

STS Releases New Clinical Practice Guidelines App

The Society is meeting an important need of its members—all 18 STS evidence-based clinical practice guidelines are now available in an easy-to-use, searchable mobile application.

iPhone and iPad users can download the STS Clinical Practice Guidelines App from the Apple App Store; an Android version will be available at a later date.

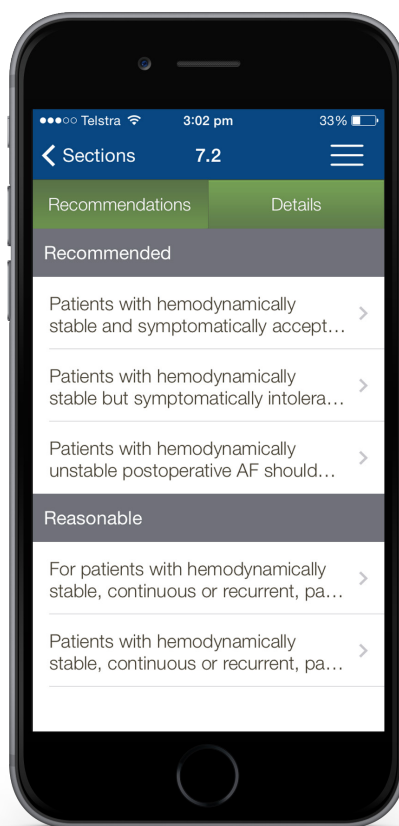
“This application allows immediate access to STS Clinical Practice Guidelines at the point of care, facilitating better treatment decisions,” said John D. Mitchell, MD, Chair of the Workforce on Evidence Based Surgery.

You can browse the guidelines individually or search by keyword to quickly find what you need. The app also features real-time updates, so whenever a new guideline is added to the library or an existing guideline is updated, your device will be up-to-date.

STS Clinical Practice Guidelines are intended to assist physicians and other health care providers in clinical decision making by describing a range of generally acceptable approaches for the diagnosis, management, or prevention of specific diseases or conditions.

The app is the first generation of what will be evolving technology to help improve patient care.

“In the future, our hope is that other organizations’ guidelines relevant to cardiothoracic surgery will be added, as well as links to resources that will make the app even more valuable,” Dr. Mitchell said. “Links could include diagnostic and procedural codes such as ICD10 and CPT4.”



The app provides easy access to recommended courses of treatment.

To download the app, search for “STS Clinical Practice Guidelines App” in the Apple App Store. Registration is free, but your name and e-mail address are required to access the full content.

STS would like your feedback on the new app. Send your comments to Kalie Kissoon, Evidence Based Surgery Coordinator, at kkissoon@sts.org. ■

New Officers, Directors Elected

New STS officers and directors were elected during the Annual Membership (Business) Meeting on Monday, January 26, at the 51st Annual Meeting in San Diego.

The membership elected Mark S. Allen, MD as STS President for 2015-2016.

Additionally, Joseph E. Bavaria, MD was elected First Vice President, and Richard L. Prager, MD was elected Second Vice President.

G. Alexander Patterson, MD was elected Editor of *The Annals of Thoracic Surgery* (see page 7).

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

Secretary:

Keith S. Naunheim, MD

Treasurer:

Robert S.D. Higgins, MD, MSHA

Resident Director:

Damien J. LaPar, MD, MSc

Directors-at-Large:

Vinod H. Thourani, MD

Cameron D. Wright, MD

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STS, Surgeon Reimbursement, and the US Government

Mark S. Allen, MD, President

Rep. Adam Kinzinger (R-IL) is quoted as saying, "It's not about earning a paycheck; it's about doing something good that you believe in." Most cardiothoracic surgeons feel the same way, with the caveat that we do want to be paid fairly. STS is currently working on several important issues related to reimbursement, both to help the cardiothoracic surgery community and, more importantly, to help preserve access to care for our elderly patients.

REIMBURSEMENT AND SGR

Since 1987 Medicare reimbursement for coronary artery bypass grafting has fallen significantly, from \$3,700 to \$1,200 in inflation-adjusted dollars. This represents a 66% reduction. In addition to the falling reimbursement, there remains great uncertainty about the future of Medicare reimbursement due to the sustainable growth rate (SGR). The SGR was put in place by Congress in 1997 to limit the growth of physician payments so that they would be no greater than the growth of the economy as a whole.

The concept, although well intentioned, had little chance of success since few countries have been able to control medical spending in this manner (and many unanticipated factors have contributed to growth in the health care sector in the past 18 years). Thus, every year, Congress passes a temporary patch to prevent a payment reduction.

The cumulative consequence of these temporizing actions is that Medicare spending would have to be reduced by some \$20 billion or about 21% this year to meet SGR targets. This would be only a rounding error in our \$4 trillion budget, but Congressional rules require that Congress comes up with a way to pay for any policy changes it makes—and the cost must be calculated over 10 years. Therefore, the current price tag to rescind SGR is about \$175 billion.

Politically, this is too large to add to the deficit, and cutting physician reimbursement from Medicare by 21% would markedly decrease access to medical care for seniors, so Congress periodically passes a stopgap patch and the uncertainty continues.

To date, Congress has spent more money paying for SGR patches than it would cost to repeal SGR permanently. STS is working to repeal the flawed SGR formula so that alternative payment models can be instituted that rely on our database and reward surgeons for the quality care they provide.

GLOBAL SURGICAL PAYMENTS

STS is also working to repeal a CMS plan that would eliminate 10- and 90-day global payments. Currently, Medicare allows surgeons performing certain procedures to submit one bill that covers the preoperative visit, the surgery, and the postoperative follow-up for 10 or 90 days. In the 2015 Physician Fee Schedule released October 31, 2014, all 10-day global surgery codes would be eliminated starting in 2017, and 90-day global payments would be eliminated in 2018. Most surgeries performed by STS members are reimbursed as 90-day global payments.

The CMS plan to eliminate these kinds of global payments was reportedly implemented in response to a 2012 report by the Office of Inspector General that showed certain surgical subspecialties were providing fewer postoperative services than what CMS believed the global payment system should cover. The Medicare Payment Advisory Commission (MedPAC) has expressed its support for this CMS plan "to improve the accuracy of the RVUs for surgical procedures."

