulatory administrative burdens hosted by US Health and Human Services Secretary Tom Price, MD.



By the Numbers

June 12-13 Fly-In

11
STS Member Participants



40
Capitol Hill Meetings



95°
Temperature in DC

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MARK YOUR CALENDAR

Upcoming STS Educational Events

**STS/EACTS Latin
America Cardiovascular
Surgery Conference**
Cartagena, Colombia
September 21-22, 2017

**CVT Critical Care
Conference**
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 54th Annual Meeting
& STS/AATS Tech-Con 2018**
Fort Lauderdale, Florida
January 27-31, 2018

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

Thank You!



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The Society of Thoracic Surgeons gratefully acknowledges the following **Platinum Benefactors** for providing educational grants for the STS 53rd Annual Meeting in Houston.

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