

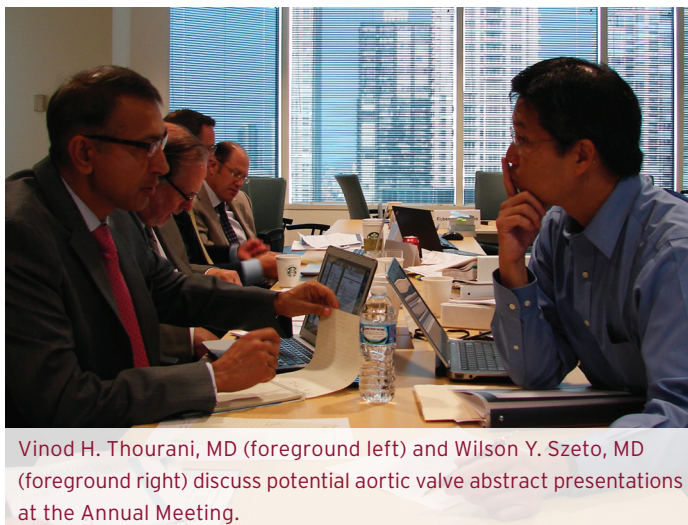
More Interactivity, Greater International Presence Planned for STS Annual Meeting

In just over 3 months, January 24-28, 2015, STS will host its 51st Annual Meeting in San Diego. Approximately 2,300 cardiothoracic surgeons and members of their surgical teams are expected to converge on “America’s Finest City” for 5 days of lectures, discussions, debates, hands-on activities, and networking opportunities.

This past August, members of the Workforce on Annual Meeting and its various task forces met in Chicago at STS headquarters to complete the critical tasks of choosing the best scientific abstracts for presentation and formulating sessions that will inspire dialog and motivate attendees to incorporate new technologies and techniques into their practices.

“The STS Annual Meeting offers an unparalleled opportunity to exchange ideas, learn new information, and network with colleagues,” said Joseph C. Cleveland Jr., MD, Chair of the Workforce on Annual Meeting. “I always look forward to the discussions that occur at the meeting, and I am always eager to discover my own knowledge gaps so that I can bring home new ways to help my patients in Colorado.”

At the upcoming Annual Meeting, an expanded number of sessions will incorporate debates and interactivity using the Poll Everywhere technology that was piloted at the 49th Annual Meeting in Los Angeles. Poll Everywhere allows attendees to offer opinions via text messaging or devices that are connected to the internet. Session moderators plan questions in advance and have the capability to create new questions as sessions proceed. Results are available instantly.



Vinod H. Thourani, MD (foreground left) and Wilson Y. Szeto, MD (foreground right) discuss potential aortic valve abstract presentations at the Annual Meeting.

For **cardiac surgeons**, transcatheter valve technology will continue to be a hot topic at the STS 51st Annual Meeting. The latest information on mechanical circulatory support will be offered in two new parallel sessions, while changing valve paradigms and the latest in arterial revascularization will be showcased.

“The ACC @ STS session will also have a breadth of new information and data,” said Dr. Cleveland. “This year’s focus will be on coronary artery disease, mitral regurgitation, and atrial fibrillation.”

The offerings for **general thoracic surgeons** will include new data from the STS National Database and lung cancer screening trials, as well as current and future treatments for esophageal cancer, approaches to complex lung resections, and the management of challenging thoracic surgery cases.

continued on page 12 →

TVT Registry™ Adds Mitral Valve Modules, TAVR Risk Model

STS and the American College of Cardiology (ACC) launched the STS/ACC TVT Registry™ in 2011 to facilitate post-market surveillance after Food and Drug Administration (FDA) approval and eventual Medicare coverage of new transcatheter aortic valve replacement (TAVR) technology. As technology continues to transform the way that the “heart team” treats patients, the TVT Registry is also evolving.

This summer, the TVT Registry rolled out two new modules. One module was an update of the original for TAVR that includes two recently approved valves, Medtronic CoreValve® and Edwards SAPIEN XT; the other was for mitral valve repair and includes the recently FDA-approved Abbott Vascular MitraClip®.

In early August, the Centers for Medicare & Medicaid Services (CMS) issued a National Coverage Determination (NCD) providing reimbursement to select valvular surgical programs that perform transcatheter mitral valve procedures, as long as a cardiac surgeon and cardiologist both evaluate the patient and determine that the patient is at high risk for conventional replacement or repair.

continued on page 10 →



Who Is My Doctor?

David A. Fullerton, MD, President

The Centers for Medicare & Medicaid Services (CMS) has proposed a radical change in the way surgeons are paid. Published in the *Federal Register* in July, the Physician Fee Schedule proposed rule for calendar year 2015 outlines plans to convert all 90-day global procedures to 0-day global procedures by 2018 and 10-day global procedures to 0-day global procedures by 2017. Should this proposal be enacted, there can be no doubt that it will adversely affect our specialty.

The potential financial impact of this proposal on surgeons is significant. It would reduce payment for the conduct of procedures by about 50% of the current fee schedule, and require surgeons to bill separately for postoperative in-hospital and office visits using evaluation and management codes.

But more importantly, this proposed rule would be to the detriment of cardiac and thoracic surgical patients. The STS Adult Cardiac and General Thoracic Surgery Databases confirm that patients undergoing surgery today have significantly greater co-morbidities than in years past. Successful care of these patients in contemporary practice often requires a variety of specialists, including cardiologists, transplant immunologists, pulmonologists, nephrologists, endocrinologists, critical care specialists, infectious disease consultants, etc. Such other physicians do not supplant the care of the surgeon, but supplement it. While the consultation of other specialists may sometimes be necessary and appropriate, no consultant can know and understand the “big picture” of the issues pertaining to a given patient nor coordinate the many facets of a patient’s care. That is the ethical responsibility of the surgeon, and heretofore the global payment has reinforced this ethic by what is tantamount to

a legal responsibility. Elimination of the global payment would imply that a surgeon is relieved of this responsibility. The loss of this role for the surgeon would leave the patient and the patient’s family asking: “Who is my doctor?” It would fractionate care for patients, many of whom have complex medical problems. It would hasten the destruction of the current successful cooperative model of care among medical and surgical specialists to one of competition of care.

It seems unlikely that all physicians involved in the care of a given patient would be paid, forcing surgeons to compete with consultants for compensation.

STS would be an ideal partner for CMS to help with the development of alternative payment models.

This proposed rule is regressive and a significant step backward from a progressive strategy of reform for health care finances. The future of American medicine is clearly the payment for quality of care, not for the process of daily visits. STS has much to offer in this arena and is actively engaged in the development of alternative payment models. As proven by projects of the Michigan Society of Thoracic and Cardiovascular Surgeons and the Virginia Cardiac Surgery Quality Initiative, STS clinical registries can be valuable tools in helping to improve surgical quality and reducing costs. STS would be an ideal partner for CMS to help with the development of alternative payment models. That is all the more reason that this CMS proposal is counterintuitive.

STS has advocated strongly against the implementation of this proposed rule. (See Washington Scene column on pages 14-15.) We submitted an extensive comment letter to CMS and several STS leaders met with CMS Deputy Administer and Director Sean Cavanaugh to discuss our concerns. STS-PAC recently raised nearly \$50,000 from 140 contributors to support this advocacy. Sixteen STS members participated in a legislative fly-in in September, meeting with officials in 18 Senate offices, 21 House offices, and two Congressional Committees. Importantly, 33 STS members scheduled meetings with their members of Congress back home in their districts during the summer recess. STS successfully garnered bipartisan backing from 27 members of Congress who signed a letter to CMS arguing against the proposed rule. Individual Senators also weighed in with CMS on behalf of the STS-member constituents. The decision by CMS on the proposed rule will be made next month.

