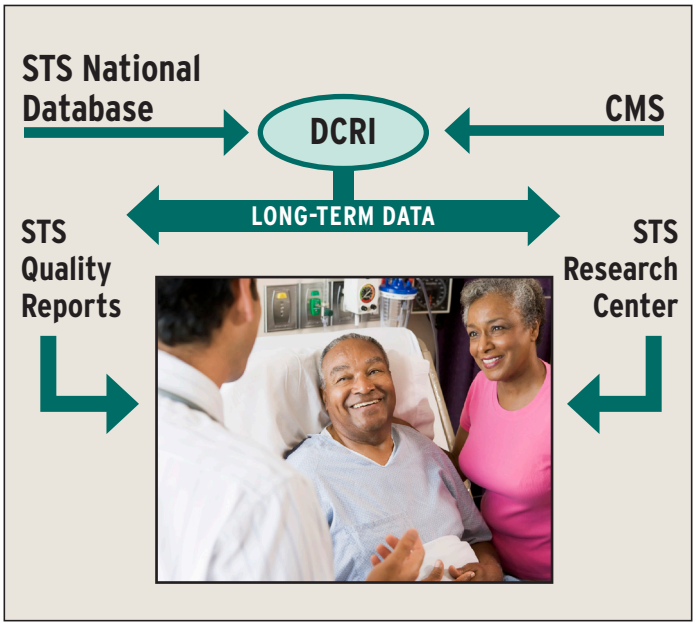
STS News

THE SOCIETY OF THORACIC SURGEONS

Vol. 19, Issue 2 Spring 2014

STS National Database Establishes Important Link with CMS Data

STS continues to break new ground in patient safety and quality measurement through a new collaboration with the Duke Clinical Research Institute that will enable participants and researchers using data from the STS National Database to track long-term patient outcomes.



"Currently, the STS National Database has clinical data that are all short-term," said STS Research Center Director Fred H. Edwards, MD. "The data include patient outcomes in the hospital and, at most, what happens up to 30 days after discharge. This new collaboration with DCRI will enable STS to track long-term patient outcomes to better understand how patients fare years down the road, which will ultimately lead to improved patient care."

The new collaboration will allow for the linkage of STS National Database data with long-term adult cardiac and general thoracic surgery follow-up data from the Centers for Medicare & Medicaid Services, such as hospital readmission rates, reinterventions, and survival, for Medicare patients ages 65 and older. Data will be updated annually.

"STS will be able to create more accurate and up-to-date risk models and long-term survival calculators for individual procedures," said David M. Shahian, MD, Chair of the STS Workforce on National Databases. "Surgeons would be able to estimate survival probability for patients based on their specific illness severity, co-existing medical conditions, and symptoms. This is particularly important for patients as they research treatment options and work with their physician teams to select the care they feel is best."

BENEFITS FOR STS MEMBERS

As medical research evolves, having a database linked with comprehensive patient outcome information will allow researchers to quickly and efficiently access data and conduct comparative effectiveness studies.

"This will be a profound change for the STS Research Center," Dr. Edwards said. "We now have a CMS data link in place for research proposals that are submitted to the STS Access & Publications Task Force. This will allow researchers to do a number of analyses they haven't been able to do in the past."

The new CMS link will also enhance the information provided to Database participants.

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New Officers, Directors Elected

New STS officers and directors were elected during the Annual Membership (Business) Meeting on Monday, January 27, at the 50th Annual Meeting in Orlando.

The membership elected David A. Fullerton, MD as STS President for 2014–2015.

Additionally, Mark S. Allen, MD was elected First Vice President and Joseph E. Bavaria, MD was elected Second Vice President. In view of Dr. Bavaria's election, Bryan F. Meyers, MD, MPH was elected to fill the remainder of Dr. Bavaria's term as Director-at-Large.

G. Alexander Patterson, MD was selected as Editor-Elect of *The Annals of Thoracic Surgery* (see page 6).

Tony Coelho, a former US Congressman from California, was elected to fill the Public Director position created by the STS membership last year (see page 6).

The following were also elected by the STS voting membership at the Annual Meeting:

Secretary:
Keith S. Naunheim, MD

Treasurer:
Robert S.D. Higgins, MD

International Director:
A. Pieter Kappetein, MD, PhD

Canadian Director:
Sean C. Grondin, MD, MPH

Directors-at-Large:
David R. Jones, MD
Joseph F. Sabik III, MD

STS Members Elect Their First Public Director

David A. Fullerton, MD, President

The Society is extremely pleased to announce that Mr. Tony Coelho has been elected by STS members as the first Public Director on the Board of Directors. A former US Congressman, Mr. Coelho was elected as a Representative from California in 1978 and served until 1989. While in Congress, he was elected as House Minority Whip in 1986. Mr. Coelho is credited as the primary author and sponsor of the American with Disabilities Act, which was signed by President George H.W. Bush in 1990.

Mr. Coelho is currently Chairman of the Partnership to Improve Patient Care, a diverse group of health care organizations that advocates for patients and clinicians to collaborate on comparative clinical effectiveness research priorities. He also is a member of the STS/ACC TVT Registry™ Stakeholder Advisory Group, serves on the Epilepsy Foundation Board of Directors, and is active with the American Association of People with Disabilities. (See page 6.)

The addition of a Public Director to its Board of Directors marks an important milestone in the evolution of STS. The Society has always been a leader in American medicine, and this addition solidifies its leadership position among medical specialties.

Traditionally, the composition of a professional medical society's board, including that of STS, is made up of leaders from within the respective medical specialty. The Society of Thoracic Surgeons is the largest professional society in our specialty. It is highly respected with a long-standing tradition of serving our patients, our specialty, and the health of the population. The traditional composition and functions of the STS Board has served the organization well for its first 50 years. But while such composition does provide subject expertise and directors who are committed to the success of the organization, it may lead to blind spots for the organization as the environment changes.