With continued effort by STS members we can make a difference.

STS does not support the policy of eliminating global payments. The main reason for objection is that it may hurt patient care. Currently, there are complex systems in place for the management and care of cardiothoracic surgical

patients postoperatively.

Forcing surgeons to bill for each encounter would create chaos in the postoperative period for patient care. Some physicians would compete to see the patient, and some, without the appropriate skill set, would end up seeing the patient just so they could bill.

The administrative burden would increase dramatically. It is estimated that each patient would receive a dozen or more individual bills for each of the 25 million operations performed each year in the US. CMS has stated that it has no objective data on how to adequately reimburse surgeons for each portion of the care currently covered under the global system, so the conversion from the 10- or 90-day global would be a guess at best. This could result in a substantial reduction in reimbursement, further reducing the access to quality surgical care by those on Medicare.

STS has joined forces with the Surgical Coalition and submitted written comments to CMS outlining its concerns about the proposal. We also held a Legislative Fly-In in Washington, DC, where STS members met with members of Congress to express our concerns.

These are not simple issues to resolve, but with continued effort by STS members we can make a difference. By joining us at a Fly-In in Washington to discuss these topics with your representative, getting involved locally with your Congressman or Senators, or by simply donating to the STS Political Action Committee (www.sts.org/pac), we can make a difference. These efforts will allow cardiothoracic surgeons to follow their passion, provide excellent care, and be fairly compensated. ■

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

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As changes in health care delivery continue to impact practicing cardiothoracic surgeons, a change in mindset is required on our part. Rather than see change as negative and obstructive, it is helpful to view it through a different lens. In this issue of STS News, Matt Blum, a member of the STS Workforce on Practice Management, outlines how surgeons can take advantage of the opportunities that disruptive change often presents.

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

Take Advantage of the Opportunity to Engage System Administration

Matthew G. Blum, MD, Memorial Hospital-University of Colorado Health, Colorado Springs

Practice management isn't what it used to be for most cardiothoracic surgeons. With a large number of cardiothoracic surgeons employed by hospitals or hospital systems, much of "practice" management has shifted to managing service lines within an institution. To be successful, surgeons have to recognize and even create opportunities within their institutions. This requires both actively engaging administrators and understanding administrative perspectives on how clinicians add value to the institution beyond just direct patient care. Unfortunately, these administrative skills are not well taught in medical education and surgical training programs.

The medical environment can seem increasingly frustrating because of the growing number of external demands beyond a surgeon's control. However, there is opportunity for CT surgeons to direct the implementation of quality measures, system workflows, and external contracting that can substantially affect day-to-day management and the success of their programs.

In order to be successful, surgeons have to seek out and engage administrative leaders and integrate their clinical understanding into the framework of their institutions. This may include participating in planning meetings or formalizing expectations within contracts that include compensation for administrative duties within service lines and quality initiatives.

At the Practice Management Summit held during the STS 51st Annual Meeting in San Diego this past January, Drew Rector, Executive Vice President and Chief Strategy Officer for Health First, a health system in Florida, addressed the role of CT surgeons in administrative structures. "The health care system's number-one deficiency is human capital," he said.

He and others at the Summit went on to note that CT surgeons are very valuable from an administration standpoint, but they have to be motivated, be interested in helping with system administration, and identify themselves to institutional leadership—or that value may never be realized.

As health care increasingly emphasizes quality care over quantity, CT surgeons can add substantial value to leadership teams.

Many of the speakers at the Summit iterated that surgeons must figure out how to effectively communicate with administrators who generally do not have the same data-driven scientific or clinical backgrounds as they do.

"Doctors speak one language and administrators speak

another. You have to develop personal relationships with your administrators. Don't use logic. Appeal to their emotions," suggested Nathan Kaufman, Managing Director of a San Diego-based medical consulting company.

Resources mentioned as being particularly helpful include the book, *All In the Timing: From Operating Room to Board Room*, by STS Past President Charles Hatcher Jr., MD, as well as resources from the American Association for Physician Leadership (www.physicianleaders.org).

As health care increasingly emphasizes quality care over quantity, CT surgeons can add substantial value to leadership teams. A CT surgeon's background uniquely positions him or her to create high-quality clinical teams and systems. Higher quality care allows medical systems to be more competitive in contracting, so those who can create such systems are valued by institutions. This creates opportunities for CT surgeons to improve the care of patients beyond just their own personal patient care and add value to their hospital or hospital systems. ■



On Ethics in Cardiothoracic Surgery

Robert A. Wynbrandt, Executive Director & General Counsel

I love to brag about my job. In a former professional life, I bragged about the law firm at which I worked for 22 years; and for almost 13 years now, I've been bragging about The Society of Thoracic Surgeons. One thing that I've been able to brag about at both places of employment is that one of my former law partners, Paul Gebhard, is credited with having coined the term, "informed consent"—this in a 1957 brief written on behalf of the American College of Surgeons. (As Hall of Fame baseball manager Casey Stengel was fond of saying, you could look it up.) And while I recognize that informed consent presents certain administrative hassles for surgeons and their institutions, it is undeniably a bedrock, patient-centered ethical principle about which the surgical profession has reason to be proud.

It is relatively easy to become discouraged, even cynical, about the manner in which modern society seems to have forgotten about the importance of ethics in our professions and in our daily lives. Brian Williams is suspended from his position as an NBC newscaster for misrepresenting his experience in the 2003 Iraq War. Illinois Congressman Aaron Schock resigns from office after the watchdog group Citizens for Responsibility and Ethics in Washington files a complaint in response to the news that he had lavishly decorated his congressional offices in the style of PBS television series *Downton Abbey* with taxpayer money. Even the heralded Jackie Robinson West Little League team from inner city Chicago is stripped of its national championship based upon its violation of applicable residency rules. It's enough to make you wonder whether humankind is in an ethical freefall, the only prevailing rule being the one against getting caught.