This is just one example among many of the strong efforts to advocate for our specialty and our patients. These efforts are expensive, both in time and money, and require all of us to contribute. Here’s what you can do: Call or write to your members of Congress. Visit them in their home office or in Washington. Volunteer to be a Key Contact for STS on important issues (www.sts.org/advocacy). Contribute to STS-PAC (www.sts.org/pac). Now. ■

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

IN THIS ISSUE

- 1 STS Annual Meeting
- 1 TVT Registry Adds Modules
- 2 President's Column
- 3 Practice Management
- 4 Executive Director's Column
- 5 News Briefs
- 9 Childbearing Issues for CT Surgeons
- 13 Annual Meeting Preview
- 14 Washington Scene

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The largest generation in US history is reaching "retirement age." The same is true for our STS membership. Slightly more than one-half of STS members are over the age of 55. The transition and dramatic change in lifestyle for those at retirement age understandably can be anxiety-provoking to some and welcoming to others. In this edition of STS News, Dr. Robert Emery outlines some of the steps necessary for a smooth transition from full-time clinical practice. His advice is important whether you are fast approaching this life milestone or still decades away from it.

Frank L. Fazzalari, MD, MBA, Chair, STS Workforce on Practice Management
Assistant Professor of Surgery, Department of Cardiothoracic Surgery, University of Michigan Medical School

Start Planning Your Transition to Retirement

Robert W. Emery Jr., MD

At some point, we all will have to retire from our satisfying, busy, ego-fulfilling career in cardiothoracic surgery; the transition is inevitable. Being away from the operating room could occur slowly or abruptly, at one's prerogative, by the force of politics, or by circumstances of illness. Regardless of the cause, one needs to be prepared for this transitional life change.

It is estimated that 53% of STS members are over 55 years of age, and retirement is not that far away. Age 55 is when serious thought about retirement should begin.

In my own circumstance, I left practice at age 64—earlier than planned due to employment and illness circumstances—however, I was fortunate that I started planning early. Now, as I approach age 67, I have found the time away from practice fulfilling and fun, in spite of missing the OR.

Several things that will help make your transition to retirement more comfortable are:

Assure that your pension and profit sharing or 401(k) plans are fully funded.* Fully fund IRAs for yourself and your spouse. After age 55, an extra thousand dollars can be contributed annually on a pre-tax basis; taxes will have to be paid upon withdrawal.

Start a Roth IRA. While the majority of us do not qualify for a Roth contribution, money can be transferred from a traditional IRA into a Roth IRA at any time. This transfer will be taxable, but the tax burden will occur while there is an income stream.

The transfer also counts as a withdrawal from a traditional IRA, which becomes mandatory at age 70½ years. The money in the Roth will grow tax free and can be withdrawn at a later date without tax.

Become debt free while you have disposable income. Any monies and interest used to pay off debt, such as for your house, cars, or vacation home, after retirement will come from your lifestyle income.

Take a course in financial management. Courses and seminars on understanding Social Security, Medicare, and financial planning are offered at many local community colleges.

A substantive amount of Society Security money for you and/or your spouse can be lost if benefits are taken at the wrong time. This is especially true of survivor's benefits. The Social Security Act was set up to benefit marriage, so spousal benefits can be enhanced if funds are taken at the appropriate time.

Similarly, a course on Medicare benefits would be very useful. For the income bracket in which most cardiothoracic surgeons find themselves, the cost of Medicare, supplemental Medicare, Part D drugs, and co-pays can be complex and expensive.

Find a reliable financial planner with whom to review your plans. My wife and I have two financial planners, and, with self-management of a portion of our savings, the risk of having all our eggs in one basket is avoided.

*Note: Please discuss your options with your financial consultant/tax advisor before investing.

continued on page 6 →



On Meetings Season

Robert A. Wynbrandt, Executive Director & General Counsel
Colleen M. Donohoe, Director of Meetings and Conventions

We continue our series of guest columns from other members of the Society's management team with a contribution from our newest member: Colleen Donohoe, who joined us in early August. In fact, Colleen's first day of STS employment was on August 9, when she was dropped into the deep end of the STS pool at our annual gathering of surgeon leaders charged with the planning of the next Annual Meeting (see page 1). Colleen is a Certified Meeting Professional who joined us after a 14-year stint at the American Association of Oral and Maxillofacial Surgeons, most recently as its Director of Meetings and Exhibitions. Here, Colleen addresses the full breadth of fall STS meetings activities, including planning for our 51st Annual Meeting in San Diego.

The fall season conjures up different images for different people. For some, it's back to school; for others, it's the beautiful foliage; and for the sports-minded, especially in the United States, it's football season. Those of us who are responsible for STS meetings appreciate all of these great things about the fall, but we see the season through a different lens: fall is meetings season for The Society of Thoracic Surgeons, and 2014 brings an especially full slate of meetings to the Society and its affiliated organizations.

We kicked off the fall STS meetings season by assisting the Thoracic Surgery Directors Association with its seventh annual Boot Camp, held in Chapel Hill, North Carolina, September 11-14. This year's edition of Boot Camp attracted a record-setting number of residents, along with record-setting support from industry. Next on the list was a meeting held at STS headquarters in Chicago September 26-27: the first-of-its-kind standalone Board retreat, where STS leaders took a step back to consider some of the larger strategic issues for the Society and the specialty; I am sure that you'll be hearing more about that event in the coming months.

At press time, our staff is working double-time in Chicago to support two meetings on different sides of town: the Advances in Quality & Outcomes meeting that brings hundreds of our data managers downtown October 8-10 while surgeon members attend the Joint Council on Thoracic Surgery Education's Educate the Educators meeting near O'Hare International Airport. (And, to reinforce the "meetings season" theme, we are aware that many members of the Society

are simultaneously in Milan, Italy, for the Annual Meeting of the European Association for Cardio-Thoracic Surgery!)

The following weeks, in rapid-fire order, bring us the American College of Surgeons' Clinical Congress in San Francisco, where the Society will again conduct a Cardio-thoracic Surgery in the Future course for medical students and general thoracic surgery residents on October 27; the Southern Thoracic Surgical Association's Annual Meeting in Tucson, November 5-8; and another double-bill in Chicago: the STS Coding Workshop on November 13-15 downtown and the Advanced TEVAR Symposium on November 14-15 by O'Hare. Information regarding all of these meetings can be found at www.sts.org, and a number of them are featured throughout these pages of STS News.

And of course the biggest meeting on our radar screen in the fall—even though it does not occur until the winter season—is the STS Annual Meeting, with our 51st Annual Meeting scheduled for January 24-28 in beautiful San Diego. Some of the highlights to look forward to this year, in addition to the great education and networking opportunities that you have come to expect from the STS Annual Meeting, are an exhibit to honor the 50th anniversary of *The Annals of Thoracic Surgery*, a career fair in the exhibit hall for those seeking new employment, our traditional opening reception on Sunday night, January 25, and

something new this year: a TECHbar in the exhibit hall, similar to the Genius Bar found at your local Apple store, where attendees will receive free technical assistance throughout the meeting and live presentations on technology topics of interest.

A TECHbar in the exhibit hall, similar to the Genius Bar found at your local Apple store, [will offer] free technical assistance.