Our profession must assume a greater role in helping the public with a better understanding of disease processes and management, as well as surgical procedures.

The contemporary practice of cardiothoracic surgery is rapidly changing. Notable among the changes are the expectations of our patients in particular and the public at large. As a specialty, we must meet the demands for greater transparency in clinical outcomes, financial data, and the desires of patients and families for greater joint decision making in their care. These, in turn, require a concerted effort on the part of our profession to optimally incorporate our patients and their families into the processes of care.

Our profession must assume a greater role in helping the public with a better understanding of disease processes and management, as well as surgical procedures. To do so, a Public Director on the STS Board of Directors will be extremely valuable.

The board of directors of an organization has several specific responsibilities. Among them are the responsibilities to set organizational direction and provide effective oversight. A board of directors must think strategically in order to help set the vision for the future of the organization.

As STS goes forward in a changing environment, a keen understanding of its obligations to the public is essential. The addition of the first Public Director to its Board of Directors will help STS fulfill its mission "to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy." The addition of a Public Director will provide invaluable insight and perspective as to how the Society may best achieve this mission in service to the public. It will help STS understand what the public wants from us as a profession and how the Society can best meet the needs of our patients and the public.

In short, the addition of a Public Director to the STS Board of Directors will help assure that the Society is aligned with the needs of our patients and the public. Mr. Tony Coelho is the ideal individual to be the first to hold this position. ■

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

STS News is a quarterly publication for members of The Society of Thoracic Surgeons. If you have a comment regarding the content of this publication or story ideas for future issues, please contact us. STS is not responsible for the opinions expressed by its writers and/or editors.

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The evolution that is occurring in how we finance and deliver health care is resulting in consolidation throughout the industry. This, in turn, has put pressure on independent, private practitioners in all specialties, including ours. More than two-thirds of cardiothoracic surgeons have at least some type of financial arrangement with a hospital, university, or health system. The majority of these arrangements have led to an acquisition and employment model. In this column, Dr. Russell Vester summarizes some of the lessons he has learned as his practice has gone through the acquisition process.

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

5 Tips for Navigating a Group Merger/Acquisition

S. Russell Vester, MD | Chairman, CVTS, Inc. | Chief of Surgery, The Jewish Hospital, Cincinnati, OH

The surgical group I belong to is in the process of formalizing a relationship with a large hospital system in our city. Although the talks are now finally reaching a conclusion, we've been in discussions for more than a year. Our experience has been that events move far more slowly than we would like.

In the course of our dealings, several things have come to the fore as being critical to the positive evolution of such a business engagement. I want to share these with those of you who might be contemplating similar moves in the future.

First and foremost, **be as transparent as possible** regarding all events and discussions related to your negotiations—no matter how small. This type of merger or acquisition can be very anxiety-provoking for everyone in your group. Suspicion or mistrust about what is being discussed and with whom can be very destructive. Being transparent can be cumbersome and time-consuming, but it is work well worth doing unless you want to deal with the merger or sale of your group at the same time it is falling to pieces. Make the phone calls. Have the extra meetings. I can't emphasize this enough.

Second, **get your advisors lined up in advance**. You will need reliable advice on the legal boundaries imposed by Stark and anti-kickback legislation on whatever type of deal you create. Your suitor will have its own legal advice about this, and it will not be favorable to you. Count on that. Additionally, you will need a valuation consultant, who you can typically find at a CPA firm that emphasizes expertise in the medical practice world. Before you begin formal talks of any kind, get these two advisors lined up or you will be showing up out of touch and unprepared.

Third, **get familiar with physician compensation data sources**, such as Sullivan-Cotter, American Medical Group Association, and Medical Group Management Association. These are the data sources that hospital administrators will be using. You need to learn what each offers and what their data collection methods are. Your valuation consultant can be a big help here. No single data source is ideal.

Fourth, **know your own business**—top to bottom. You must know your monthly and yearly revenues. You must know the components of your overhead expense. You must know your Relative Value Units and on-call/standby burden. You must clearly understand your position in your local market for your services, and you must know what your best alternative position is if the deal you are trying to create doesn't come through (i.e., will you have to move and find work in some other city or talk to the hospital on the other side of town?).

> Your greatest leverage is always with your first contract. Don't give away the future for the present.

Finally, **set the groundwork for the future**. Anybody can get a sweetheart 2-year deal. One of your main goals should be long-term security. I personally wouldn't settle for anything less than a 5-year deal. Look to the future and create tolerable parameters for the following 5 years. Your greatest leverage is always with your first contract. Don't give away the future for the present. ■

On STS Initiatives and Transitions

Robert A. Wynbrandt, Executive Director & General Counsel
William F. Seward, Associate Executive Director

As a brutal winter comes to an end in Chicago, the transition to spring is a welcome opportunity for us to review strategic and operational initiatives yet in store for the Society in 2014. In the latest installment of guest columns prepared by members of the STS management team, Bill Seward, the Society's new Associate Executive Director, provides an overview of several key initiatives under way across the organization's major functional areas. Bill joined us in September 2013, after a 14-year tenure at the American Society of Plastic Surgeons, most recently serving as its Chief Operating Officer.

On the heels of an exciting 50th Anniversary meeting in Orlando, STS is pushing forward and launching a number of key organizational initiatives in 2014. The Society's operational activities are grounded by a strategic plan and key performance indicators that serve as guideposts. Our extraordinary volunteer leaders, working in partnership with a committed STS staff, are advancing the Society's mission "to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy" by implementing innovative new programs and improving the member experience.

