



Society of Thoracic Surgeons

General Thoracic Surgery Database  
Monthly Webinar

June 8, 2022

# GTSD Monthly Webinar

- Welcome and Introductions
- STS Update
- Education (Ruth Raleigh)
- IQVIA Update
- User Feedback
  - Include Ticket Number/Case Number



# STS Updates

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- **Training Manual for June to be posted by end of day**
- **Spring 2022 Analysis Results Coming Soon!**
  - Beta Testing of the Risk Adjusted Report concluded
  - IQVIA implementing feedback from Beta Testers
  - Reports expected to be available by the **end of this month (June)**
  - Report related questions should be directed to [gtsdtechsupport@iqvia.com](mailto:gtsdtechsupport@iqvia.com)
- **2022 Audit**
  - Audit Notification Letters have been sent to selected sites
  - Audit Instruction Letters have been sent – STS audit webpage has been updated with 2022 audit details
  - Post Procedure Verification Update
    - The variable **Readm30Dis(seq 3930)** has been removed from this requirement
    - Only **Mt30Stat(seq 3950)** will be required to have 100% Agreement Rate
- **GTSD Public Reporting**
  - Next update is scheduled for this Summer
  - Will utilize results from Fall 2021 Harvest (July 1, 2018 – June 30, 2021)
  - Questions should be directed to Sydney Clinton ([sclinton@sts.org](mailto:sclinton@sts.org))

# STS Updates

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- **IQVIA Platform Access**

- Adding new user accounts or deactivating current user access
  - Complete the STS Participant Contact Form (<https://www.sts.org/sts-participant-contact-form>)
  - Contact [STSDB@sts.org](mailto:STSDB@sts.org) for assistance

- **AQO 2022**

- Providence, Rhode Island October 26 – 28
- General Thoracic Session will be held on **Wednesday, Oct. 26**
- AQO Abstract submission is open!!!
  - [AQO Abstract Submission](#)
  - Submissions close on Tuesday, July 5, 2022
- AQO Planning Underway
  - Pre-Operative Evaluation/Risk Factors (Understanding PFTs, ECHO, etc.)
  - Case Scenarios for Lung and Esophageal (Path reports, staging)
  - Post-Op Complications
  - Using Data to Improve Outcomes
  - Hernia Repair
  - Audit (Systematic Errors and Data Manager Experience)

# STS Updates

## General Thoracic Surgery Database - 2022

	Harvest Submission Window Close	Opt-Out Date	Includes Procedures Performed Through:	Report Posting	Comments
Spring 2022	3/4/2022	3/8/2022	12/31/2021	Summer 2022	Star Rating
Fall 2022	9/9/2022	9/13/2022	6/30/2022	Winter 2022	Star Rating

- 2022 Harvest Schedule
- Fall 2022 Harvest is currently underway
  - Submit your data early and often



# STS Education

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Ruth Raleigh

STS GTSD Consultant

St. Joseph Mercy Hospital



## FAQ Mailbox Submissions

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Please make sure that the email address and database version that you enter are correct and complete. A response may be significantly delayed when these are incorrect.

**Full Name \***

**Email \***

**Phone \***

**Participant ID #**

**Database Version \***

# Sequence 580 - Reop

Capturing a current case as a reoperation now requires two criteria be met:

1. Did the patient have a prior surgical procedure in the same operative field? If not, then the current case is not a reoperation.
2. If the patient had a prior surgical procedure in the same operative field, then is there documentation (usually in the operative report) that the current operation was more complex because of the prior operation?




# Sequence 580 – Reop

**An additional clarification to the training manual has been made to provide guidance for patients with prior endoscopic procedures:**

**June 2022:** Diagnostic procedures not requiring incisions such as bronchoscopy or EGD are never considered prior operations. For example, code ‘no’ to 580 for a patient with a history of a bronchoscopy that has a lung resection. This is true even if there is documentation of adhesions – adhesions can also commonly occur subsequent to infection or radiation treatment.