It would not be an STS Annual Meeting without a special attendee social event, and the 2015 Annual Meeting is no exception. This year's event will be held on Monday

night, January 26, aboard the USS Midway, one of America's longest-serving aircraft carriers, which features more than 60 exhibits and a collection of 29 restored aircraft. The event will include food, beverages, music, and a fireworks show. Registration for the STS Annual Meeting is now open at www.sts.org/annualmeeting.

It is widely recognized that even in this age of the Internet and online learning, face-to-face meetings remain a critical function of all associations, STS included. Our meetings staff encourages all of you to take advantage of the various meetings that the Society provides, not only for their educational value but also for the important benefits derived from the social interaction that you can experience with like-minded colleagues and experts from around the world. We look forward to assisting you and making all of your STS and affiliated organization meetings memorable and rewarding. ■

In Memoriam

DONALD N. ROSS, DSC, FRCS



A transformative figure in cardiac surgery passed away in July at the age of 91. Donald N. Ross, DSc, FRCS, who in 1967 pioneered the development of the

pulmonary autograft (widely known as the Ross procedure), became the Society's first Honorary Member at the 1968 STS Annual Meeting in San Diego. Also in 1968, Dr. Ross led the team that conducted the first heart transplant in the United Kingdom.

Born in South Africa to Scottish parents, Dr. Ross first trained as a scientist and graduated in 1946 with first-class honors and a gold medal from the University of Cape Town. He later moved to England on a scholarship and became a Fellow of the Royal College of Surgeons.

"I worked first in Bristol in chest and oesophageal surgery, and then I began to include early cardiac surgery, such as on the ductus arteriosus," Dr. Ross said in a 2007 *Circulation* article. "The oesophageal surgeon in Bristol with whom I was working [in the early 1950s] ... took me with him to Guy's Hospital in London to see Sir Russell Brock attempt to split open a calcified aortic valve. There was no open-heart surgery in those days, and the operation was a dramatic failure. But the drama involved convinced me that I had to study new developments in cardiac surgery."

Former colleagues said they will remember Dr. Ross for his passion, surgical expertise, gentlemanly nature, and constant quest for new developments.

Member News

EGHTESADY NAMED ENDOWED CHAIR



Pirooz Eghtesady, MD, PhD has been named the first Emerson Chair in Pediatric Cardiothoracic Surgery at St. Louis

Children's Hospital and Washington University School of Medicine. Dr. Eghtesady is a Professor of Surgery and Pediatrics, as well as Chief of Pediatric Cardiothoracic Surgery at the WashU School of Medicine. He is also a Co-Director of The Heart Center at Children's Hospital. He has been an STS member since 2003.

HENRY LEADS SURGICAL CARE UNIFORMITY PROGRAM



Scott E. Henry, MD, PhD has joined the Detroit Medical Center (DMC) Cardiovascular Institute as Director

of Cardiovascular Surgery Care Uniformity. In this role, he will work to ensure that the clinical outcomes and quality metrics of the center's cardiovascular surgery services exceed standards set forth by STS, according to the DMC. Dr. Henry, an STS member since 2013, is also a Lieutenant Colonel in the US Army Reserve.

BLACKMON HEADS NORTH TO MAYO



After 9 years in Houston at institutions including The Methodist Hospital and MD Anderson Cancer Center,

Shanda H. Blackmon, MD, MPH is now an Associate Professor in the Division of Thoracic Surgery at the Mayo Clinic in Rochester, MN. An STS member since 2010, Dr. Blackmon serves on the Society's Workforce on General Thoracic Surgery and Workforce on Annual Meeting Tech-Con Task Force. She also was recently elected to the STS Board of Directors as a Director-at-Large.

ARCIDI NEW CT SURGERY CHIEF AT ST. ANTHONY'S



Joseph M. Arcidi Jr., MD has joined St. Anthony's in St. Louis as Chief of Cardiovascular and Thoracic Surgery and a member of the

heart team at Heart Specialty Associates. Dr. Arcidi previously worked at McLaren Regional Medical Center in Flint, Mich., where he was Director of Cardiac and Thoracic Surgery and a Clinical Associate Professor of Surgery at Michigan State University. He has been an STS member since 1998.

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

Staff Updates

Colleen M. Donohoe joined STS on August 9 as its Director of Meetings and Conventions. She previously worked in various meeting logistics positions, including Director of Meetings and Exhibitions, for the American Association of Oral and Maxillofacial Surgeons and the American Dental Association. Colleen is a Certified Meeting Professional and has a bachelor of arts degree in travel and tourism management

from Michigan State University. To contact Colleen, e-mail cdonohoe@sts.org.

Kavitha C. Reinhold joined STS on September 2 to begin developing a Chicago-based editorial staff for *The Annals of Thoracic Surgery*. At the conclusion of the 2015 STS Annual Meeting, Kavitha will become the Managing Editor under Editor-Elect G. Alexander Patterson, MD. Most

recently, she was the Associate Managing Editor of the *Journal of Graduate Medical Education*; she also has taught medical editing courses at The University of Chicago Graham School. Kavitha has a master's degree in English literature from DePaul University in Chicago. To contact Kavitha, e-mail kreinhold@sts.org. ■

Health Policy Scholarship Helps Guide Future Physician Leaders



Congenital heart surgeon Aaron W. Eckhauser, MD, MSCI is the recipient of the 2014 STS/ACS Health Policy Scholarship, a joint offering from STS and the American College of Surgeons that enables a member surgeon to attend the intensive weeklong Executive Leadership Program in Health Policy and Management conducted annually at Brandeis University near Boston.

This past June, Dr. Eckhauser attended the 2014 program, which addressed national and state health policy issues, as well as business theories and frameworks relevant to health care management.

“The course was a phenomenal introduction to advocacy and leadership training,” said Dr. Eckhauser, Assistant Professor of Surgery at the University of Utah’s Primary Children’s Medical Center in Salt Lake City. “I am forever grateful to the ACS and STS for my scholarship. This course has really solidified within me the need for strong physician leaders.”

In addition to enjoying the session topics that included strategic thinking, the history of HMOs, PPOs, and CMS, financial literacy

for physicians, and conflict negotiation, Dr. Eckhauser said he enjoyed spending time with his classmates—two other congenital heart surgeons, three cardiac surgeons, and health care workers involved with trauma, urology, OB/GYN, liver transplantation, psychology, and otolaryngology. “One of the most rewarding and informative experiences was getting to know each of these people and understanding their particular circumstances and how they relate to my current work environment,” he said.

As a scholarship recipient, Dr. Eckhauser will be appointed to serve a 3-year term on the STS/AATS Workforce on Health Policy, Reform and Advocacy, starting in January 2015.

Applications are now being accepted for the 2015 scholarship.

Applicants must be members of both STS and ACS and between the ages of 30 and 55. Application materials, which include a curriculum vitae and a one-page essay discussing why a candidate wishes to receive the scholarship, are due February 1, 2015. The scholarship will help cover the costs of tuition, travel, and accommodations during the course.

“The course was a phenomenal introduction to advocacy and leadership training.”

—Aaron W. Eckhauser, MD, MSCI

accommodations during the course.

To apply, visit www.sts.org/healthpolicyscholarship. For additional information, contact Grahame Rush, Director of Information Services, at grush@sts.org or (312) 202-5848. ■

Start Planning Your Transition to Retirement

→ continued from page 3

Become a consultant. Many established and startup companies are looking for qualified, experienced cardiothoracic surgeons to provide advice on device development, device trials, data safety monitoring boards, and physician training. Such work can be intellectually and financially satisfying.