In Education and Member Services, we expect to implement an online Learning Management System later this year that will increase our capacity to deliver meaningful educational content to STS members in a web-based forum that is convenient and flexible. We are also rolling out new educational symposia. A 1.5-day extracorporeal membrane oxygenation course, May 30-31 in Chicago, will combine didactic and hands-on learning. This fall, we will host a course on thoracic endovascular aneurysm repair.

Following the election of G. Alexander Patterson, MD as Editor-Elect in Orlando, the Society is moving forward with a transition plan that includes the retention of an Annals editorial staff at the STS headquarters office in Chicago. The new editorial team will be integrated with the broader STS staff and work closely with Dr. Patterson, as well as Editor L. Henry Edmunds, MD and the existing editorial staff in Philadelphia, to ensure a seamless transition of operations when Dr. Edmunds' term is completed early next year.

The Society also has plans for raising the bar with the STS National Database by implementing critical improvements and new functionality. Many of the coming changes are a result of the STS National Database Think Tank that was conducted last fall. An overarching goal is to reformat and simplify user reports through customizable web-based dashboards. We are also exploring options for incorporating surgeon-level quality metrics in harvest reports. In order for STS to maintain its leadership position in measuring quality and outcomes in cardiothoracic surgery, the Database must continue to evolve and change. Looking beyond 2014, the Council on Quality, Research, and Patient Safety is investigating how best to interface the STS National Database with electronic medical records. Certainly, partnering with colleagues from the American College of Cardiology to develop a unified cardiovascular data dictionary and e-specifications will be critical.

Meanwhile, the STS Research Center is advancing a number of important research projects and improving internal processes. The Task Force on Access and Publications is rolling out a new procedure for evaluating and supporting member-initiated research projects using STS National Database data. Fred Edwards, MD continues to take an active role in shaping the work of the STS Research Center. He has agreed to extend his tour of duty for 6 months while a national search for a new Director continues.

In the world of health policy and advocacy, the Society is advancing the ball in a complex and generally dysfunctional environment in Washington, DC. With the recent failure of Congress to pass meaningful Medicare payment reform, STS is leading the charge in developing alternative payment models for cardiothoracic surgery that focus on heart and lung cancer teams. Our goal is to gain approval from the Center for Medicare & Medicaid Innovation for a pilot project based on the successful Virginia Cardiac Surgery Quality Initiative. STS is also working with a diverse group of stakeholders in encouraging the Centers for Medicare & Medicaid Services to implement a National Coverage Determination for lung cancer screening. To that end, on April 30, STS Immediate Past President Douglas E. Wood, MD will testify at the MEDCAC meeting, "Lung Cancer Screening with Low Dose Computed Tomography (LDCT)," in Baltimore.

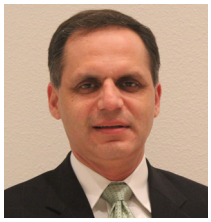
It is truly remarkable to witness the dynamic qualities of the STS organization. Apropos to the spring season, the Society continues to grow and change, providing the membership with much to look forward to in 2014 and beyond. ■

Member News

SELLKE RECEIVES AHA AWARD

Frank W. Sellke, MD, the Karlson & Karlson Professor and Chief of Cardiothoracic Surgery at the Alpert School of Medicine at Brown University and Rhode Island Hospital, received the Distinguished Achievement Award from the American Heart Association this past November. He is currently Vice Chair of the AHA's Scientific Sessions Program Committee and will start his duties as Chair of that committee in December 2014. Dr. Sellke also received the 2013 Distinguished Alumni Award from his alma mater, Indiana University School of Medicine. He has been an STS member since 1994.

REHMAN LAUNCHES VALVE PROGRAM IN PAKISTAN



Atiq Rehman, MD has worked with surgeons at the Armed Forces Institute of Cardiology in Pakistan to launch the country's first minimally invasive valve program. The team has performed several minimally invasive mitral valve repairs through a right minithoracotomy and plans to add minimally invasive aortic valve replacement and coronary artery bypass grafting in the future. Dr. Rehman is the Director of Robotics and Minimally Invasive Cardiac Surgery at Sarasota Memorial Hospital in Florida. He has been an STS member since 2013.

FERDINAND ELECTED ISMICS PRESIDENT

Francis D. Ferdinand, MD, FRCS has been elected President of the International Society for Minimally Invasive Cardiothoracic Surgery. He was also recently elected a Governor-at-Large of the American College of Surgeons. Dr. Ferdinand is the Surgical Director of Cardiovascular Quality and Strategy at Main Line Health System and Lankenau Medical Center in Philadelphia. He has been an STS member since 1994.

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

Elisa M. Robles joined STS on January 20 as its Governance Coordinator. She will support activities related to the governance of the Society, including the work of the STS Nominating Committee, the annual leadership appointment process, and the preparation of reports for the STS Board of Directors. She also will provide support for the Society's Standards and Ethics Committee. Previously, Elisa worked as a Retention Specialist for the College of Lake County. She holds a bachelor's degree in organizational/corporate communications from Northern Illinois University. To contact Elisa, e-mail erobles@sts.org.

Kalie Kissoon joined STS on March 3 as its Evidence-Based Surgery Coordinator. She will assist in the development and implementation of STS clinical practice guidelines. Previously, Kalie worked as a Lab Assistant at The University of Chicago and as a Graduate Research Assistant in the School of Medicine at the University of British Columbia. She holds a bachelor's degree in human biology from Stanford University. To contact Kalie, e-mail kkissoon@sts.org.