It is against this backdrop that during a recent meeting of the STS Committee on Standards and Ethics, it was suggested that we use the pages of *STS News* to remind the membership about the Society's various ethics policies, including an overarching Code of Ethics, all of which can be accessed at www.sts.org/about-sts/policies. These policies, with which all STS members agree to comply as a part of their applications for membership, provide standards for member conduct in relation to such matters as advertising and publicity, relationships with industry, serving as an expert witness, and the utilization of STS National Database outcomes data. As evidenced by those reports that are presented to the membership at our annual Business Meeting by Standards and Ethics Committee Chair Richard Whyte, as well as the articles that periodically appear in *STS News* (see, e.g., page 7), the Society actually "walks the walk" and enforces its ethics policies; not all organizations that promulgate ethics policies do so.

The Society has a proud tradition of interest and involvement in matters of ethics, as fully told by Richard's predecessor, Bob Sade, along with Martin McKneally, in a chapter within the 50th Anniversary supplement to *The Annals* that was published in January of last year. In fact, Bob recently has authored a book, *The Ethics of Surgery: Conflicts and Controversies*, published by Oxford University Press, highlighting ethical issues that all STS members encounter. Bob's book includes content from 25 debates that have been presented by a host of STS luminaries—including Past Presidents John Mayer and Mike Mack, as well as current officers Joe

Bavaria and Keith Naunheim—plus an assortment of distinguished members and guests at STS, AATS, and STSA Annual Meetings going back well over a decade; I highly recommend it to you.

And lest our membership walk away from this column thinking that I take some perverse pleasure in bragging about STS finger-wagging and lawyerly ethics enforcement proceedings, please note that those ethics debates in which Bob Sade rightfully takes pride do not represent the Society's sole investment in the education side of professional ethics. Just last year, STS and AATS initiated financial support of a Cardiothoracic Ethics Forum Scholarship program that offers scholarships in amounts of up to \$10,000 for interested cardiothoracic surgeons to obtain formal education and training in biomedical ethics through any of several programs offered by leading ethics

centers in North America; additional information regarding this program is at www.ctsnet.org/cardiothoracic-ethics-forum-scholarship.

The stature of the Society and its

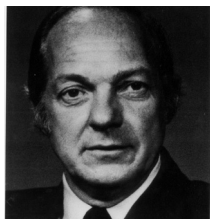
The stature of the Society and its members is enhanced—with governments, with patients, and with the public at large—because of its active involvement in matters of professional ethics.

members is enhanced—with governments, with patients, and with the public at large—because of its active involvement in matters of professional ethics. Accordingly, I hope that you take a measure of pride in your affiliation with an organization that actually cares about the ethical behavior of its membership; you might even want to brag a little bit about it. ■

In Memoriam

JAY L. ANKENEY, MD

STS PAST PRESIDENT (1980-1981)



An STS Past President and pioneer in the field of open heart surgery passed away on December 24, 2014, at the age of 93.

Jay L. Ankeney, MD earned his bachelor's degree from Ohio Wesleyan University and graduated from Western Reserve University medical school in 1945. After

spending time in the US Naval Reserve, Dr. Ankeney completed his general surgery residency at University Hospitals in Cleveland. He then trained in thoracic and cardiac surgery in New York City.

In 1955, Dr. Ankeney returned to what is now known as Case Western Reserve University and University Hospitals and developed the open heart and thoracic surgery residency programs at those institutions. He was eventually appointed Director of the Division of Cardiothoracic Surgery at University Hospitals, where he remained until his retirement in 1986.

Dr. Ankeney performed the first successful off-pump open heart procedure at University Hospitals in 1969. He became one of the first cardiothoracic surgeons to stabilize the beating heart without using the heart-lung machine during coronary artery bypass surgery, making the operation safer for patients. He also developed the Ankeney sternal retractor.

"Among his many talents was a desire to follow the goal of J. Maxwell Chamberlain, which was to have STS be 'a home for all thoracic surgeons, whether they be from private clinical practice or academia.' Ankeney pursued this approach and, in hopes of ensuring high quality, introduced the concept of recertification," said STS Past President W. Gerald Rainer, MD.

In addition to serving as STS President from 1980 to 1981, Dr. Ankeney served as a Director of the American Board of Thoracic Surgery from 1971 to 1978. ■

Member News



MCGEE JOINS LOYOLA

Edwin C. McGee Jr., MD has been named Surgical Director of the Heart Transplant and Assist Device Program at Loyola University Medical Center in Maywood, Ill. Previously, Dr. McGee was Surgical Director of Heart Transplantation and Mechanical Assistance at Northwestern Memorial Hospital. He has been an STS member since 2005.



PARK CMO AT JEFFERSON HOSPITAL

Chong S. Park, MD has been named Chief Medical Officer at Jefferson Hospital in Pittsburgh. He previously served as Chair of the Department of Surgery and Medical Director of Allegheny Health Network's Cardiovascular Institute at Jefferson. He has been an STS member since 2000.



SVENSSON CHAIR AT CLEVELAND CLINIC

Lars G. Svensson, MD, PhD has been named Chair of the Heart & Vascular Institute at the Cleveland Clinic. He has been with the Clinic for 14 years and most recently served as Director of its Aorta Center. Dr. Svensson has been an STS member since 1995.



PLESTIS JOINS LANKENAU

Konstadinos A. Plestis, MD, PhD has been named System Chief of Cardiothoracic and Vascular Surgery at Main Line Health's Lankenau Heart Institute in suburban Philadelphia. Previously, he was Director of Aortic Surgery and the Aortic Wellness Center at Lenox Hill Hospital in New York City. Dr. Plestis has been an STS member since 2003.



WALKER CHIEF AT UMASS

Jennifer D. Walker, MD has been named Chief of the Division of Cardiac Surgery and Surgical Director of the Heart and Vascular Center of Excellence at the University of Massachusetts Memorial Medical Center in Worcester. Dr. Walker is the first woman to serve as Chief of Cardiac Surgery at UMass. She has been an STS member since 2004.

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

Jamie Yap joined STS on December 15 as its STS National Database Assistant. She assists with the daily functions of the Society's quality and patient safety activities, as well as provides ongoing support for the STS National Database. She holds a bachelor's degree in health care administration from DePaul University. To contact Jamie, e-mail jjap@sts.org.

John Kerpan joined STS on January 5 as Editorial Manager for *The Annals of Thoracic Surgery*. He manages the peer-review process, serves as point-person for author and reviewer communications, and assists in initiating new projects for *The Annals*. Previously, John was an Editorial Assistant for the

American Journal of Respiratory and Critical Care Medicine. He holds a bachelor's degree in English from The University of Iowa and a master's degree in literature from Northwestern University. To contact John, e-mail jkerpan@sts.org.