Enhance your relationship with STS. Many opportunities exist within the Society for members with more predictable schedules to participate on workforces and task forces, as well as review or write manuscripts. Reach out to STS staff and learn more.

Establish non-patient relationships at your institution. In this era of data acquisition and management, your input and advice as a senior surgeon can play an important role in establishing educational programs and conferences for CME and assisting in contribution of clinical data to the STS National Database.

You can also participate in programs to reduce patient readmission rates, establish a transfusion-free surgical program, or maximize data acquisition in pay-for-performance programs. These types of programs can be an important added value to a hospital or institution where you are already established and known.

Develop new interests. My wife and I have seen more plays and movies in the last 2½ years than we did during my 30 years of practice. We also now have the time for spontaneous short trips to enjoy hiking, biking, or sightseeing and longer travel opportunities to visit more exotic venues than were available when I was a busy surgeon.

In summary, life post-practice can be stimulating, rewarding, and financially secure if appropriate steps are taken in a timely fashion to plan for a secure and exciting future. ■

The Annals Makes Greater Impact in 2013

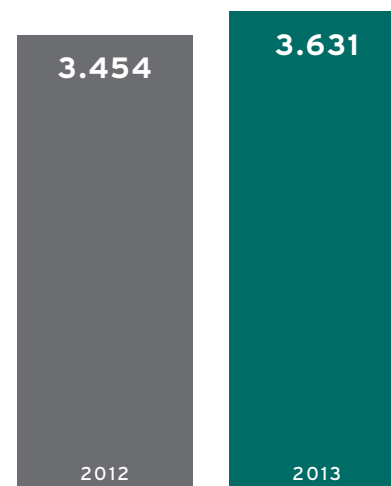
Thomson Reuters has released its 2013 Journal Citation Reports® data, which provide impact factors for about 11,000 scholarly and technical journals.

The impact factor measures the frequency with which the average article in a journal has been cited over a 2-year period. For 2013, the impact factor for *The Annals of Thoracic Surgery* was 3.631, an increase from 3.454.

“The Annals published 1,044 scientific articles in 2011 and 2012, according to Thomson Reuters, making it the largest journal for cardiac and general thoracic surgery by subscriptions, citations, and content,” said Editor L. Henry Edmunds Jr., MD. “Despite this large denominator, *The Annals* produced 3,791 citations for an impact factor of 3.631. The 2013 increase continues the upward trend for this metric established nearly a decade ago.”

The Annals’ 5-year impact factor now stands at 3.973, the highest among all cardiothoracic surgery journals.

A free subscription to *The Annals* is a benefit of STS membership. To view the journal online, go to www.annalsthoracicsurgery.org. ■



The Annals of Thoracic Surgery
Impact Factor

STS Engages the General Public via Press Release Program

As part of its continuing efforts to raise public awareness about STS, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, the Society issued six press releases June 1–September 2, 2014.

Brief recaps can be found below. To read the full press releases, visit www.sts.org/media.

September 2: **“Skin Cells Can Be Engineered Into Pulmonary Valves for Pediatric Patients”** presented a proof of concept study from the September issue of *The Annals of Thoracic Surgery* in which researchers used a patient’s own skin cells to create part of a tissue-engineered pulmonary valve.

September 2: **“Lung Cancer Community Applauds Latest Research Confirming Life-Saving, Low-Cost Benefits of Lung Cancer Early Detection in High-Risk Population”** was a joint release with the American College of Radiology, Lung Cancer Alliance, and Medical Imaging & Technology Alliance that applauded an actuarial cost-benefit analysis on implementation of a low-dose computed tomography screening program for Medicare beneficiaries at high-risk for

lung cancer. The analysis found that the program was highly cost effective.

July 31: **“Postoperative AFib Increases Risk of Mortality, Hospital Readmission”** described a study in the August issue of *The Annals* in which the incidence of overall postoperative atrial fibrillation (AFib) was 18.8% among 49,264 patients who underwent cardiac surgery. Researchers also found a link between new onset postoperative AFib and an increased risk of complications, including double the risk of death.

July 31: **“Statins May Improve Wound Healing Following Cardiac Surgery”** featured an article from the August issue of *The Annals* that showed statin therapy helped speed the recovery of cardiac surgery patients, especially patients who were prone to healing complications. Statins appeared to influence inflammatory response, leading to faster wound healing.

July 29: **“Institute of Medicine Releases Important Report on the Future of Graduate Medical Education”** was a release from a surgical coalition of 20 professional societies, including STS. The coalition thanked the IOM for its 2-year effort that led to the report, “Graduate Medical Education That Meets the Nation’s Health Needs,” but warned that current and future surgical shortages will fail to meet the needs of patients and limit access to care.

June 4: **“Congress Shows Strong Support for Medicare Coverage of Lung Cancer Screening”** described grassroots efforts by STS, the American College of Radiology, the Lung Cancer Alliance, and others that led to 134 Representatives and 45 Senators signing onto letters supporting full Medicare coverage of low-dose computed tomography screening for seniors at high risk for lung cancer.

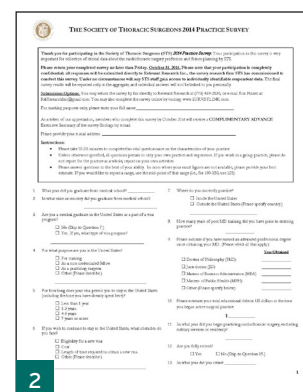
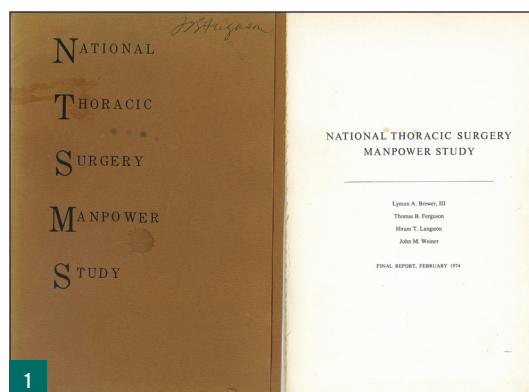
For more information on the Society’s press release program and other public outreach efforts, contact Cassie McNulty, Media Relations Manager, at cmcnulty@sts.org. ■

Important Practice Survey for STS Active and Senior Members

If you are an Active or Senior Member, you should have received an e-mail on October 1 from STS President David A. Fullerton, MD and John S. Ikonomidis, MD, PhD, Chair of the STS Task Force on Thoracic Surgery Practice and Access. The communication provided information about the Society's quinquennial survey on cardiothoracic surgery practice characteristics.

STS has been conducting this type of survey since 1974 to help gauge membership demographics, practice patterns, clinical volume, educational debt, retirement trends, and overall perceptions about the specialty.

It is very important that you complete the survey by October 31, 2014. Survey results will be available in 2015 and reported only in the aggregate. For more information, contact Natalie Boden, Director of Marketing and Communications, at nboden@sts.org. ■



1. Long before other specialty societies began to survey their members, STS and the American Association for Thoracic Surgery (AATS) established a joint ad hoc survey committee. Survey snapshots were to be repeated from time to time (every 5 to 10 years) to better understand demographics, practice patterns, caseloads, and other trends in cardiothoracic surgery practice. Surveys of the combined STS and AATS membership began in the early 1970s, with the first results published in 1974. This photo is from the library of Thomas B. Ferguson, MD and represents the first combined National Thoracic Survey Manpower Study.
2. All Active and Senior Members in the US are strongly encouraged to complete the STS 2014 Practice Survey.