Stephanie Oliva joined STS on March 31 as its Quality Metrics & Initiatives Coordinator. She will assist with STS activities related to performance measurement development and maintenance, as well as help coordinate STS Public Reporting Online activities. Previously, Stephanie worked as a Senior Development Officer for Casa Central Social Services Corporation. She holds a bachelor's degree in public policy studies from The University of Chicago. To contact Stephanie, e-mail soliva@sts.org. ■

STS National Database Establishes Important Link with CMS Data

→ continued from cover

"The Database harvest reports will soon include long-term outcomes from a participant's site. These outcomes can be compared to national benchmarks," Dr. Edwards said.

HEALTH CARE ECONOMICS

This new link—a first for any medical specialty society—will also allow researchers to evaluate the overall cost of patient care, which is especially important with the current focus on rising health care costs in the United States.

"Duke has been the primary analysis center for the STS National Database for the past 15 years, and during that time the Database and the field of cardiothoracic surgery have seen tremendous growth," said J. Matthew Brennan, MD, Assistant Professor of Medicine at Duke University Medical Center. "I think we are all hopeful that this collaboration will ultimately help patients by taking the Database to a new level and addressing clinical and economic questions that could not have been addressed previously."

Learn more about the STS National Database at **www.sts.org/national-database** & research opportunities at **www.sts.org/research.** ■

Editor-Elect Selected for *The Annals of Thoracic Surgery*

G. Alexander Patterson, MD has been named Editor-Elect of *The Annals of Thoracic Surgery*.

Over the next year, Dr. Patterson will work closely with current Editor L. Henry Edmunds Jr., MD, whose term ends at the STS 51st Annual Meeting in January 2015.

"I'm absolutely thrilled and honored about this opportunity," Dr. Patterson said. "I look forward to working with the STS leadership to take *The Annals* to the next level."

Dr. Patterson is Chief of the Division of Cardiothoracic Surgery and Evarts A. Graham Professor of Surgery at Washington University in St. Louis, where he has worked since 1991. Prior to that, he held a number of positions at the University of Toronto.

Dr. Patterson has served as President of the American Association for Thoracic Surgery and as President of the Thoracic Surgery Foundation for Research and Education.

"We have been fortunate to have had some of the greatest giants in cardiothoracic surgery as editors of *The Annals of Thoracic Surgery*, including current Editor Hank Edmunds. We are fortunate to have another giant, Alec Patterson, fill this extremely important role. I am confident that under his leadership, *The Annals* will continue to be the preeminent journal for our specialty," said STS Immediate Past President Douglas E. Wood, MD, who led the Editor-Elect Search Committee.

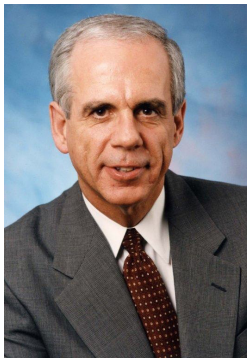
Dr. Patterson's editorial experience includes 16 years with *The Journal of Thoracic and Cardiovascular Surgery*, including 12 years in which he served as Section Editor for General Thoracic Surgery. He also was the first Thoracic Deputy Editor of the *American Journal of Transplantation*, Associate Editor of *The Journal of Heart and Lung Transplantation*, and a member of the *Transplantation Proceedings* Editorial Board. He has more than 400 published research papers and was the Senior Editor for the textbook *Pearson's Thoracic and Esophageal Surgery*, third edition.

"I have devoted my entire career to scholarship and academic productivity as a means to foster the development of thoracic surgery," Dr. Patterson said. "To become Editor-Elect of one of the major journals in the field was an extension of what I've worked for over my whole career." ■

Latest STS Public Reporting Results Now Online

Updated hospital and participant overall scores and star ratings for isolated aortic valve replacement and isolated coronary artery bypass grafting surgery are now available at STS Public Reporting Online (www.sts.org/publicreporting). If you are not currently enrolled but wish to participate in STS Public Reporting Online, please complete the consent form located at www.sts.org/PublicReportingConsent and fax it to (312) 202-5867. To learn more about the Society's public reporting initiatives, contact Jane Han, Senior Manager, Quality Metrics and Initiatives, at jhan@sts.org. You can also watch a public reporting webinar located at www.sts.org/webinars.

Tony Coelho Joins STS Board as Public Director



Tony Coelho, a former United States congressman from California and the primary author and sponsor of the Americans with Disabilities Act, was recently elected as the first Public Director on the STS Board of Directors.

This position was added to provide a new dimension of expertise that is distinct from that of the cardiothoracic surgeons on the Board.

Mr. Coelho's interest in bringing a patient perspective to the Society began a year ago, when he was asked to serve as the patient representative on the Stakeholder Advisory Group for the STS/ACC TVT Registry™. He also has a personal interest in the specialty, having undergone two procedures related to atrial fibrillation.

"As a congressman and author of the ADA, I have used my voice as a person with epilepsy to advocate for patients and people with disabilities. And more recently as an Afib patient, I have direct experience relying on a thoracic surgeon to guide me through my care and treatment," Mr. Coelho said.

"It is my goal to play a role in helping STS evolve as our health care system evolves in a manner that stays focused on the needs of patients, both in research and in policy discussions affecting patient access to care. I am passionate about the issues affecting patients, a perspective that I think STS could benefit from having on its Board and that could raise opportunities to build patient partnerships and bring a united voice to policymakers," he added.

Three Members Censured for Violating STS Code of Ethics

The Society recently censured three members for violations of the STS Code of Ethics (the "Code") in two separate ethics matters. In the first ethics matter, it was determined that a member violated Code Sections 2.1 and 6.1 by serving as a co-author on two publications that included substantially similar content from the same case study. Code Sections 2.1 and 6.1 respectively require members to uphold generally recognized "standards of professionalism" and "to maintain the highest standards of honesty and integrity" while conducting scientific research.

