

New Strategic Plan Highlights Expanded Education, Database Optimization

Every 5 years for the past 20 years, STS has embarked on an effort to establish and review its mission, vision, and strategic goals so that future activities align with the needs of its members and the specialty at large.

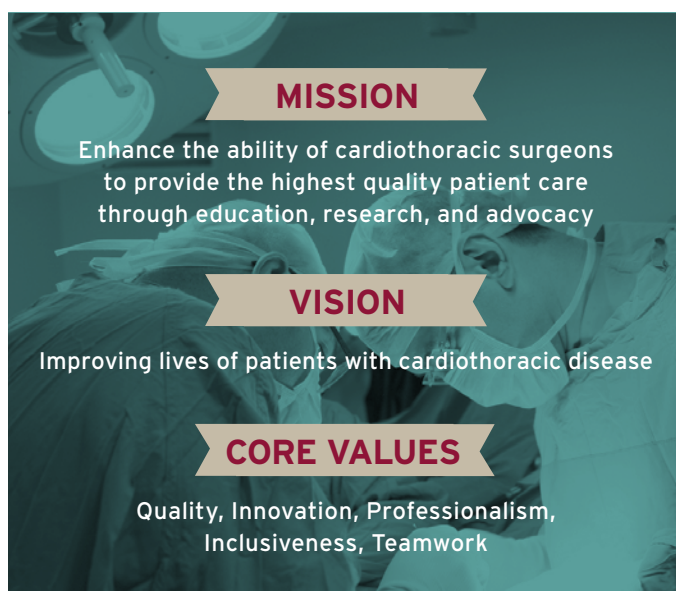
In May 2015, under the direction of 2015-2016 STS President Mark S. Allen, MD, the Society began an 8-month process that involved numerous meetings with surgeon leaders, the STS management team, and an outside consulting firm, as well as a detailed member survey.

“Members were really willing to chime in and help out,” said Dr. Allen. “We heard a lot of new ideas, and I think the new strategic plan covers all—or almost all—of the concerns and issues we heard during the process.”

Although the Society’s mission was unchanged, the vision was updated to reflect a basic desire by members to improve the lives of patients with cardiothoracic disease.

Also reflected was the understanding that many surgeons are experiencing some sort of transition. Whether it was keeping up with new technology, changing employment situations, or work-life balance issues, survey participants indicated that they had stressors they hoped the Society could help to alleviate.

“I was surprised by the large number of our member surgeons who are now employed by



hospital systems,” said Dr. Allen. “This is a big change from 5 years ago. The new strategic plan will help us proactively assist our members and the specialty; without it, we would just be reacting to what is happening.”

STRATEGIC GOALS AND OBJECTIVES

The foundation for the new STS Strategic Plan, approved by the Board of Directors in January, concentrates on three main goals:

- Lead innovation and education;
- Foster collaboration and connection; and
- Advance quality.

Among the objectives are expanding and enhancing STS educational offerings and platforms and optimizing the value, functionality, and sustainability of the STS National Database.

“Our Database is one of the most valuable assets in medicine,” said 2016-2017 STS President Joseph E. Bavaria, MD. “Not only is it a credible source of

New Officers, Directors Elected

New STS officers and directors were elected during the Annual Membership (Business) Meeting on Monday, January 25, at the 52nd Annual Meeting in Phoenix.

The membership elected Joseph E. Bavaria, MD as STS President for 2016-2017.

Additionally, Richard L. Prager, MD was elected First Vice President, and Keith S. Naunheim, MD was elected Second Vice President and re-elected as Secretary.

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

SECRETARY-ELECT
Joseph F. Sabik III, MD

TREASURER
Robert S.D. Higgins, MD, MSHA

INTERNATIONAL DIRECTOR
Haiquan Chen, MD, PhD

DIRECTORS-AT-LARGE
Joseph C. Cleveland Jr., MD
Joseph A. Dearani, MD
Bryan F. Meyers, MD, MPH

**STS 53RD ANNUAL
MEETING ABSTRACT
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Change Is Coming—Embrace It

Joseph E. Bavaria, MD, President

Innovation is all around us in cardiothoracic surgery, especially in cardiac surgery, where new inventions and devices have the potential to transform what we do.

Although I am excited about change, I also feel a bit unsettled. I realize, though, that change is not only a challenge, but also an opportunity—a chance to help our patients. I encourage all STS members to prepare for change and embrace it.

NEW DEVICES

More than a year ago, the Society recognized the accelerating pace of change in the specialty and reformatted its Tech-Con program to be edgier and include new devices and procedures that have not yet been FDA approved.

The areas of cardiac surgery that are seeing the most profound changes include the treatment of heart failure, aortic disease, and valve disease.