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**The Society
of Thoracic
Surgeons**

New Study Examines Childbearing Issues for CT Surgeons

Childbearing hasn't been a common discussion topic among cardiothoracic surgeons over the years, but as more women enter the profession, the topic is becoming much more prevalent.

An article in the September issue of *The Annals of Thoracic Surgery* assessed birth trends and factors affecting childbearing among cardiothoracic surgeons, both men and women. The article concluded that cardiothoracic surgeons begin families later, face more fertility problems, and have fewer children than the average American.

Dang T. Pham, MD, from Houston Methodist Hospital & Weill Cornell Medical College of Cornell University in Texas, and colleagues issued a 33-question survey to determine at what age a cardiothoracic surgeon has children and what factors influence the decision. A total of 133 people responded to some or all of the questions.



Dang T. Pham, MD looks at a colleague's baby at Houston Methodist Hospital.

The researchers found that most respondents wanted to have children, but 98% of women (60/61) and 50% of men (11/22) delayed childbearing, most citing that pregnancy would be viewed unfavorably among their peers. Cardiothoracic surgeons had their first child at an average age of 34.0 years and had 0.6 children, compared with the national averages of 25.4 years and 1.9 children, respectively. In addition, 26% (16/61) experienced a miscarriage and 28% (15/54) reported utilizing reproductive technology.

"The findings among women respondents were not unexpected because a majority of women feel that it is not preferable to have children during

residency, even if their program supports it," Dr. Pham said.

"However, we were disappointed when we found that delays in pregnancy may have led to a high number of miscarriages and use of assisted reproductive technology among women cardiothoracic surgeons."

Co-author Shanda H. Blackmon, MD, MPH, formerly of Houston Methodist and now with the Mayo Clinic in Rochester, MN, echoed Dr. Pham's sentiments. "There is a lot of urban legend about women in cardiothoracic surgery delaying childbirth, and we wanted the data," Dr. Blackmon said. "What we found wasn't

shocking. We know that delaying childbearing means increased difficulty in achieving a successful pregnancy outcome, so it seems logical that women in cardiothoracic surgery would have a harder time."

Dr. Blackmon described her own journey to motherhood as "full of adversity" because of unsuccessful in vitro fertilization attempts and a miscarriage before conceiving twins. "I was

35 years old and hospitalized on bed rest before my twin boys were finally born," she said. "I was lucky because my program director was very supportive and filed for an extension of my training that allowed me to finish residency and then successfully pursue a career in cardiothoracic surgery." She and her husband had another child 8 years later, a girl.

Despite the difficulties with childbearing, job satisfaction was high among the survey respondents.

Dr. Pham hopes that when she reaches her goal age to start a family, the timing will be right.

"When I made the commitment to surgery, I accepted that I likely was making a choice to not have children until I completed my residency. Hopefully, I will not have to face many issues or complications," she

said. "It was a sacrifice I was willing to make, but it shouldn't always have to be that way."

A MORE SUPPORTIVE WORK ENVIRONMENT NEEDED

Most survey respondents (73%, 82/113) reported difficulties in getting time off for health visits. Dr. Blackmon is advocating for a fertility leave policy that protects a woman's privacy and the right to bear children.

"Women and men should be allowed to take a last-minute day off work for an ultrasound, egg aspiration, embryo transfer, etc., and not have to tell everyone in their program what they're doing," she said. "If we encourage more residents to start their families while in residency, then we will be able to recruit more women."

Despite the difficulties with childbearing, job satisfaction was high among the survey respondents with 81% (91/113) reporting they would pick the same specialty if given the opportunity to start over.

Dr. Blackmon credits a supportive cardiothoracic surgery program with helping her to achieve the work-life balance she craves. "I love that I am able to have a family and practice thoracic surgery," she said. "Women in this field who want a family need exactly what the men have—a lot of support. It really does take a village to do this, and part of that village is a supportive program."

To read the full text of *The Annals* study, go to www.annalsthoracicsurgery.org. ■

TVT Registry™ Adds Mitral Valve Modules, TAVR Risk Model

→ continued from cover

“The NCD also requires that data from these mitral valve procedures be entered into a national database, which happens to be the TVT Registry,” said Frederick L. Grover, MD, Vice-Chair of the STS/ACC TVT Registry Steering Committee.

Because the volume of mitral valve procedures won't be as high as that of aortic valve procedures, Dr. Grover predicts that it will take at least a year before the first outcomes reports are released. “Participants can compare their individual results to the national averages and get an idea of where they are in relation to the national peer group in terms of patient outcomes and device performance,” said Dr. Grover. “The initial results won't be risk-adjusted because it takes a significant number of patient records to develop a risk model.”

FIRST TAVR RISK MODEL RELEASED

Now that the number of TAVR records in the TVT Registry exceeds 20,000, several risk models are in various stages of development. The first risk model, scheduled for release this winter, allows for risk-adjusted center-level comparisons of in-hospital mortality.

“Some risk models in Europe are based solely on TAVR patient data, but those models are typically derived from populations of less than 1,000. The new TVT Registry risk model is based on TAVR data from more than 13,000 patient records—all from the TVT Registry—so it should be more meaningful because it will allow for risk-adjusted comparison,” explained Fred H. Edwards, MD, a member of the TVT Registry Steering Committee who recently completed his term as Director of the STS Research Center. “The new benchmarking reports will help centers more accurately determine whether their results are in line with a national standard or whether they need to focus on some areas in need of improvement.”

The next risk models will predict 1-year outcomes and provide ways to account for operative risk at the individual patient level, which will offer vital information for the physician as well as the patient.

On a more global level, the data obtained from the risk models will shed light on the risk profile of those undergoing TAVR in the United States. “With the next generation of

risk models, patient selection should be improved,” said Dr. Edwards. “The models will help identify patients who are likely to benefit from TAVR and those who are not good candidates for the procedure.”

“The models will help identify patients who are likely to benefit from TAVR and those who are not good candidates for the procedure.”

—Fred H. Edwards, MD

IMPACT OF THE TVT REGISTRY

Federal officials have shown great interest in the TVT Registry because it is a robust, national post-approval medical device surveillance tool. The TVT Registry may also facilitate a shortening of the pre-approval timeline through examination of real-world results from a system that also complies with patient privacy regulations.

“We are the closest to our patients and can really appreciate the strengths and shortcomings of new technologies and treatments,” said Dr. Grover. “I would hope that the TVT Registry will serve as a model for not only the involvement of professional societies in evaluation and measurement, but also in helping bring new innovations to patients in a more timely fashion.”

As of September 2014, the TVT Registry had more than 300 participating sites in 48 states, as well as the District of Columbia and Puerto Rico.

For more information about the TVT Registry, go to www.tvtregistry.org. ■

STS National Database Participants Can Now Display a Special Logo

If you're a participant in the STS National Database, you can download a special participant logo, free of charge, to promote your active participation in the Database.

You can use the logo on your website, reports, PowerPoints, business cards, or even press releases to announce your participation.

Participants who wish to use the logo must agree to the STS National Database Participant Logo Usage License Agreement.



For more information, go to www.sts.org/database or contact Cassie McNulty at cmcnulty@sts.org.