In the second ethics matter, it was decided that two members violated Code Sections 2.1 and 3.2 by allowing a co-author to present an abstract at the 2013 STS Annual Meeting that was substantially similar to a previously published work. It was determined that by enabling the presentation of the abstract in question, the two members failed both to uphold generally recognized "standards of professionalism" (violation of Code Section 2.1) and to honor their "professional obligations" to STS (violation of Code Section 3.2).

The Society's policy on disciplinary action describes censure as "written judgment, condemning the member's actions as wrong. This is a firm reprimand." Visit www.sts.org/about-sts/ethics or contact Grahame Rush, STS Director of Information Services, at grush@sts.org or (312) 202-5848 for additional information regarding this area of STS activity.

AUTHORS & REVIEWERS FOR *THE ANNALS OF THORACIC SURGERY*— UPDATE YOUR PERSONAL PROFILES

The Annals Editorial Office is updating its database of authors and reviewers. If you haven't done so recently, log in to the manuscript tracking system (www.atseditorialoffice.org), where you will be directed to confirm your personal contact information. You also will need to confirm your reviewer expertise terms. After these two brief tasks are completed, you can continue to your author or reviewer queues. Records not updated by June 30, 2014, may be purged.

ANNALS ARTICLE DESCRIBES INTERNATIONAL PARTICIPATION IN STS NATIONAL DATABASE

It is common knowledge among the Society's members that all three components of the STS National Database have achieved significant participation since this initiative was launched in 1989. It is perhaps less well known, however, that in response to requests from STS members outside of the US and Canada, the Database has begun to welcome international participants in recent years. Currently, there are five international participants in the Adult Cardiac Surgery Database and one in the Congenital Heart Surgery Database, hailing from Brazil, Israel, Jordan, and Turkey.

In the April issue of *The Annals of Thoracic Surgery*, Oz M. Shapira, MD, Professor and Chairman of the Department of Cardiothoracic Surgery at Hadassah the Hebrew University Medical Center in Jerusalem, Israel, writes about his institution's experience as one of the first international sites to join the Database. The paper outlines the rationale behind cardiothoracic surgeons outside of North America submitting data to the STS National Database and reviews the unique challenges and practical steps of integration as experienced by Hadassah Medical Center. Access the article at www.sts.org/AnnalsIntIDB, and learn more about international Database initiatives at www.sts.org/InternationalDatabase. ■

STS Expands Eligibility Criteria for Associate Membership

At the Annual Membership Meeting on January 27, the STS membership voted to enact an important change to the Society's bylaws that will give more people an opportunity to become STS members.

The new bylaws amendment expands the eligibility criteria for Associate Membership to encompass "all individuals having an interest in the field of thoracic surgery," with the exception of those individuals who are eligible for Active, International, Candidate, or Pre-Candidate Membership. This opens the door to STS Associate Membership for industry employees, patients, and members of the general public.

"Although surgeons play a key role in the provision of cardiothoracic care to society, we are hardly the only ones involved in that endeavor. It's our hope that the inclusion of non-professional members of industry and the community at large will allow the Society to take advantage of new members' different skillsets and perspectives," said STS Secretary Keith S. Naunheim, MD. "While such collaboration may be novel, the overall STS mission remains the same: 'to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.' Now we'll just have more partners to share the load."

If you know someone who falls within the newly expanded membership criteria, encourage him or her to visit **www.sts.org/membership** and learn more about the benefits of joining the Society as an Associate Member. Contact Sarah Foreman, Member Services Coordinator, at sforeman@sts.org with questions. ■

Wood Urges Colleagues to 'Take It to the Limit'

Douglas E. Wood, MD

Inspired by the 1970s Eagles song "Take It to the Limit," Douglas E. Wood, MD urged all cardiothoracic surgeons to push new boundaries and adopt a leadership style that embodies the "servant leader" qualities of courage, collaboration, integrity, empathy, humility, and selflessness.

During his Presidential Address at the STS 50th Annual Meeting, Dr. Wood said that changing times demand that the male-dominated profession transition from a masculine, autocratic leadership style to one that is less authoritarian and more feminine.

He described how a zero-sum game—where there is a winner and a loser—does not work in a modern, collaborative world. "In our environments of heart teams and multidisciplinary care, winning is plural," Dr. Wood said. "Sustainable improvements depend on collaboration and agreement. Over the longer time horizon, we will see that the real winners are those that invoke the skills of sharing credit and consensus building in order to achieve shared success."

He admitted that this new paradigm may be difficult for the "hard-charging and high-achieving men" that make up a majority of the specialty: "We would all benefit from diminishing our ego and striving for modesty and kindness. Vulnerability can be our new strength."

He also encouraged the promotion of women in the specialty. "Demonstrate the excitement, innovation, and career value and satisfaction that we have as surgeons. Encourage them because that is how we will grow, that is how we will stay relevant in the 21st century, and that is how all of us, women and men alike, will learn from each other how to make a difference for our specialty and for the world," Dr. Wood said.

He also used his Presidential Address to congratulate the cardiothoracic surgeons who are taking it to the limit outside of the operating room. He recognized several surgeons—one who became the vice president of Guatemala, one who designed a health education program for elementary school kids, and another who served in the U.S. Armed Forces.

Prior to his address, Dr. Wood paid tribute to those in the audience who served in the Armed Forces, from World War II to the ongoing conflicts in the Middle East. He thanked them for their service and commended them for their inspirational work. ■

> "The real winners are those that invoke the skills of sharing credit and consensus building in order to achieve shared success."
>
> *–Douglas E. Wood, MD*

Highlights of the STS 50th Annual Meeting

More than 2,300 cardiothoracic surgeons and allied health care professionals gathered in Orlando January 25–29 for 5 days of exciting lectures, thought-provoking debates, important research presentations, and networking opportunities at the STS 50th Annual Meeting.