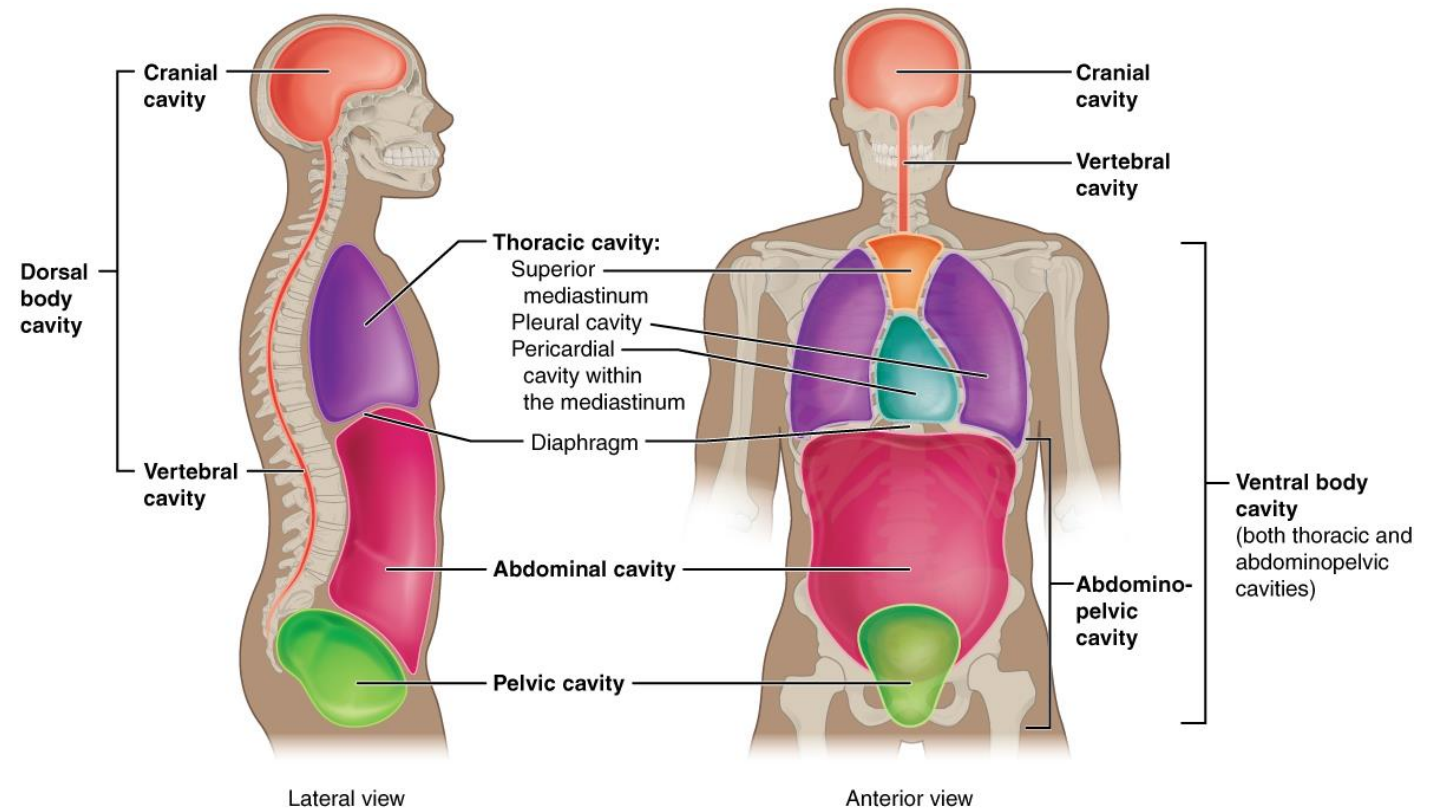
# Sequence 580 - Polling Question

Patient A.S. is a 65 y.o. male with a past surgical history of CABG in 2020. He went to the OR on 6/8/2022 and had a left upper lobectomy for a T1aN0M0 lung adenocarcinoma. The surgeon notes lysis of adhesions in the operative note. How do you code seq 580 'reoperation'?