STS NATIONAL DATABASE TURNS 25

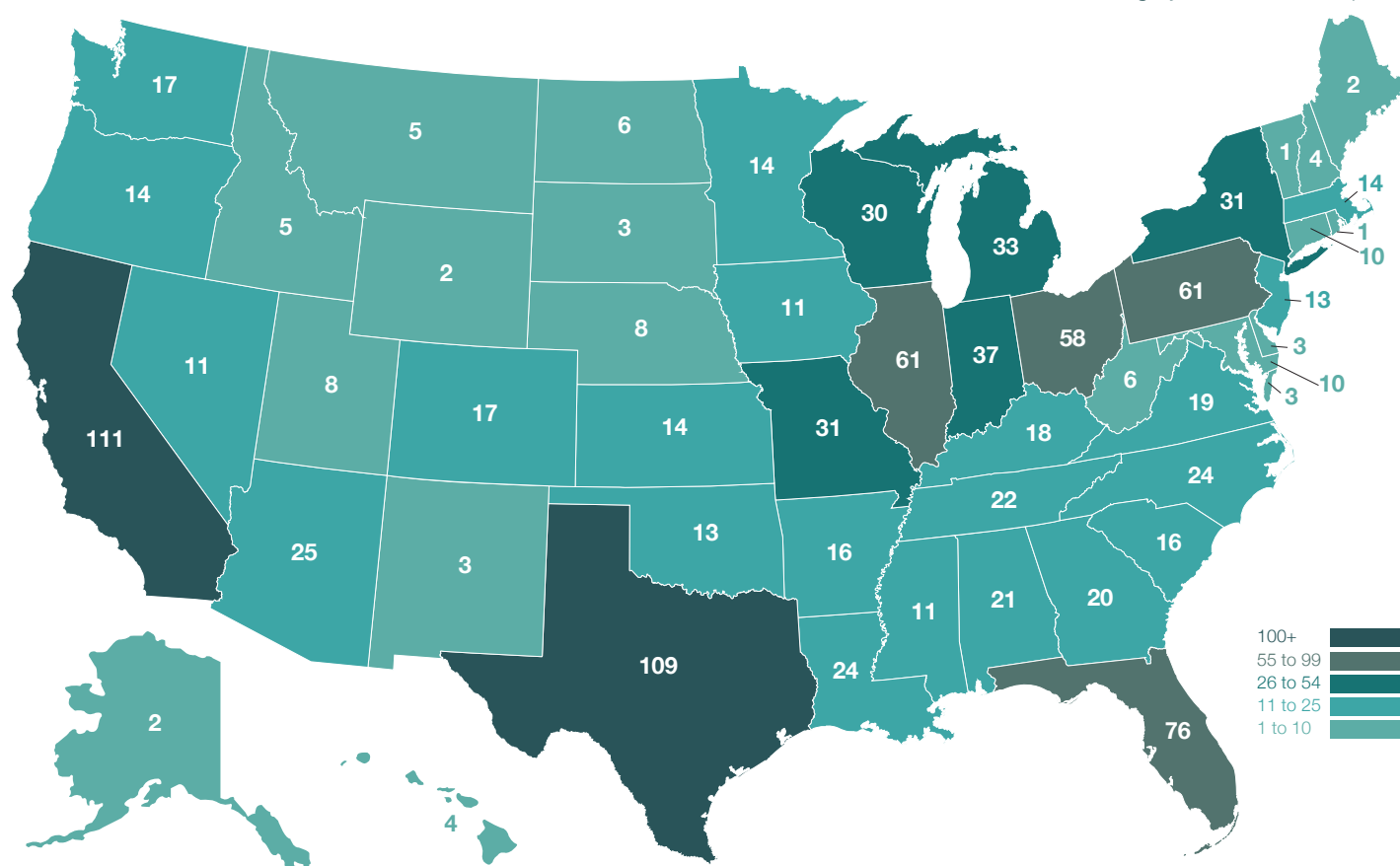
Twenty-five years ago, STS launched a national database to address a need for accurate, risk-adjusted data on coronary artery bypass surgery. Since then, the STS National Database, which includes the Adult Cardiac Surgery Database, the General Thoracic Surgery Database, and the Congenital Heart Surgery Database, has become world-renowned and is the gold standard for a medical specialty clinical outcomes database.

Adult Cardiac Surgery Database Participants Span Entire US

The STS National Database has reached another milestone. In July, a group of surgeons from Fletcher Allen Health Care in Vermont became participants in the Adult Cardiac Surgery Database, which means ACSD participation now spans all 50 states in the US, as well as five countries outside of the US—Australia, Brazil, Israel, Jordan, and Turkey.

As of September 2014, the ACSD had more than 5.2 million patient records from nearly 1,100 participant sites representing about 3,000 surgeons and more than 200 anesthesiologists. ■

The Society of Thoracic Surgeons (STS) National Database
Adult Cardiac Surgery Database Participants



Coding Workshop Offers Special ICD-10 Session

Registration is under way for the 2014 STS Coding Workshop, November 13-15 in Chicago. This course is designed for CT surgical coders, surgeons, and other billing professionals to provide them with the most up-to-date information on coding and reimbursement issues that will affect cardiothoracic surgery practices in 2015 and beyond.

The course includes a special half-day session on the transition to version 10 of the International Classification of Diseases (ICD-10), Clinical Modification and the hospital inpatient Procedure Coding System, which will be mandatory on October 1, 2015.

Following the ICD-10 session on Thursday, November 13, STS will host a networking event that will allow attendees to interact with other coding professionals. On Friday and Saturday, November 14-15, coding sessions will be

presented in focused subspecialty blocks covering adult cardiac, general thoracic, congenital, endovascular, and vascular surgery. Each subspecialty block will address new codes and policy changes, as well as tips on addressing common coding challenges.

To view the agenda and register, go to www.sts.org/codingworkshop.

More Interactivity, Greater International Presence Planned for STS Annual Meeting → continued from cover

“The General Thoracic Parallel Surgical Symposium will cover a wide range of topics and provide solutions that are very practical so that any practicing thoracic surgeon can immediately benefit,” explained Jules Lin, MD, Co-Chair of the Surgical Symposia Task Force.

Congenital heart surgeons

will need to be on their toes during the Congenital Heart Parallel Surgical Symposium. This year, the Symposium will be conducted like Monday morning rounds.

“In Monday rounds, you never know what’s coming at you, and there are no clear answers. That’s exactly what we are trying to recreate,” said Christopher A. Caldarone, MD, Co-Chair of the Surgical Symposia Task Force. “A series of talks about difficult decisions will be interlaced with clinical problems. We’re going to put experts on the hot seat. It should be a great session!”

“We’re going to put experts on the hot seat. It should be a great session!”

— Christopher A. Caldarone, MD on the Congenital Heart Parallel Surgical Symposium

INTERNATIONAL SCOPE

As more international members of the cardiothoracic surgery team attend the STS Annual Meeting (69 countries were represented at the 2014 Annual Meeting, and 30% of professional attendees were from outside the US), the Workforce on Annual Meeting is expanding available opportunities for international interaction.

Courses will be offered in conjunction

with four associations based outside of the US—two in Europe and two in Canada.

One new session, by STS, the Canadian Association of Thoracic Surgeons, and the Canadian Society of Cardiac Surgeons, will provide staff and resident perspectives on education and job opportunities in both countries. A joint session with the European Association for Cardio-Thoracic Surgery will highlight management of the aortic arch in aortic dissection. A session with the European Society of Thoracic Surgeons will feature European and American perspectives

on controversial issues, such as managing malignant mesothelioma, lung cancer screening, and credentialing. And the STS Workforce on International Relationships is joining forces with the Joint Council on Thoracic Surgery Education in delivering a course on global surgical education.