This year's meeting celebrated the Society's Golden Anniversary with special exhibits throughout the convention center and tributes during the General Sessions. To watch an STS history video and view other materials honoring 50 years of STS, visit www.sts.org/50thanniversary.

Attendees also got to hear from two very special guest lecturers. Shaf Keshavjee, MD delivered a fascinating talk on personalized medicine for transplanted organs. Egyptian cardiothoracic surgeon Bassem Youssef spoke about his rise as a political satirist and host of one of the Arab world's most-watched television programs to become one of *Time* magazine's 100 most influential people in the world for 2013, using skills he learned during his CT surgery training.

For more details on this year's Annual Meeting events, visit www.sts.org/AMarchive to view meeting photos, program content, and daily editions of *The STS Meeting Bulletin*. And stay tuned for more information on the Society's 51st Annual Meeting in San Diego, January 24–28, 2015, which will continue to feature outstanding scientific research and discussions. The abstract submission site will open soon; keep an eye on your e-mail inbox for an announcement. ■

Buy STS 50th Anniversary Merchandise

Order your limited-edition STS 50th Anniversary merchandise while supplies last! Two great products are available. The first is a black DuraHyde briefcase with an interior organizer, a padded computer pouch (holds a 17" laptop), and a detachable, adjustable shoulder strap. The second is a cotton/polyester blend crewneck sweatshirt. Both products display the distinctive STS 50th Anniversary logo. Limited quantities are available, so don't delay. Allow 4-6 weeks for delivery. Order your STS 50th Anniversary merchandise by visiting www.sts.org/sts50thmerchandise. If you have any questions regarding the availability of STS merchandise, contact marketing@sts.org.

Award Winners Honored

Douglas J. Mathisen, MD (left) with Douglas E. Wood, MD

In addition to sharing knowledge about cutting-edge science, state-of-the-art technology, and data-driven quality improvements in health care, the STS Annual Meeting also offered the opportunity to recognize those who are making an impact in the specialty. The following were honored by the Society in Orlando:

DISTINGUISHED SERVICE AWARD

STS presented the Distinguished Service Award to Douglas J. Mathisen, MD. This award recognizes those who have made significant and far-reaching contributions to the Society and the specialty. Dr. Mathisen, an STS Past President currently serving as Chair of the Joint Council on Thoracic Surgery Education and Chair of the STS Council on Health Policy and Relationships, heads the Division of Thoracic Surgery at Massachusetts General Hospital in Boston, where he is also the Program Director for Cardiothoracic Surgery. In addition, he is the Hermes C. Grillo Professor of Surgery at Harvard Medical School.

EARL BAKKEN SCIENTIFIC ACHIEVEMENT AWARD

The Earl Bakken Scientific Achievement Award was presented to G. Alexander Patterson, MD, Chief of the Division of Cardiothoracic Surgery and Evarts A. Graham Professor of Surgery at Washington University in St. Louis. The Bakken Award honors individuals who have made outstanding scientific contributions that have enhanced the practice of cardiothoracic surgery and patients' quality of life.

PRESIDENT'S AWARD

The President's Award was presented to Tarek Malas, MD, a cardiac surgery resident at the Ottawa Heart Institute, for his paper, "Is Aortic Valve Repair Reproducible? Analysis of the Learning Curve for Aortic Valve Repair." Selected by the STS President, this award recognizes an outstanding scientific abstract submitted to the Annual Meeting program by a lead author who is either a resident or a surgeon 5 years or less in practice.

POSTER AWARDS

Adult Cardiac Surgery

"Complex Aortic Valve Replacement and Concomitant Procedures With Perceval S Sutureless Aortic Valve Prosthesis: Combined Results of Three Prospective Multicenter European Trials" (lead author Malakh Shrestha, MBBS, HC, PhD)

General Thoracic Surgery

"Lymph Node Assessment and Impact on Survival in VATS Lobectomy/Segmentectomy" (senior author Michael Lanuti, MD)

Congenital Heart Surgery

"A Defined Management Strategy Improves Early Outcomes Following the Fontan Procedure" (lead author Rachel Sunstrom, PA-C)

Cardiothoracic Surgical Education

"A Surgical Trainee-Driven Resource Utilization Protocol Reduces Hospital Direct Costs in Thoracic Patients" (lead author Walter DeNino, MD) ■

Annual Meeting by the Numbers

2,363
professional registrants

61
countries represented by attendees. Top 5 countries with the most attendees: United States, Japan, Brazil, Canada, Mexico

18
Founder Members in attendance

140
exhibiting companies

50
pounds of chocolate used to create the STS logo on the 50th Anniversary cake served during the Exhibit Hall Opening Reception

221
new STS members admitted at the Annual Membership Meeting

535
pig hearts purchased for STS University

26
congratulatory videos from leaders of medical organizations and others

29
official proclamations from state governors commemorating the Society's anniversary and expressing gratitude for the hard work and important contributions made by cardiothoracic surgeons

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1. More than a dozen of the Society's Founder Members were honored during Monday morning's General Session for their roles in helping to create STS.
2. David A. Fullerton, MD (right) was elected STS President during the Annual Membership Meeting. He was handed the President's gavel by Douglas E. Wood, MD, now Immediate Past President.
3. Meeting attendees, including STS International Director A. Pieter Kappetein, MD, PhD, socialized at one of Orlando's most exciting theme parks.
4. Leaders of several international cardiothoracic surgical societies attended Dr. Wood's Presidential Address.
5. C. Walton Lillehei Lecturer Shaf Keshavjee, MD spoke about his team's work on ex-vivo perfusion of human lungs and where the future of transplantation may go.
6. In one of three press conferences held at the Annual Meeting, Michael Bousamra, MD presented his research showing that specific compounds found in exhaled breath may help diagnose lung cancer in its early stages. A number of press outlets wrote about the study, including *USA Today*.
7. STS University offered attendees hands-on experience in a variety of procedures, including valve-sparing aortic root replacement and VATS lobectomy.
8. Egyptian television host and cardiothoracic surgeon Bassem Youssef delivered the Thomas B. Ferguson Lecture, which explored how his career as a political satirist has benefitted from his training as a CT surgeon.
9. Douglas E. Wood, MD kicked off the Exhibit Hall Opening Reception by cutting into a giant cake to celebrate the Society's 50th anniversary.