- a. Yes
-  b. No
- c. I'm not sure

# Sequence 580 – Operative Fields

The CABG is a procedure within the pericardial cavity while the lobectomy is within the plural cavity.



# Seq 590 – History of Cardiopulmonary Disease

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In May, the TM was updated to clarify that documented regurgitation was sufficient to code disease.

**May 2022:** Capture aortic, mitral, tricuspid and pulmonic valve disease if there is documented regurgitation in addition to documented insufficiency or stenosis.

For June, the language underneath each type of valve disease was cleaned up to align with the May update.

## 8. Aortic Valve Disease

- a. Indicate if the patient has had or has the presence of dysfunction of the aortic valve, identified as:
  - i. Moderate or severe (2+) aortic valve insufficiency
  - ii. Moderate, or severe (2+) aortic valve stenosis
- b. Calcification alone is not sufficient to code disease. There must be documentation of stenosis or insufficiency.
- ~~c. Regurgitation or Prolapse alone is not sufficient to code disease. There must be documentation of stenosis or insufficiency. (Strikethrough added June 2022)~~
- d. Excludes surgically corrected valvular disease
- e. Capturing as a risk factor must be based on Provider documentation of Aortic Valve disease
- f. **Time Frame:** Up to six months prior to OR Entry for index procedure.

# Seq 750 - FEV1 Predicted

---- SPIROMETRY ----	Pre-Bronch		<u>%Pred</u>	<u>SD</u>	<u>LLN</u>	Post Bronch	
	<u>Actual</u>	<u>Pred</u>				<u>Actual</u>	<u>%Chng</u>
FVC (L)	5.87	5.70	102	0.69	4.57		
FEV1 (L)	4.60	4.63	99	0.57	3.68		
FEV1/FVC (%)	78	82	96	6	71		
FEV1/SVC (%)	83	81	101				
FEV6 (L)	5.81	5.61	103	0.58	4.65		
FEV1/FEV6 (%)	79	83	95	5	74		
FEV3/FVC (%)	94						
FEF Max (L/sec)	10.66	10.65	100	1.48	8.21		
FEF 25-75% (L/sec)	4.07	4.57	89	1.23	2.77		
Expiratory Time (sec)	8.12						
MVV (L/min)	164	179	91	29	131		

June 2022: Code the highest value reported for % predicted predicted, whether or not a bronchodilator was used. If your PFT report does not provide you with calculated percentages or only gives you the percent difference between pre/post bronchodilator both values can be calculated, not just pre-bronchodilator value as in the example.

PFT Report –  
 Predicted Pre bronchodilator - 3.80  
 Actual Pre-bronchodilator - 2.65