An aging population and a fixed resource of donor hearts available for transplantation have led to a dramatic increase in LVAD use. New trials are under way for some very promising small, next-generation LVADs that likely will revolutionize the treatment of heart failure. These new devices provide promise for improving survival and reducing the adverse event profile that currently is limiting widespread use of LVADs for less sick (INTERMACS class 4-7) patients. One such device currently is nearing completion of a large prospective, multi-institutional clinical trial. On the near horizon, another device promises to further drive the field with improved flow dynamics and a miniature footprint. Several other very promising pumps likely will advance to clinical therapy in the very near future. Moreover, totally implantable technology, longer battery life, and remote monitoring will further minimize the burden of these devices. As the field advances, the debate between mechanical circulatory

support and heart transplant as ultimate therapy will continue.

There also are new devices, systems, and indications for ECMO use. Advancements in ECMO are being adopted in cardiothoracic surgery, as well as other specialties; however, cardiothoracic surgeons are usually at the forefront because we have the experience of managing cardio-pulmonary bypass circuits and directing complex circulation extracorporeal systems. It remains critical for surgeons to be active, not passive, participants in these innovative heart failure techniques.

When you look at the evolution of aortic endovascular therapy, the first 10 years were directed mostly toward perfecting abdominal aortic grafts, while the second 10 years were devoted primarily toward developing thoracic endografts for the descending aorta. These were both for treating aneurysms and dissections. Now, almost all development resources for aortic endovascular therapy are directed toward the proximal aorta, including the ascending arch and type A dissection treatment.

Industry is devoting significant resources to this area, which is critically important to our profession. Cardiothoracic surgeons basically own the knowledge base regarding these disease processes, so there will be significant opportunities for us to lead related clinical trials. Examples are a frozen elephant trunk device that is moving through a premarket approval process with the FDA and early feasibility trials with branched arch grafts and ascending aortic grafts.

In the TAVR world, results of intermediate-risk trials are being made public that could

have a profound impact on our specialty. Of even greater importance may be the newly designed prospective randomized TAVR trial for low-risk patients. This low-risk TAVR study will amplify the importance of cardiac surgeons as a significant and active part of the valvular heart team. Surgeons have been an integral component of the TAVR phenomenon, but

my challenge for you is that we increase our role and attain lead operator status in many cases.

The next wave of innovation, I believe, will be in transcatheter mitral valve techniques. The number of MV devices currently being studied

may help facilitate the way we perform MV repair. Some important early FDA feasibility trials for transcatheter MV replacement surely will have a radical but very positive effect on surgical practice. As part of the adoption process for us, we will need to learn more about trans-septal puncture and general endovascular and endocardiac therapies.

CONCEPTUAL INNOVATIONS

Another innovation is a conceptual one designed by cardiac surgeons. We now understand the aortic root and the aortic valve better than we ever have, which means we are in a position where aortic insufficiency can be repaired. New repair techniques are slowly gaining traction, much like MV repair did 20 years ago, resulting in new surgical procedures and a new paradigm in the treatment of aortic regurgitation lesions.

Change is coming. It's not if, but when. Physicians, societies, and credentialing bodies all need to be prepared. My advice to you is to learn about and eventually adopt these new approaches, but don't ever sacrifice quality in the process. ■

This low-risk TAVR study will amplify the importance of cardiac surgeons as a significant and active part of the valvular heart team.

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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The "low-hanging fruit" in the control of health care costs is waste and inefficiency. In this edition of STS News, Dr. Paul Levy describes how an experienced CT surgeon can drive synergistic collaboration across multiple departments, resulting in improved utilization and a reduction in operating room delays.

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

Elimination of Operating Room Waste: The Power of Collaboration

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

"It is not necessary to change. Survival is not mandatory." —W. Edwards Deming

Waste in health care is everywhere. Excessive health care production costs coupled with delivery inefficiencies raise serious questions as to consumer-derived value. This misaligned health care business model is threatening the very mission of many hospitals.

As Benjamin Franklin espoused so long ago, "Remember that time is money." Daily time loss in hospital operating rooms results in excessive production costs and can cause frustration, apathy, and dissatisfaction. Over the last 12 months, NEA Baptist Memorial Hospital has successfully addressed OR delays and production waste. This was accomplished by breaking down clinical and administrative hospital barriers.

NEA staffs 12 operating suites, and its 18 multi-specialty surgeons perform approximately 600 cases per month. We began by conducting a surgeon survey on the top 10 perceived OR access barriers and learned that the biggest perceived barrier was anesthesia availability. Using our electronic medical record tool, we were able to determine all causes of delay.