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Order copies of 50th Annual Meeting photos by visiting stsphotos.com/STS2014.


9

What Cardiothoracic Surgeons Must Know About ICD-10

Is Your Office Ready?

At some point in the future, the ICD-9 coding system is slated to be replaced.* The codes used to report outpatient and inpatient diagnoses, as well as hospital inpatient procedures, will transition to ICD-10-CM (clinical modification) and ICD-10-PCS (procedural coding system). You need to know how the ICD-10-CM/PCS transition will affect your cardiothoracic surgical practice and what you should do to prepare for the transition.

TWO COMPONENTS INVOLVED

There are two distinct components to ICD-10. One is **ICD–10–CM**—the diagnosis codes. Physicians, hospitals, and other HIPAA-covered entities must transition to these new codes; however, some payments, such as those under workers' compensation, are not required to use ICD-10-CM. Thus, you may have to accommodate both ICD-9-CM (the current diagnosis coding system) and ICD-10-CM in your practice.

ICD-10-CM is similar in function to the current ICD-9-CM system. The way you look up codes will not change, but the new codes will look different. ICD-10-CM accommodates up to seven alphanumeric characters. Compared to ICD-9-CM, which has approximately 14,000 diagnosis codes, ICD-10-CM explodes to approximately 69,000 diagnosis codes with more specificity.

For example, simple laterality (right vs. left) accounts for a significant increase in the number of codes. Many ICD-10-CM cardiothoracic diagnostic codes have the same wording as ICD-9-CM; however, in other situations, multiple diagnostic code options are available that more specifically define a disease. You will be expected to provide these more detailed codes. The layout and progression of the changes in ICD-10-CM are generally very logical.

The second part of ICD-10 is **ICD–10–PCS**. Hospitals are the main entities that will bear the burden of this transition. While hospitals are paid on Medicare Severity-Diagnosis Related Groups, the MS-DRGs are based on a combination of the principal diagnosis, secondary diagnosis, and procedures. The ICD-10-PCS adds markedly increased specificity to the hospital procedure coding process, which is required to report hospital inpatient services.

ICD-10-PCS is an entirely new coding structure, which is radically different from ICD-9 procedural coding. The current ICD-9 procedural coding system contains approximately 3,824 codes; the ICD-10-PCS contains approximately 72,589 codes. The ICD-10-PCS system utilizes a series of tables to build a seven-character alphanumeric code. Each component of the table has a defined purpose, and the words used within the system have defined meanings.

Nonetheless, the language in ICD-10-PCS is not the same language typically used by surgeons in their documentation or recognized by coders. Eponyms and common names, such as CABG, Fontan, Ivor Lewis, and Nissen, are no longer represented, necessitating that hospital coders have a more thorough understanding of operative details. Since most hospitals base their coding on physicians' documentation, it is imperative that hospital-based physicians, such as many cardiothoracic surgeons, have an understanding of this transition. You will not have to change the language you use, but you many need to provide additional specificity in some areas of your documentation. Understanding ICD-10-PCS and appropriate changes to your operative and other procedure notes may decrease the need for coder queries to you. **It is important to note that physician professional services will still be reported using CPT (Current Procedural Coding) codes, so the way that you report your personal services will not change.**

COSTS OF TRANSITIONING

The estimated cost of transitioning from ICD-9-CM to ICD-10-CM is $22,000 per physician. These costs are associated with the following:

1) Updating your information systems, which may include practice management systems, electronic medical records, and coding software;
2) Investing in the education and training of clinical and administrative staff, including internal and/or external auditing of current documentation and processes, training courses for key personnel, and the development of crosswalks or maps to facilitate certain functions in the office;
3) Staffing and overtime to accommodate implementing a new coding system on top of current responsibilities. It is expected that there will be decreased productivity due to the learning curve before and after the transition; and
4) Updating and printing of communication sheets and other forms used in the office, if applicable.

Ideally, this transition will have minimal impact on physicians, but since that cannot be guaranteed, it is extremely important that physicians and their staffs be as prepared as possible. This means ensuring that all of your systems—internal and external, paper and electronic—are appropriately upgraded and that you and your personnel are adequately trained. It may be prudent to anticipate possible payment disruptions due to the transition. This may involve setting up a line of credit or putting money aside to cover any disruptions for 3 to 6 months.

STS plans to offer a series of ICD-10 webinars, as well as tools that will help cardiothoracic surgery offices with this transition. Visit **www.sts.org/advocacy/coding-reimbursement-corner** for more information.

At press time, the timing was being debated in Washington, DC.

STS Members Discuss Work/Life Balance and Career Development in CT Surgery

From left: Yolonda L. Colson, MD, PhD, Iva A. Smolens, MD, Virginia R. Litle, MD, Meena Nathan, MD, and Nora L. Burgess, MD

At the STS 50th Annual Meeting in Orlando this past January, a group of Women in Thoracic Surgery members gathered to discuss what drew them to pursue a career in the specialty, how they manage the work/life balance, and how their careers have evolved.