Elyssa Hesky joined STS on January 6 as its Assistant Director of Government Relations. She works with the team in DC to advance the Society's legislative and regulatory initiatives. Previously, Elyssa was a Senior Legislative and Regulatory

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Tips for Getting the Most Out of Your STS Membership

Sean C. Grondin, MD, MPH, Foothills Medical Centre, Calgary, Canada
STS Canadian Director; Chair, Workforce on General Thoracic Surgery

I have been in practice for 15 years and joined STS as a thoracic surgery resident at the recommendation of one of my mentors, Dr. Griffith Pearson. For the first 5-6 years of my practice, my participation in STS was limited to attending an annual meeting every couple of years. The annual meetings were a draw because of the quality scientific content and the opportunity to network. I should also note that the rotating locations of the meeting in the southern United States offered an appealing reprieve from our Canadian winters.

In Canada, like many other jurisdictions, surgeons most often pay out of pocket for membership fees and conference travel expenses. Given this financial reality, it became apparent to me early in my career that it would be important to regularly evaluate the cost:benefit of membership in each organization that I had joined. When it came time to evaluate my STS membership, I sought counsel from two senior colleagues.

These two senior colleagues, Drs. Doug Wood and Doug Mathisen (or the “Two Dougs” as I call them), helped clarify for me the many advantages of being an STS member, including the educational benefits of the Annual Meeting, such as Tech-Con and the various scientific symposia and thoracic surgery workshops. They pointed out that the large North American and international membership allows a broad exposure to ideas and concepts, as well as global networking opportunities. They discussed the benefits of publishing in *The Annals of Thoracic Surgery* and participating in the STS National Database. They also drew my attention to the STS website, which offers educational materials for surgeons, as well as resources for patients and allied health care professionals. When we discussed the price of membership, they pointed out the adjusted fees for both Canadian and International Members. It was clear after these conversations that the benefits of membership were significant.

But perhaps the most important realization from these discussions came when they asked the question, “What have you done to get involved in STS?” After some honest reflection, my answer was “Not much.” I had not engaged in the organization, nor did I get involved other than as a passive observer. This was truly a “light bulb” moment for me. Going forward, I realized that I needed to engage in order to truly realize the full benefit of the organization.

So, I got involved. Using the self-nomination process, I submitted my name for participation on a few committees of interest. After a couple of years, I was appointed to the Workforce on General Thoracic Surgery.

From this initial appointment, I have been fortunate to grow within the organization. Along the way, I learned not to get discouraged if not immediately placed on a committee or workforce when using the self-nomination process. There are typically many more surgeons who apply for positions than are available. Although it may take some time to get appointed, eventually you will be given the opportunity to become involved if you are interested and persistent.

WHAT I HAVE LEARNED AS AN ACTIVE STS PARTICIPANT

1) It is a professionally run organization with great leadership and staff. The Society is healthy financially and truly attempts to represent all cardiothoracic surgeons, regardless of their scope of practice or geographic location.

2) The organization has a clear vision and plan. Under the guidance of a strategic plan implemented by the Board of Directors, the organization continues to grow in impact and stature; of particular note is the recent migration of the Thoracic Surgery Foundation for Research and Education under the STS umbrella.

3) The fact that STS uses resources to lobby United States government representatives and leadership bodies is not a detriment to Canadian or

International Members. Frequently, cardiothoracic surgery issues, such as reimbursement for procedures and improving education for trainees, are comparable in different countries. Oftentimes, the message we want to deliver to government representatives is similar, and so it is advantageous to be aware of key issues and

understand strategies used in other jurisdictions to benefit cardiothoracic surgery initiatives locally. And again, the Society adjusts dues for those practicing outside the US to account for its American advocacy efforts.

4) Although the STS membership is predominantly from the United States, I truly believe STS values all of its members. This commitment was reaffirmed to me at the recent STS 51st Annual Meeting in San Diego. At this meeting, several interesting symposia and workshops were delivered in conjunction with a variety of national and international organizations. The effort to grow international relations and positively influence global cardiothoracic health care is a key STS initiative that will benefit patients and all STS members.

In conclusion, it takes time and effort to be involved and take advantage of the benefits of any surgical society. I have personally benefitted tremendously from STS during my career and am forever grateful to the “Two Dougs” for their sage advice. As is the case with much in life, “You get back what you give.” ■

I realized that I needed to engage in order to truly realize the full benefit of the organization.

The Annals of Thoracic Surgery Names New Editor

Innovative lung surgeon G. Alexander Patterson, MD, FRCS(C) is the new Editor of *The Annals of Thoracic Surgery*.



"I have tremendous respect for all four previous Editors who worked tirelessly over the past 50 years to make *The Annals* what it is today, and I'm absolutely honored and excited to take over as Editor," said Dr. Patterson, who is the Joseph C. Bancroft Professor of Surgery at Washington University in St. Louis. "I believe *The Annals* is the preeminent journal for cardiothoracic surgeons, and I look forward to leading the team that will continue to grow and improve the reputation of the journal."

In one of his first initiatives as Editor, Dr. Patterson said he hopes to better align the activities of the journal to those of STS and, specifically, the STS National Database. "I think there are ways in which we could parlay the Database activity into feature articles or reports that would augment the science included in the journal and expand the type of information we can provide to surgeons," said Dr. Patterson. He also plans to increase the multimedia components of the journal, including podcasts, narrated PowerPoint slides, and interactive learning opportunities.

"STS is a leader in education and innovation in the field of cardiothoracic surgery and there is much that the journal can do to take advantage of existing resources," said Dr. Patterson. "I believe the journal can build upon the activities of the Society and develop content that reaches beyond the scientific research that is its foundation."

The editorial staff for *The Annals* is now located at STS headquarters in Chicago, with Kavitha C. Reinhold, MA serving as its new Managing Editor.

While serving as Editor, Dr. Patterson will continue his clinical duties at Washington University, where he specializes in lung transplantation and lung surgery for cancer and emphysema. Born in Canada, he held a number of positions at the University of Toronto before moving to St. Louis in 1991. He also served as President of the Thoracic Surgery Foundation for Research and Education, the American Association for

Thoracic Surgery, and the International Society for Heart and Lung Transplantation.