Each month, causes for OR delays were reviewed and broken down into three buckets—surgeon, anesthesia, and hospital. The Director of Surgical Services determined whether delays were "actionable." An example of an actionable delay is a surgeon presenting late to the OR. A non-actionable delay is a patient being late to the hospital. Additional drill-down of actionable delays facilitated our efforts to deploy countermeasures.

Collaboratively, our clinical and administrative OR management team agreed upon actionable delay buckets: stakeholder timeliness to OR, complete-

ness of medical records, availability of staffing, preparedness of equipment, timeliness of laboratory and blood bank testing, and patient transport/hand-off efficiency. Deliberate and methodical countermeasures were used to promote focused change. Monthly updates and interdepartmental collaboration across silos—pharmacy, laboratory, IT, transport, nursing, physician clinic, etc.—provided the rationale and support for our metered changes. Monthly assessments and adjustments were required in order to achieve desired outcomes.

Surprisingly, one of the most effective countermeasures was simply educating stakeholders of the initiative itself and of the current state of OR access delays. Surgeon buy-in was facilitated by initially addressing hospital and anesthesia delays.

NEA's collaborative efforts have yielded an OR utilization of 70% (an increase of 35%) with on-time first starts of 70% (up from 36%). Our focused approach has yielded an 84% reduction in all OR delays—from 74.4 hours/month (2.5 hours/day) to 12 hours/month (24 minutes/day). On the financial side, our change efforts have garnered an annualized savings of approximately \$350,000.

Elimination of workplace waste saves time, improves efficiency, and affirms our commitment to providing consumer value. NEA's next goal is 100% on-time first starts. This change initiative is proof positive that a collaborative approach saves not only OR time, but also health care dollars. ■

The following are acknowledged for their integral roles in this initiative: Dona Coggins, RN (OR Director), Kimberly Smith, RN (OR Manager), Kelley Tracy, RN (P.A.T. Manager), Lisa Shackleford, CRNA (Anesthesiology), Stacey Richardson, MD (Anesthesiology), Paula Grimes, RN (CNO), Kyle Sanders (CFO), Skip Steward, MBA (Performance Improvement Director), and Brad Parsons, MBA (CEO).



On Core Values

Robert A. Wynbrandt, Executive Director & General Counsel

As many of you know, your Society has grown tremendously since the organization's era of self-management began in 2002. Membership has increased from 4,100 to more than 7,100; our employed staff of 9.5 FTEs is now at 60 and counting; and our annual budget has quadrupled from around \$6 million to more than \$24 million. Most importantly, the Society has expanded its portfolio of activities, in numerous ways, to fulfill a mission that is grounded in the quality of patient care provided by its members.

Those of us in STS leadership positions love to tout the Society's various successes during this era, from the advent of STS University to public reporting, from the establishment of a dedicated Washington office to the rollout of a new patient website and so on. That said, it must be acknowledged that this organization has experienced its share of bumps and bruises along the way.

At the staff level, perhaps our most challenging period was experienced during the summer of 2004.

We were in the midst of a significant growth period, and personnel changes were frequent; moreover, the departure of a few senior staffers that summer caused me to sense a growing dissipation of the cohesiveness that had helped us navigate the first couple of years together. Sometime that summer, I came upon an article in the *Harvard Business Review* about the benefits to be derived from developing a set of shared corporate values – a concept that initially struck me as hopelessly “hokey”, akin to the formulation of empty platitudes that couldn't possibly have a positive effect on a staff's esprit de corps.

As in much of life, my initial instincts proved wrong. On the advice of a trusted mentor, I had the good sense to facilitate the creation of an interdepartmental team

that was charged with developing a set of STS staff core values, and to then get out of the way (to the extent possible).

The rest, as they say, is history. Our initial shared staff values – respect, teamwork, innovation, quality service, and ownership – were referenced at staff meetings, reflected in our approach to employee compensation and later incorporated in a set of peer recognition awards that live on today (the Applause Award given at our monthly staff meetings and the Golden Stethoscope Award that moves around the office on an ad hoc basis throughout the year). The articulation of STS shared staff values and their integration into STS operations have paid significant dividends over the years.

Fast forwarding to the present era, there is much to like about the strategic planning exercise undertaken by the Society this past year under the leadership of Immediate Past President Mark Allen* (see cover story). Perhaps the most meaningful component of our new plan, at least for

me, is the inclusion of organizational core values that, in the words of our consultant, express succinctly those principles on which we rely, “no matter what.” These core values are intended to serve as a kind of

moral compass and help to define who we are as an organization.

Four of the five core values adopted by the STS Board effectively echo values that already were included among the shared values previously established by our staff: **quality, innovation, professionalism, and teamwork**. The core value identified through our strategic planning process that was, for lack of a better word, “new” was that of **inclusiveness**.