"I went into it simply because I loved it. I loved every minute in the OR. I like surgery in general, but there was something about the chest," said Yolonda L. Colson, MD, PhD, of Brigham and Women's Hospital. "You have 24 hours of your day, and what do you want to spend it doing? What you do for your living should be what you really, really like to do."

The panelists addressed the reputation that cardiothoracic surgery has for being a difficult field in which to achieve work-life balance. They agreed that balance is possible if you make a conscious effort to work at it.

"You should be proactive about your personal life. Look ahead and think about what you want your life to look like in the next 5 years," said Nora L. Burgess, MD, a recently retired cardiothoracic surgeon. "It sounds a little bit more self-aware than you might think is necessary, but it really pays off to occasionally think about whether you're balancing the time you have under your control."

An important step is surrounding yourself with people who will be supportive of your choices, including your significant other and practice partners.

> "Look ahead and think about what you want your life to look like in the next 5 years."
> *—Nora L. Burgess, MD*

"You learn to be very wise in your choices. You have to have people who can help you balance and who can truly understand why [what you do] is important," Dr. Colson said.

And don't be afraid to ask for help when you need it. "You have to be willing to accept that some of the childcare is going to be done by someone that you pay and you may not always be there all the time. … But saying all that, I do think that we are good role models for our children, and I'm really proud of that," said Virginia R. Litle, MD, of Boston Medical Center.

The surgeons acknowledged that the medical field has changed quite a bit in terms of appreciating work/life balance.

"It really has changed from what I saw in my training when the attendings would almost have to sneak out of the hospital if they wanted to go to a soccer game," Dr. Litle said. "Now we're all more understanding and I think that has been an excellent change."

"I have a very supportive partner in my practice, and it's equally important to him to be there for his kids' things as it is for me, and I think socially it's much more acceptable," said Iva A. Smolens, MD, a cardiothoracic surgeon at a private practice in Arizona. "I think it's become a little bit easier because everyone's invested in that now."

> "You have to have people who can help you balance and who can truly understand why [what you do] is important."
> *—Yolonda L. Colson, MD, PhD*

The panelists also encouraged surgeons to think of ways they can expand their careers beyond the operating room.

"As you go through your career, you can find all kinds of opportunities to learn—it might be economics, it might be population-based health care," said Dr. Burgess, who spent part of her career as an administrator as well as a surgeon.

"You can find your niche in research, too," said Meena Nathan, MD, of Boston Children's Hospital. "There is opportunity to expand beyond just medical and surgical expertise."

View the entire discussion at **www.youtube.com/thoracicsurgeons**, along with roundtables on other topics filmed at the Annual Meeting.

STS Advocacy Spurs Progress on Medicare Physician Payment Bill

STS leaders visited Capitol Hill in December to support ongoing physician payment reform efforts and educate members of Congress about using clinical data registries for health care quality initiatives.

On February 6, H.R. 4015 / S. 2000, "The SGR Repeal and Medicare Provider Payment Modernization Act of 2014," was simultaneously introduced in the US House of Representatives and the US Senate. The bill is the product of an agreement among the three committees of jurisdiction: the House Ways and Means Committee, the House Energy and Commerce Committee, and the Senate Finance Committee. The House subsequently passed a version of the bill with pay-fors that divided Representatives along partisan lines. As of this writing, the Senate was expected to take similar partisan action.

The final policy proposal represents more than a year of collaboration among the committees, highlighted by unprecedented outreach to stakeholders from across the medical community. From the beginning of this process, STS has provided thoughtful and constructive feedback, earning the Society a seat at the negotiating table and recognition as a key ally.

Because of direct advocacy from hundreds of STS members who wrote or called their legislators, visited with members of Congress in Washington or their home district offices, or hosted policymakers at their medical facilities, the Society was instrumental in shaping this legislation that is intended to transform the health care system into one that rewards physicians for the quality health care they provide.

Throughout the drafting process, STS advocated for leveraging the unique power of clinical registries, combined with administrative claims and patient outcomes data, to improve quality and efficiency in the health care system. In numerous public comments to the committees of jurisdiction and Congressional testimony from STS Past President Jeffrey B. Rich*, the Society asserted that without a national infrastructure for collecting, aggregating, and evaluating clinical information against valid, risk-adjusted quality measures, any effort toward true payment reform would be difficult, if not impossible.

The bill is bipartisan, bicameral legislation that makes important strides toward developing a data-driven infrastructure through its focus on clinical registries. The proposed bill even allows qualified clinical data registries to access Medicare administrative claims data for the purpose of executing the reforms. STS also supports the following additional provisions in the bill:

- A threshold model of physician performance measurement under a new merit-based incentive payment system that allows all providers to be rewarded for exceptional quality and efficiency, rather than a model that promotes competition and discourages providers from sharing best practices;
- A pathway for the development of specialty-driven alternative payment models that will allow patients and providers alike to benefit from quality and efficiency improvements;
- 5 years of positive payment updates as physicians transition to the new payment models described above; and
- Unambiguous guidelines to promote the application of appropriate use criteria and legal protections for providers who engage in quality improvement efforts.

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Although this is the first time that there has been broad consensus throughout the medical community and within Congress about the policies that should replace the flawed sustainable growth rate formula for Medicare physician payment, the Society's advocacy work is far from complete. Members of Congress must be convinced to do the hard work of coming up with approximately $125 billion to pay for H.R. 4015 / S. 2000, which means that they need to hear from the patients and physicians who will benefit from a reformed payment system.

STS members, along with colleagues from other surgical specialties and the entire field of medicine, are participating in a massive grassroots advocacy campaign. Please visit www.sts.org/advocacy and tell your members of Congress what Medicare physician payment reform will mean to you, your practice, and your patients.

*Visit **www.sts.org/advocacy/health-policy-issues#PMP** to review comment letters and testimony.

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