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

"To become Editor of one of the major journals in the field is an extension of what I've worked for over my whole career."

—G. Alexander Patterson, MD, FRCS(C)

surgery," Dr. Patterson said. "To become Editor of one of the major journals in the field is an extension of what I've worked for over my whole career."

To contact *The Annals* editorial staff, call (312) 202-5808 or e-mail theannals@sts.org. To submit a manuscript, go to www.atseditorialoffice.org. ■

MEMBER ADMONISHED FOR PRESENTING ABSTRACT AT THE STS ANNUAL MEETING AFTER ACCEPTANCE OF RELATED MANUSCRIPT FOR PUBLICATION IN THIRD PARTY JOURNAL

The Society recently admonished a member for violating the Society's Policy on STS Annual Meeting for Presenters and Moderators (the "Policy on STS Annual Meeting") and the STS Code of Ethics (the "Code"). It was determined that the member violated both the Policy on STS Annual Meeting and Code Sections 2.1, 3.2, and 6.1 by failing to submit a manuscript to *The Annals of Thoracic Surgery* based on an abstract presented at the STS 50th Annual Meeting, and instead publishing the manuscript in a different journal. In that regard, the Society's Committee on Standards and Ethics found it noteworthy that the member and his colleagues proceeded with the presentation of their abstract at the 2014 STS Annual Meeting after having received notice that their related manuscript had been

accepted for publication in another journal. The Policy on STS Annual Meeting requires that "for each abstract that is presented orally or as a scientific poster during the ... Annual Meeting, a corresponding manuscript must also be submitted to *The Annals of Thoracic Surgery* for publication consideration." Code Sections 2.1, 3.2, and 6.1 respectively require members to uphold generally recognized "standards of professionalism," "to honor their ... professional obligations in serving their professional organizations," and "to maintain the highest standards of honesty and integrity" while conducting scientific research. The Society's policy on disciplinary action describes admonition as "a written notification, warning, or serious rebuke."

Visit www.sts.org/about-sts/ethics or contact Grahame Rush, PhD, STS Director of Information Services, at grush@sts.org or (312) 202-5848 for additional information regarding this area of STS activity. ■

Pediatric and Congenital Heart Surgery Outcomes Now Available Online

STS has released the first publicly accessible, national report of surgical outcomes from the Congenital Heart Surgery Database (CHSD). The results are now available at www.sts.org/publicreporting.

“The public reporting of these results represents something entirely new, in that this is the first time ever that pediatric and congenital heart surgery outcomes in the United States have been made available to the public on a national level,” said Jeffrey P. Jacobs, MD, Chair of the STS Public Reporting Task Force and Professor of Surgery at The Johns Hopkins University.

Twenty-five CHSD sites signed up to report their outcomes, representing 22.7% of all CHSD participants. This closely resembles the level of participation in the first round of Adult Cardiac Surgery Database (ACSD) public reporting, which began 5 years ago. ACSD public reporting participation is now at 42.7% (453 sites).

For the CHSD participants who volunteered to publicly report, STS released 4-year observed, expected, and risk-adjusted operative mortality rates for the aggregate of all patients, as well as for patients stratified on the basis of the five STAT Mortality Categories. Outcomes were risk-adjusted to take into account procedural complexity and individual patient factors such as age, weight, non-cardiac abnormalities (including chromosomal abnormalities), previous surgeries, preoperative comorbidities, and other medical conditions that could affect results. More details on the risk model’s development are available at www.sts.org/2014CongenitalRiskModel.

“Reporting hospital surgical outcomes using risk-adjusted analysis is extremely important because it allows for a fair assessment, on a level playing field, of outcomes across hospitals that treat different populations of patients,” said Marshall L. Jacobs, MD, Chair of the STS CHSD Task Force. “As pediatric and congenital cardiac surgeons, we perform operations on patients born with a wide variety of heart defects of varying complexity, and many patients have additional risk factors. Adjusting for these risk factors allows us to better understand reported mortality rates, especially for centers that operate on the most challenging patients.”

“Public access to outcomes data for adult heart surgery and now pediatric and congenital heart surgery is at an unprecedented level and will continue to increase.”

—*Jeffrey P. Jacobs, MD*

Star ratings, which will be based on a hospital’s overall risk-adjusted observed-to-expected operative mortality ratio, will be added in the next round of public reporting this summer.

“Public access to outcomes data for adult heart surgery and now pediatric and congenital heart surgery is at an unprecedented level and will continue to increase,” said Dr. Jeffrey Jacobs.

“Next year, we plan to add public reporting for

STS General Thoracic Surgery Database participants, starting with outcomes for lobectomy in cancer patients.”

To participate in STS Public Reporting Online, visit www.sts.org/publicreportingconsent. You can also contact Jane Han, Senior Manager, Quality Metrics and Initiatives, at jhan@sts.org for more information. ■

Staff Updates → continued from page 5

Analyst for America’s Health Insurance Plans and a Legislative Assistant for Molina Healthcare. She holds a bachelor’s degree in international relations and Spanish from the University of California at Davis, as well as a master’s degree in government and an MBA from The Johns Hopkins University. To contact Elyssa, e-mail ehesky@sts.org.

Nicole Schroeder joined STS on January 6 as its Education Manager. She works to develop and implement the Society’s educational programming, including the Annual Meeting and standalone courses. Previously, Nicole was a CME Administrator for the American College of Surgeons. She holds

a bachelor’s degree in health services management from Western Illinois University and is currently pursuing a Master of Public Health degree from the University of New England. To contact Nicole, e-mail nschroeder@sts.org.

Luis Vargas joined STS on February 16 as its Senior Research Manager. He oversees the Society’s core research functions, including grant funding and STS National Database queries. Previously, Luis was the Executive Director, Office of Research Services, Office of Research Development Services, in the Office of the Vice Chancellor for Research at the University of Illinois at Chicago. He holds

a bachelor’s degree in business administration and a master’s degree in managerial leadership from National Louis University. To contact Luis, e-mail lvargas@sts.org.