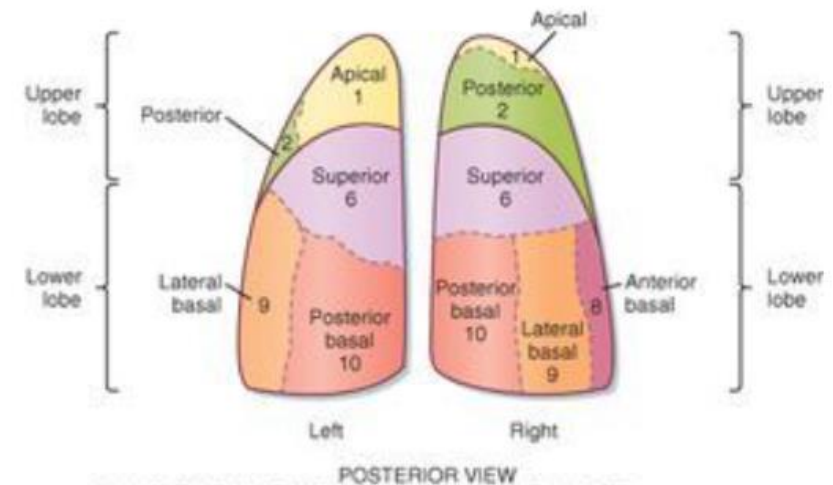
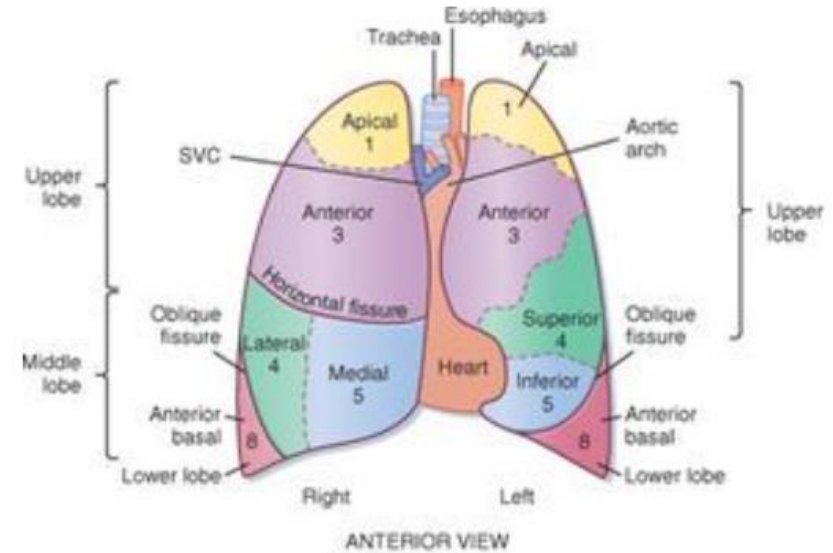
$2.65 / 3.80 = 69.7$  (actual divided by predicted)

# 1470 - Procedure

June 2022: There is not a code specifically for resection of multiple lung segments. Code either 32669 'Thoracoscopy with removal of lung segment(s)' or 32484 'Removal of lung, single segment (segmentectomy)' as appropriate based on whether the procedure is performed via VATS or Thoracotomy. Only enter the procedure code once regardless of how many lung segments are removed.

Here is an article about left apical trisegmentectomy aka the lingular sparing left upper lobectomy:

<https://www.ctsnet.org/article/thoracoscopic-left-apical-trisegmentectomy>



Koeppen & Stanton: Berne and Levy Physiology, 6th Edition.  
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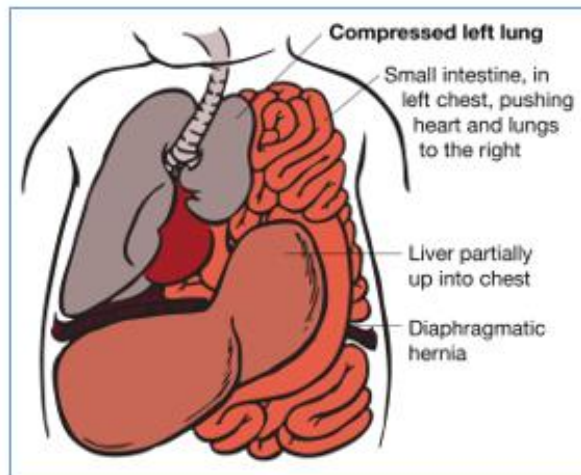
# 1530/1540 - Esophageal Cancer & Thymus Mediastinal Data

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1530	EsophCancer	June 2022: In the case where a therapeutic esophageal resection is performed for reoccurrent esophageal cancer, code 'no' to seq 1530. The intent of seq 1530 is to capture data on NEW primary esophageal cancer resections.
1540	ThymusMediastinalData	June 2022: In the case where a thymus resection is performed for reoccurrent thymoma, code 'no' to seq 1540. The intent of seq 1540 is to capture data on resections for a NEW thymoma.