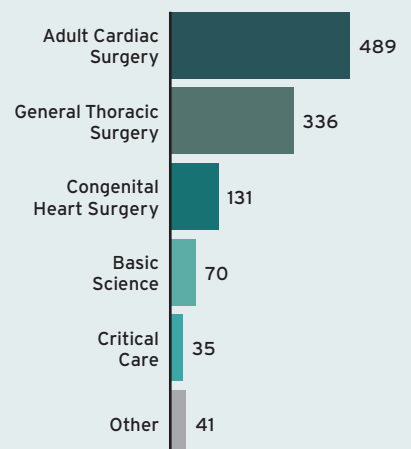
STS will provide updates on new courses and various other opportunities in the coming weeks. A printed *Advance Program* will be mailed in late November to all STS members and previous Annual Meeting attendees. The latest information also will be available online at www.sts.org/annualmeeting. ■

ABSTRACT NOTIFICATION LETTERS SENT

If you submitted an abstract and/or surgical video for presentation consideration at the STS 51st Annual Meeting in San Diego, January 24-28, 2015, peer-reviewed selection results recently were distributed.

More than 1,100 abstracts were submitted for the 2015 Annual Meeting, including 489 in adult cardiac surgery, 131 in congenital heart surgery, and 336 in general thoracic surgery.

1,102 Abstracts Submitted for the STS 51st Annual Meeting



STS surgeon leaders listen to James R. Edgerton, MD (foreground) describe new sessions that will be offered during STS University. From left: Robert S.D. Higgins, MD (Treasurer), Mark S. Allen, MD (First Vice President), David A. Fullerton, MD (President), Joseph C. Cleveland Jr., MD (Chair of the Workforce on Annual Meeting), and Joseph E. Bavaria, MD (Second Vice President).

STS Annual Meeting Program at a Glance

JANUARY 24-28, 2015 | SAN DIEGO

FRIDAY, JANUARY 23, 2015

3:00 p.m. - 6:00 p.m.

Registration: STS/AATS Tech-Con 2015 and STS 51st Annual Meeting

SATURDAY, JANUARY 24, 2015

7:00 a.m. - 6:00 p.m.

Registration: STS/AATS Tech-Con 2015 and STS 51st Annual Meeting

8:00 a.m. - 12:30 p.m. ADMIT ONE

STS/SCA: The Utility of Perioperative Echocardiography for Surgical Decision Making

8:00 a.m. - 3:00 p.m. ADMIT ONE

STS/CHEST: Primer on Advanced and Therapeutic Bronchoscopy—Theory and Hands-on Session

1:00 p.m. - 2:30 p.m.

Cardiopulmonary Bypass Simulation Course

1:00 p.m. - 5:00 p.m.

STS/AATS Tech-Con 2015

5:00 p.m. - 6:30 p.m.

STS/AATS Tech-Con 2015 Reception

SUNDAY, JANUARY 25, 2015

7:00 a.m. - 6:30 p.m.

Registration: STS/AATS Tech-Con 2015 and STS 51st Annual Meeting

7:50 a.m. - 12:00 p.m. ADMIT ONE

Acquired and Congenital Heart Surgery Symposium: Challenges and Management of the Aorta in Adults with Congenital Heart Disease

7:50 a.m. - 12:00 p.m. ADMIT ONE

Practice Management Summit

7:50 a.m. - 12:00 p.m. ADMIT ONE

STS/AATS Critical Care Symposium: Essential Cardiac Critical Care Topics

8:00 a.m. - 11:45 a.m.

STS/AATS Tech-Con 2015

1:00 p.m. - 4:00 p.m.

Residents Symposium: Transitioning from Residency to a Successful Practice

1:15 p.m. - 4:30 p.m. ADMIT ONE

Parallel Surgical Symposium: Congenital Parallel Surgical Symposium: General Thoracic

1:15 p.m. - 4:30 p.m.

STS/AATS Tech-Con 2015

2:30 p.m. - 4:30 p.m.

CT Surgery Interprofessional Education Symposium: Multidisciplinary Team Approach to ECMO

4:00 p.m. - 6:30 p.m.

Scientific Posters Open

4:30 p.m. - 6:30 p.m.

Opening Reception in STS Exhibit Hall

MONDAY, JANUARY 26, 2015

6:30 a.m. - 5:00 p.m.

Registration: STS 51st Annual Meeting

7:00 a.m. - 7:15 a.m.

Opening Remarks

7:15 a.m. - 8:15 a.m.

J. Maxwell Chamberlain Memorial Papers

8:15 a.m. - 9:00 a.m.

Richard E. Clark Papers

9:00 a.m. - 4:30 p.m.

Exhibits Open

Scientific Posters Open

9:00 a.m. - 9:30 a.m.

BREAK—Visit Exhibits and Scientific Posters

9:30 a.m. - 9:40 a.m.

The Annals of Thoracic Surgery

50th Anniversary Presentation

9:40 a.m. - 9:50 a.m.

Introduction of the President:

Mark S. Allen, MD

9:50 a.m. - 10:50 a.m.

Presidential Address:

David A. Fullerton, MD

10:50 a.m. - 11:30 a.m.

BREAK—Visit Exhibits and Scientific Posters

11:30 a.m. - 12:30 p.m.

(8 parallel sessions)

Adult Cardiac Session: Arrhythmia

Adult Cardiac Session: Heart Failure

Basic Science Research: Adult Cardiac

Basic Science Research: General Thoracic

Congenital Session: Adult Congenital

Critical Care

General Thoracic Session: New

Techniques

STS/CATS/CSGS: Current and Future

Workforce Issues in Cardiothoracic

Surgery—Staff and Resident

Perspectives from Canada and the US

12:30 p.m. - 1:15 p.m.

BREAK—Visit Exhibits and Scientific

Posters

1:15 p.m. - 5:15 p.m.

ACC @ STS

Evidence and Quality Reshaping Practice

1:30 p.m. - 3:30 p.m.

(7 parallel sessions)

Adult Cardiac Session: Aortic

Adult Cardiac Session: Ischemic

Congenital Session: Pediatric Congenital I

General Thoracic Session: Lung Cancer I

General Thoracic Session: Lung

Transplantation

Managing Cardiogenic Shock or

Pulmonary Failure: Short-Term

Mechanical Circulatory Support

STS/SCA: Considerations in

Perioperative Resuscitation of

Cardiothoracic Patients

3:30 p.m. - 4:15 p.m.

BREAK—Visit Exhibits and Scientific

Posters

4:15 p.m. - 5:15 p.m.

Surgical Motion Picture Matinees: Adult

Cardiac, Congenital, and General Thoracic

Late-Breaking Abstract Sessions

5:00 p.m. - 6:30 p.m.

Scientific Posters and Wine

5:30 p.m. - 6:30 p.m.

Business Meeting (STS Members Only)

6:45 p.m. - 7:45 p.m. ADMIT ONE

STS-PAC Reception: USS Midway

Aircraft Carrier Museum

7:00 p.m. - 10:00 p.m. ADMIT ONE

STS Social Event: USS Midway Aircraft

Carrier Museum

TUESDAY, JANUARY 27, 2015

6:30 a.m. - 4:30 p.m.

Registration: STS 51st Annual Meeting

7:30 a.m. - 8:30 a.m. ADMIT ONE

Early Riser Sessions

7:30 a.m. - 8:30 a.m. ADMIT ONE

Early Riser Health Policy Forum:

The End of Global Surgical Payments

Under Medicare?

9:00 a.m. - 10:00 a.m.

Thomas B. Ferguson Lecture

9:00 a.m. - 3:00 p.m.

Exhibits Open

9:00 a.m. - 4:30 p.m.

Scientific Posters Open

10:00 a.m. - 10:45 a.m.