Keith Bura joined STS on February 23 as its Director of Finance and Administration. He provides direction on all of the Society’s financial, operational, and administrative matters. Most recently, Keith was the Chief Financial and Operating Officer for the Association Forum of Chicagoland; he also has served as Chief Financial Officer for the Academy of General Dentistry and Controller for the American College of Surgeons. He holds a bachelor’s degree in accounting and an MBA in finance from

DePaul University. He also is a Certified Public Accountant and Certified Association Executive. To contact Keith, e-mail kbura@sts.org.

Kimberly Cleary joined STS on February 23 as Editorial Coordinator for *The Annals of Thoracic Surgery*. She coordinates the journal’s production process and supports other editorial duties. Previously, Kimberly worked as a Project Manager for Apex CoVantage and Encyclopaedia Britannica. She holds a bachelor of fine arts degree from The School of the Art Institute of Chicago. To contact Kimberly, e-mail kcleary@sts.org. ■

STS Engages the General Public via Press Release Program

As part of its continuing effort to raise public awareness about STS, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, the Society issued eight press releases December 1, 2014–February 24, 2015. Brief recaps can be found below. Four additional press releases were issued during the Annual Meeting recognizing the Society's new leadership and award winners. To read the full press releases, visit www.sts.org/media.

December 30: **"International Collaboration Sets Stage for Better Lung Cancer Surgery Outcomes"** described a unique collaboration between STS and the European Society of Thoracic Surgeons that will help improve the quality of patient care by linking outcomes data on chest procedures from the STS General Thoracic Surgery Database and the ESTS Database.

January 27: **"Novel Simulation Model Improves Training Experience for Cardiothoracic Surgeons"** highlighted an abstract from the STS 51st Annual Meeting about a new surgical training model that simulates patient bleeding and provides cardiothoracic surgery residents with "real-life" experience without compromising patient safety.

January 27: **"Blood Transfusions During Heart Surgery Increase Risk of Pneumonia"** discussed an Annual Meeting abstract that found patients who receive red blood cell transfusions during coronary artery bypass grafting surgery are at an increased risk of developing pneumonia.

January 27: **"Unique Aortic Aneurysm Repair Shows Promise"** described an Annual Meeting abstract on a new endograft that appears safe for treating aneurysms in the distal arch.

January 27: **"3D Printed Tissue Offers Viable Option for Tracheal Reconstruction"** featured an Annual Meeting abstract that described how 3D printing can effectively create a biodegradable tracheal segment containing a patient's own cells for use in complex tracheal reconstruction.

January 29: **"The Annals of Thoracic Surgery Highlights Landmark Cardiothoracic Surgery Research"** described special commentaries on landmark articles that *The Annals* will publish throughout 2015, including a 1968 study on a new surgical vascular reconstruction technique to treat coronary artery stenosis, a 1977 study on the role of surgery for lung

cancer, and a 1986 study on 30-year outcomes in patients who underwent the first open-heart repairs for congenital heart defects through the use of cross-circulation between parent and patient.

January 29: **"Re-Hospitalization Rates Following Aortic Valve Replacement Decline"** discussed an article in the February 2015 issue of *The Annals* that found 1-year re-hospitalization rates for aortic valve replacement declined from 44.2% in 1999 to 40.9% in 2010.

February 5: **"Medicare Lung Cancer Screening Coverage A Victory for Patients,"** a joint release with the American College of Radiology and the Lung Cancer Alliance, highlighted Medicare's final National Coverage Determination to cover low-dose computed tomography lung cancer screening for beneficiaries.

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

TVT Registry Highlighted in Washington Press Conference

In the February 2015 issue of *HealthAffairs*, the STS/ACC TVT Registry™ was recognized for its multidisciplinary approach to capturing patient-level data on new treatments for heart valve abnormalities. Information from the article, "Transcatheter Valve Therapy Registry Is A Model For Medical Device Innovation And Surveillance," was presented by lead author John D. Carroll, MD during a press conference on biomedical innovation on February 5. Read the abstract at bit.ly/1LQajOY and watch an archived version of the press conference at www.sts.org/healthaffairsbriefing (forward the video to 1:22:30 for Dr. Carroll's presentation). The TVT Registry also was highlighted during a press conference at the American College of Cardiology meeting in

March. Paul Sorajja, MD released initial outcomes of percutaneous mitral valve repair in the US. ■



SHORT-TERM RISK CALCULATOR UPDATED

The STS Short-Term Risk Calculator, which allows you to calculate a patient's risk of mortality and morbidities following various cardiac surgeries, has been revised to reflect the newest data specifications from version 2.81 of the Adult Cardiac Surgery Database. The interface also has been updated with a new look and formatted to work on smartphones and tablets. These updates will make it easier for you to incorporate the calculator into your clinical practice and use the results as a discussion guide with patients. Access the risk calculator at riskcalc.sts.org. ■

Highlights of the STS 51st Annual Meeting

More than 4,400 people, including 2,300 cardiothoracic surgeons and allied health care professionals, gathered in San Diego January 24–28 for 5 days of hands-on activities, thought-provoking debates, important research presentations, and networking opportunities at the STS 51st Annual Meeting.

New offerings this year included two parallel sessions on mechanical circulatory support, a session on how quality measurement is reshaping clinical practice, and a session exploring the role of stereotactic body radiation therapy in lung cancer treatment.

STS also partnered with a number of international societies on exciting new programs that examined a wide range of perspectives on cardiothoracic surgery topics.

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 52nd Annual Meeting, which will be held at the Phoenix Convention Center in Phoenix, Arizona, January 23–27, 2016. ■

THANK YOU!

The Society of Thoracic Surgeons gratefully acknowledges the following companies for providing educational grants for the STS 51st Annual Meeting:

STS Platinum Benefactor

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Provided \$25,000–\$49,999

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Olympus

Fullerton Ramps Up STS Commitment to Fight Noncommunicable Diseases

A new global health crisis is emerging in the developing world, and it is not Ebola.

"In 2013, 35 million people died of noncommunicable diseases (NCDs), and 80% of those were in the developing world," said David A. Fullerton, MD, during his Presidential Address at the STS 51st Annual Meeting. In particular, these NCDs include diseases of the chest, such as cardiovascular disease and cancer, especially lung and esophageal cancer.