# Seq 1560 - Hiatal Hernia / Diaphragmatic Hernia or GERD

Diaphragmatic hernias can be either congenital or acquired. ~~The purpose of this field is to capture acquired-~~ **diaphragmatic hernias (ADH)**. Acquired diaphragmatic hernias occurs when one or more abdominal organs move upward into the chest cavity through a defect in the diaphragm. ADH usually occurs as a result of blunt force trauma (i.e., traffic accident, falls), surgical procedures of the chest or abdomen, stab, or gunshot wounds. These types of hernias are usually acute in nature and require near-immediate surgical intervention.



**June 2022:** The information on congenital and acquired diaphragmatic hernias is only for educational purposes. The intent is to only capture hiatal/paraesophageal hernias.



# Seq 1800 - Clinical Staging Lung Cancer Tumor Size In CM



In May, the training manual was clarified to indicate that for mixed density lesions, indicate the tumor size in centimeters of the solid portion of the nodule/lesion.

In June, further clarification was added that for purely groundglass nodules – the documented size of the tumor would be entered as zero.

## Seq 4140 - Unexpected Escalation of Care

June 2022: The intent of this sequence is to capture a change in patient status as indicated by ADT. For example, a change from GMB status to IMC or IMC status to ICU. Some institutions have 'flex' beds and the patient status will change without being assigned a new room, code 'yes' if the status changes even if the physical room does not. This sequence is not intended to capture a change in acuity outside of a change in ADT status, for example a patient may require a new IV medication but remain in an IMC status.

## Seq 4220 - Hospital Discharge Status

June 2022: Patients that are discharged to hospice that remain alive longer than 30 days are to remain coded as 'discharged to hospice.'

The GTSD Task Force appreciated the feedback from data managers on this metric and decided to leave the definition as originally defined. This is consistent with the ACSD and aligns with the intent to capture all hospice discharges as mortalities across the registries regardless of date of death.

## Sequence 4290 - Substance Use Screening & Counseling

Polling Question: My patient was screened for tobacco use, unhealthy alcohol use and drug use and does not currently use any of these substances. How do I code Sequence 4290?

- ★ a. Yes
- b. No
- c. Not Applicable
- d. It would depend on whether there is documented counseling

# Sequence 4290 - Substance Use Screening & Counseling

Polling Question: My patient was screened for tobacco use, unhealthy alcohol use and drug use and currently smokes 2 packs per day but does not use alcohol or drugs. How do I code Sequence 4290?