BREAK—Visit Exhibits and Scientific

Posters

10:45 a.m. - 11:00 a.m.

Award Presentations

11:00 a.m. - 12:00 p.m.

C. Walton Lillehei Lecture

12:00 p.m. - 1:00 p.m.

BREAK—Visit Exhibits and Scientific Posters

12:00 p.m. - 1:00 p.m. ADMIT ONE

Ethics Debate: Must Surgeons in Training Programs Allow Residents to Operate on Their Patients to Satisfy Board Requirements?

12:00 p.m. - 1:00 p.m.

Residents Luncheon

1:00 p.m. - 3:00 p.m.

(8 parallel sessions)

Adult Cardiac Session: General I

Adult Cardiac Session: Mitral Valve

Congenital Session: Pediatric

Congenital II

General Thoracic Session: Esophageal

General Thoracic Session: Lung Cancer II

Patient Safety Symposium: Building a

High-Performance Team for Patient

Safety

STS/EACTS: Management of the Aortic

Arch in Aortic Dissection

Strategies to Improve Outcomes with

Long-Term Mechanical Circulatory

Support Devices

1:00 p.m. - 5:00 p.m.

JCTSE/STS Workforce on International

Relationships: Globalization of Graduate

Surgical Education in Cardiothoracic

Surgery

3:00 p.m. - 3:30 p.m.

BREAK—Visit Scientific Posters

3:30 p.m. - 5:30 p.m.

(8 parallel sessions)

Adult Cardiac Session: Aortic Valve

Adult Cardiac Session: General II

Cardiothoracic Surgical Education

Congenital Session: Pediatric

Congenital III

ESTS @ STS

General Thoracic Session: Mediastinal/

Pulmonary

Role of SBRT in Lung Cancer Treatment

SVS @ STS

WEDNESDAY, JANUARY 28, 2015

6:30 a.m. - 9:30 a.m.

Registration: STS University

7:00 a.m. - 9:00 a.m. ADMIT ONE

STS University

9:30 a.m. - 11:30 a.m. ADMIT ONE

STS University (courses repeated)

ADMIT ONE Indicates that a ticket is required to attend.

Take Advantage of Early Bird Rates

Registration and housing for the STS 51st Annual Meeting are available at www.sts.org/annualmeeting.

Early bird registration rates will end December 1. Additionally, you must register by January 2, 2015, in order to reserve housing at the special Annual Meeting rate.

Cardiothoracic surgeons who are not STS members but who submit completed application materials for Active or International Membership by October 15, 2014, can register for the meeting at a reduced rate.

For more information about registration, contact Sarah King, Meetings and Conventions Manager, at sking@sts.org.

Proposed Changes to Physician Fee Schedule Triggers Grassroots Advocacy Efforts

In early July, the Centers for Medicare & Medicaid Services (CMS) released the Physician Fee Schedule proposed rule for calendar year 2015. In the proposal, CMS outlined plans to convert all 90-day global procedures to 0-day global procedures by 2018 and 10-day global procedures to 0-day global procedures by 2017.

To combat this proposed change, STS has launched a large-scale advocacy campaign, which includes soliciting STS-PAC contributions and activating STS Key Contacts across the country to help garner support from Congress.

As outlined below, the proposed policy change has the potential to negatively impact cardiothoracic surgery practice and the quality of patient care.

REDUCED PAYMENTS, INCREASED ADMINISTRATIVE BURDEN

Under the proposed plan, surgical procedures would be separated from Evaluation and Management (E&M) services now contained in the global period.

Surgeon leaders are concerned that CMS will not have accurate information regarding the true value of a surgical procedure and would, therefore, need to estimate value for all 4,246 affected codes. In addition, under CMS's proposal, each pre- and post-operative service will have to be coded and billed separately—increasing the administrative burden on the surgeons and the cost to CMS for processing all of these additional claims.

The American Medical Association estimates that the elimination of the global period will result in 63 million additional claims filed to account for post-surgical evaluation and management services. Even if physicians could accommodate this enormous increase in claims volume, it is not clear that CMS would have the ability to process the information it is requesting.

ACCESS TO HIGH-QUALITY, COORDINATED HEALTH CARE JEOPARDIZED

Without the global payment, surgeons could lose the ability to coordinate postoperative care for critically ill patients. Patients may also be less inclined to attend their follow-up appointments because they will be charged a copay for each visit. Further, if patients elect to forgo follow-up treatment or seek it from other physicians or health care providers, the proposed policy will obstruct the collection of patient outcomes information, effectively stifling the utility of clinical registries, including those that have been approved to participate in the Qualified

Clinical Data Registry program. In so doing, this proposal not only has the potential to destroy one of the earliest examples of care coordination in Medicare, but also to cannibalize future reform efforts.

At a time when Congress and CMS are developing and implementing initiatives intended to promote cost-effective, high-quality, coordinated health care, this proposal eliminates one of the only examples of bundled care for Medicare beneficiaries. Deconstruction of the current payment system for surgeons is counterintuitive to policymakers' end goal of providing more comprehensive and better coordinated care for the patient. Further, current bipartisan, bicameral legislation to repeal and replace the flawed sustainable growth rate formula calls for a "period of stability" in physician pay so that physicians can transition to alternative payment models. This proposal would introduce new complexities into an already flawed system and stymie that progress.



(from left) Drs. Keith S. Nauenheim, Jeffrey B. Rich, David A. Fullerton, Steve J. Lahey, and Alan M. Speir outside the Department of Health and Human Services building before a meeting with CMS officials.

STS LEGISLATIVE FLY-IN

Sixteen STS members, including President David A. Fullerton, MD and Secretary Keith S. Naunheim, MD, helped educate members of Congress about the dangers of eliminating global surgical payments. They engaged in meetings at 22 House offices and 17 Senate offices during an STS Legislative Fly-In in Washington, DC, on September 8-9. STS members asked their

representatives to sign a letter—led by Rep. Ami Bera (D-CA) and Rep. Larry Bucshon (R-IN)—that will be sent to CMS voicing opposition to the global surgical payment proposal. In lieu of a group letter in the Senate, STS members asked their Senators to weigh in individually with CMS.

While in Washington, Drs. Fullerton and Naunheim joined STS Past President Jeffrey B. Rich, MD, Chair of the Workforce on Health Policy, Reform, and Advocacy Alan Speir, MD, and Stephen J. Lahey, MD at a meeting with CMS

officials to make the case against eliminating global surgical payments.

STS members have expressed their opposition to the proposal over the past 3 months in a variety of ways, including:

- 110 STS-PAC contributions;
- 93 letters to Congress;
- 33 meetings at Congressional district offices; and
- 39 meetings at Congressional offices on Capitol Hill.



Dr. Blair Marshall before a meeting with advisors to Senator Tim Kaine (D-VA).



(from left) Drs. Sidney Levitsky, John Mayer, Richard Engelman, and Douglas Mathisen meet with Congressman Joe Kennedy (D-MA, second from right) in the Longworth House Office Building.



STS members participate in a briefing before heading to meetings on Capitol Hill.

For more information on how you can support STS's advocacy efforts, please visit www.sts.org/advocacy. ■

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MARK YOUR CALENDAR

Upcoming STS Educational Events

November 13-15, 2014

Chicago, Illinois

Coding Workshop

November 14-15, 2014

Chicago, Illinois

STS Advanced TEVAR

Symposium

January 24-25, 2015

San Diego, California

STS/AATS Tech-Con 2015

January 24-28, 2015

San Diego, California

STS 51st Annual Meeting

Find out more at

www.sts.org/education-meetings.

Thank You!



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