Dr. Fullerton announced that the Society is launching a new initiative to fund charitable surgical missions in developing nations. "Effective this meeting, Dr. Joe Dearani

assumes the leadership of a special Task Force to coordinate these efforts and bring them to fruition," he said. "We have many friends in other specialties and industry who share our desire to make a difference. In addition to his role as President of the Thoracic Surgery Foundation for Research and Education, Dr. John Calhoon is playing an absolutely essential role in crystallizing these relationships."

"Our specialty is now ready to make an impact like this around the world."

—David A. Fullerton, MD

Dr. Fullerton described efforts by R. Morton Bolman III, MD, Ceeya Patton-Bolman, RN, and their colleagues, whose volunteer work in Rwanda made it one of the very few developing nations in which premature cardiovascular disease-related deaths have decreased, rather than increased, in the past decades.



"Our specialty is now ready to make an impact like this around the world. Today, this becomes an important core value of this organization. We stand ready to lead," Dr. Fullerton said. "There is clearly a great deal of work to do. I am confident we can do this together. And there's only one way to do it.

"In the words of my mother – 'Let's begin,'" he said. ■

TSFRE AWARDS CHARITABLE MISSION GRANTS

The Thoracic Surgery Foundation for Research and Education has awarded a total of \$150,000 to five STS members who are planning charity work to reduce the burden of heart valve disease in underdeveloped regions of the world. The awards were made

possible by a grant from the Edwards Lifesciences Foundation's "Every Heartbeat Matters" charitable initiative. To see the winners and their surgical missions, visit www.tsfre.org/awards/edwards.

For more information on charitable surgical missions in developing nations, visit www.sts.org/charitablevideo

to watch a video from the STS roundtable series, in which Drs. John H. Calhoon, Joseph A. Dearani, Jeffrey P. Jacobs, and Emily A. Farkas discuss how the charitable programs are organized, how the patients are chosen, and



who should participate on the health care teams. ■

Award Winners Honored

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 San Diego:

DISTINGUISHED SERVICE AWARD



Dr. Baumgartner (center) with David A. Fullerton, MD and Keith S. Naunheim, MD

STS presented the Distinguished Service Award to William A. Baumgartner, MD. This award recognizes those who have made significant and far-reaching contributions to the Society and the specialty. Dr. Baumgartner, an STS Past President and

Executive Director of the American Board of Thoracic Surgery, is the Vincent L. Gott Professor and Director of the Cardiac Research Laboratory at The Johns Hopkins University in Baltimore.

EARL BAKKEN SCIENTIFIC ACHIEVEMENT AWARD

The Earl Bakken Scientific Achievement Award was presented to Irving L. Kron, MD, Professor and Chair of the Department of Surgery at the University of Virginia in Charlottesville. 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 two recipients this year. The first was Kenan Yount, MD, from the University of Virginia Health System in Charlottesville, for his paper, "Late Operating Room Start Times Impact Mortality and Cost for Nonemergent Cardiac Surgery." The second was Justin Schaffer, MD, from Stanford Hospital and Clinics in Palo Alto, California, for his paper, "Nationwide Outcomes Following Open Descending Thoracic Aortic Repair: An Analysis of Over 5,000 Medicare Patients."

Selected by the STS President, this award recognizes an outstanding scientific abstract by a lead author who is either a resident or a surgeon 5 years or less in practice.

POSTER AWARDS

Adult Cardiac Surgery

The Transcaval Approach as an Alternative to Transapical Access for Valve Delivery During Transcatheter Aortic Valve Replacement: Is It as Crazy as It Sounds? (lead author Adam B. Greenbaum, MD)

General Thoracic Surgery

Endoscopic Ultrasound Estimates for Tumor Depth at the Gastroesophageal Junction Are Less Accurate for Early Mid-Stage Patients: Implications for the Liberal Use of Endoscopic Resection (lead author Rajeev Dhupar, MD)

Congenital Heart Surgery

Effect of Intercurrent Operation and Systemic Hemodynamics on Developmental Trajectory in Infants and Children With Congenital Heart Disease (lead author George M. Hoffman, MD)

Critical Care

A Prediction Model for Unplanned Cardiac Surgery Intensive Care Unit (CSICU) Readmissions (lead author Markos Kashiouris, MD) ■

Annual Meeting by the Numbers

2,309

professional registrants



67

countries represented by attendees. Top 5 countries with the most attendees:

United States, Japan, Canada, Mexico, Brazil

128

exhibiting companies

277

new STS members admitted at the Annual Membership Meeting



476

pig hearts purchased for STS University

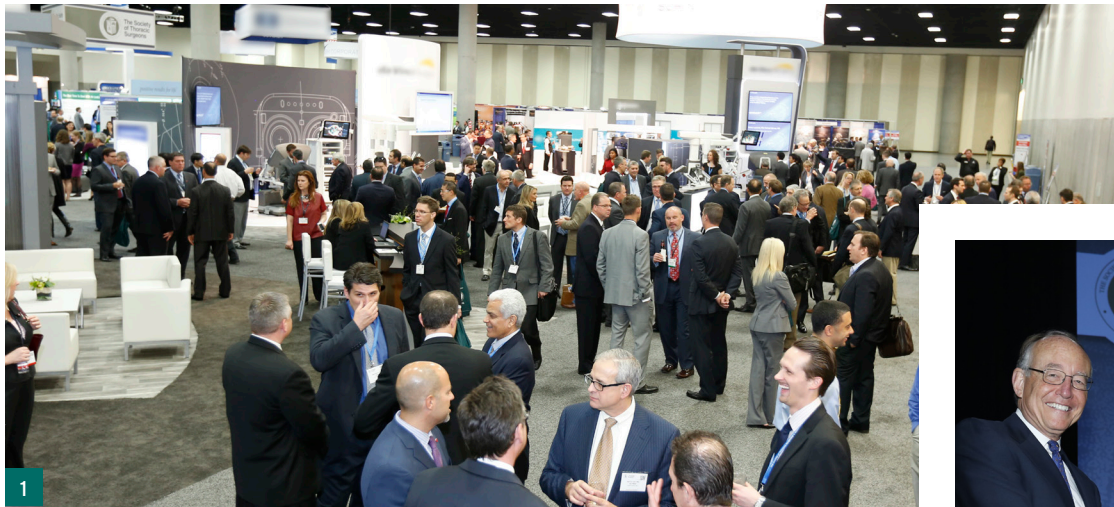


63°F

average temperature in San Diego during the meeting

PURCHASE ONLINE PRODUCTS

STS 51st Annual Meeting Online and STS/AATS Tech-Con 2015 Online are web-based video presentations of the educational sessions held in San Diego. Through these online products, you can earn CME credit for sessions you were unable to attend—or give yourself the opportunity to review sessions of special interest—in the comfort of your home or office. You'll be able to experience presenter slide animation and full audio from the vast majority of sessions. Purchasers will receive unlimited access, along with the ability to earn up to 117.5 CME credits, through January 31, 2016. Visit www.sts.org/AMonline to make your purchase today. ■