a. Yes

b. No

c. Not Applicable

 d. It would depend on whether there is documented counseling

## Sequence 4290 - Substance Use Screening & Counseling

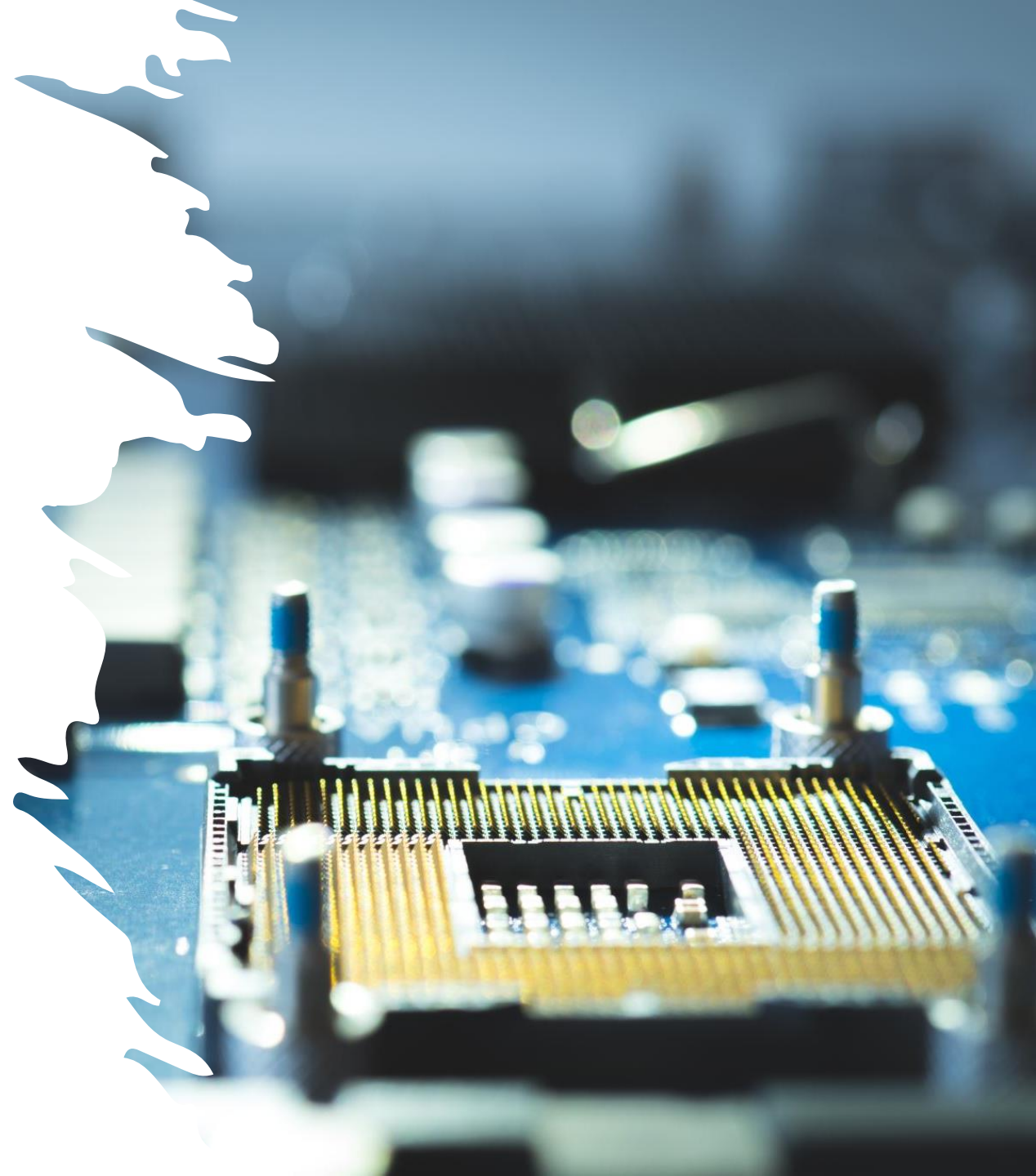
Polling Question: My patient was screened for tobacco use, unhealthy alcohol use and drug use and currently smokes 2 packs per day but does not use alcohol or drugs. There is no documentation of counseling for tobacco use. How do I code Sequence 4290?

a. Yes

★ b. No

c. Not Applicable

IQVIA Update  
Joe Brower



# IQVIA Update

**Please note: Submitted tickets are currently under review and the IQVIA support team will follow up on resolution and/or target release confirmation.**

**The IQVIA Team is currently reviewing items to be targeted for an upcoming release. Those items will be posted to the Notifications section.**





## Analysis Report Questions

- Please contact IQVIA Support
  - [gtsdtechsupport@iqvia.com](mailto:gtsdtechsupport@iqvia.com)
- STS/Research Center will be looped in as needed when tickets are escalated to Tier 2

# Contact Information

Leigh Ann Jones, STS  
National Database  
Manager, Congenital and  
General Thoracic

- [Ljones@sts.org](mailto:Ljones@sts.org)
- 312-202-5822

Database Operational  
Questions

- [STSDB@sts.org](mailto:STSDB@sts.org)

## Upcoming GTSD Webinars

### User Group Call

- June 22 @ 2:30CT

### Monthly Webinar

- July 13 @ 1:30CT



# Open Discussion



PLEASE USE THE Q&A FUNCTION.



WE WILL ANSWER AS MANY  
QUESTIONS AS POSSIBLE.



WE ENCOURAGE YOUR FEEDBACK  
AND WANT TO HEAR FROM YOU!



**STS National Database**<sup>™</sup>  
Trusted. Transformed. Real-Time.

**THANK YOU FOR JOINING!**