1. The STS Exhibit Hall featured 128 companies and allowed attendees to learn about the latest technology in the field.

2. C. Walton Lillehei Lecturer Pedro J. del Nido, MD spoke about how pragmatism has shaped surgical innovation over the years.

3. Mark S. Allen, MD (right) was elected STS President during the Annual Membership Meeting. He was handed the President's gavel by David A. Fullerton, MD, now Immediate Past President.

4. Patrick T. O'Gara, MD delivered the Thomas B. Ferguson Lecture on clinical trials at the intersection of cardiology and cardiac surgery.

5. The Scientific Posters & Wine session gave attendees a chance to discuss research with study authors.

6. STS held a press conference featuring research from the Annual Meeting. Christina L. Greene, MD discussed a new surgical training model that simulates patient bleeding.

7. The 2015 Social Event was held at the USS Midway, where attendees explored the longest-serving Navy aircraft carrier of the 20th century.

8. Ten STS University wet labs were offered, providing hands-on experience with procedures such as mitral valve repair and VATS lobectomy.

9. Panelists at STS/AATS Tech-Con 2015 discussed pathways and barriers to the adoption of new cardiothoracic surgery devices.



7



8

Order copies of 51st Annual Meeting photos by visiting stsphotos.com/STS2015.



9

STS Advocacy Spurs Progress on SGR Reform, Lung Cancer Screening

Thanks to the efforts of STS members, a number of the Society's advocacy initiatives—including Sustainable Growth Rate (SGR) repeal and Medicare coverage of lung cancer screening—are generating positive results in Washington, DC.

SPEIR TESTIFIES AT CONGRESSIONAL SGR HEARING

STS was the only surgical specialty asked to participate in a House Energy & Commerce Subcommittee on Health hearing, "A Permanent Solution to the SGR: The Time is Now," held on January 22. Alongside representatives for physicians, patients, hospitals, and other health care providers, Alan M. Speir, MD, Chair of the STS/AATS Workforce on Health Policy, Reform, and Advocacy, testified that the Society is ready to lead by example, using the STS National Database and administrative claims data in the creation of alternative payment models (APMs) that would promote patient-centered and team-based care.

Dr. Speir encouraged Congress to reintroduce the SGR Repeal and Medicare Provider Payment Modernization Act, legislation that had broad bipartisan support in the last Congress and near-unanimous backing from the physician community. He highlighted the Society's support for the following provisions:

- 1) Providing access to Medicare administrative claims data for qualified clinical data registries;
- 2) Establishing a pathway for the development of specialty-driven APMs that would allow patients and providers to benefit from quality and efficiency improvements; and
- 3) Creating a period of predictable payments for physicians without the threat of SGR-related cuts.

Given the imminent expiration of the SGR patch on March 31, Dr. Speir stressed that the cost of doing nothing would be far more devastating to Medicare patients and providers than the expense of implementing meaningful payment reform policy.

Dr. Speir also noted that the Centers for Medicare & Medicaid Services (CMS) plan to convert 10- and 90-day global surgical CPT



Alan M. Speir, MD (third from left) testified at a House hearing on SGR reform.

codes to 0-day global codes would have a detrimental impact on the promised period of payment stability (absent the threat of SGR-related cuts). He explained that the elimination of global surgical payments would stifle innovation, limit the ability to transition to new APMs, and destroy the only example of bundled payment that currently exists in the Medicare program.

Dr. Speir's oral testimony was supplemented by written comments that further detailed innovations pioneered through the STS National Database, including the Virginia Cardiac Surgery Quality Initiative, robust public reporting, and comparative effectiveness research for continuous quality improvement.

Access a copy of Dr. Speir's written testimony and view his oral testimony at www.sts.org/sgrhearing.

CMS AGREES TO COVER LUNG CANCER SCREENING

On February 5, CMS released a final National Coverage Determination (NCD) outlining plans that would provide Medicare beneficiaries with

access to low-dose computed tomography lung cancer screening. STS, the Lung Cancer Alliance, and the American College of Radiology had led a broad coalition of stakeholder groups in advocating for this important Medicare benefit.

As a direct result, the final NCD incorporated many of the changes recommended by the coalition, such as expanding the age limits on

eligible beneficiaries from 55-74 years to 55-77 years and amending the definition of "asymptomatic" from "no signs or symptoms of lung disease" to "no signs or symptoms of lung cancer." The final NCD also eased a requirement that

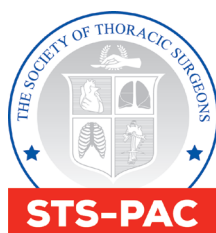
patients participate in smoking cessation counseling and shared decision-making office visits before every screening.

STS helps shape the trajectory of policy initiatives impacting the cardiothoracic surgical specialty by successfully communicating to Congress and federal agencies how legislative and regulatory provisions affect quality care delivery.

GET INVOLVED

STS helps shape the trajectory of policy initiatives impacting the cardiothoracic surgical specialty by successfully communicating to Congress and federal agencies how legislative and regulatory provisions affect quality care delivery. Learn how you can get involved by visiting www.sts.org/advocacy. ■

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October 21-23, 2015

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San Antonio, Texas

November 12-14, 2015

STS/AATS Tech-Con 2016

Phoenix, Arizona

January 23-24, 2016

STS 52nd Annual Meeting

Phoenix, Arizona

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Find out more at

www.sts.org/education-meetings.

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