There is so much about The Society of Thoracic Surgeons that says inclusiveness,

starting with its establishment in 1964 as the home for all cardiothoracic surgeons and extending to the creation of an Associate Membership category 10 years ago that has subsequently expanded to include all individuals with an interest of any kind in the specialty, not to mention the creation of a Public Director position on the STS Board of Directors. And with the advent of “rolling admissions” in 2010, now accelerated to include all categories of membership – even Active and International Membership (see page 9) – STS is doubling down on its core value of inclusiveness.

As an abstract proposition, the articulation of core values still feels a bit hokey to me. And I suspect that this exercise can have a boomerang effect if it only yields empty words that just sit on a coffee mug or fail to reflect real life. If the core values are authentic, and if they have “legs” in the real world, however, they can do wonders for an organization, as evidenced by the performance of our staff over many years.

STS values of quality, innovation, professionalism, teamwork, and indeed inclusiveness are authentic. Hopefully, our surgeon and staff leaders alike will continue to employ them in their decision making for years to come, no matter what. If your professional life offers the opportunity to identify and operationalize core values – for your practice, your hospital or any other endeavor in which you are involved – I strongly encourage you to do so. Hokey as it might seem at first blush. ■

**Special acknowledgement is due to the working group that guided the development of the Society's new strategic plan: surgeon leaders Mark Allen, Joe Bavaria, Shanda Blackmon, Dave Fullerton, Bob Higgins, Damien LaPar, Tom MacGillivray, Doug Mathisen, Keith Naunheim, Rich Prager, Dave Shahian, and Doug Wood; and staff leaders Natalie Boden, Keith Bura, Colleen Donohoe, Damon Marquis, Donna McDonald, Grahame Rush, Bill Seward, yours truly, and Courtney Yohe.*

Member News



RUSCH LEADS ACS BOARD OF REGENTS

Valerie W. Rusch, MD has been elected Chair of the American College of Surgeons Board of Regents, which formulates policy and is responsible for managing the affairs of the College. Dr. Rusch is the Vice Chair for Clinical Research in the Department of Surgery and Miner Family Chair in

Intrathoracic Cancers at Memorial Sloan Kettering Cancer Center in New York City. She has been an STS member since 1988.



LYTLE MOVES TO BAYLOR PLANO

Bruce W. Lytle, MD is the new Chairman of Cardiovascular Strategic Development and Planning for Cardiovascular Medicine and Surgery at The Heart Hospital Baylor Plano in Texas. Dr. Lytle previously spent 38 years at the Cleveland Clinic, including 8 years as

Chairman of its Heart & Vascular Institute. He has been an STS member since 1984.



GUY HEADS ROBOTICS AT WEILL CORNELL

T. Sloane Guy, MD, MBA is now the Director of Robotic Cardiac Surgery at New York-Presbyterian/Weill Cornell Medical Center and Weill Cornell Medicine. Previously, he was Chief of the Division of Cardiothoracic Surgery, Program Director of the Thoracic Surgery Residency Program, and Chief of

Robotic Surgery at Temple University in Philadelphia. Dr. Guy has been an STS member since 2005.



MCGINN MOVES TO CAROLINAS

Joseph T. McGinn Jr., MD has been named Chair of the Department of Cardiovascular and Thoracic Surgery at the Sanger Heart & Vascular Institute of Carolinas HealthCare System. Previously, he was Chairman of Surgery and Medical Director of the Heart Institute at Staten Island University Hospital in New York. Dr. McGinn has been an STS member since 1991.



MORRIS TAPPED FOR ROLE AT JEFFERSON HEALTH

Rohinton J. Morris, MD is the new Chief of Cardiothoracic Surgery at Jefferson Health, a health system in the Philadelphia region, as well as Professor of Surgery at TJU's Sidney Kimmel Medical College. He will continue in his role as Chief of Cardiothoracic Surgery at Abington Hospital. Dr. Morris has been an STS member since 1997.



STEWART HEADS UMKC THORACIC SURGERY

James R. Stewart, MD has been appointed Director of Thoracic Surgery at the University of Missouri-Kansas City School of Medicine and the Kansas City Veterans Affairs Medical Center. Previously, he was a Staff Cardiothoracic Surgeon at Saint Luke's Mid America Heart Institute in Kansas City, Mo. Dr. Stewart has been an STS member since 1991.



VIGNESWARAN JOINS LOYOLA

Wickii T. Vigneswaran, MD, MBA has been named Division Director of Thoracic Surgery at Loyola University Health System. Previously, he was Associate Chief of Cardiac and Thoracic Surgery at The University of Chicago. From 1998 to 2005, Dr. Vigneswaran was Chief of Thoracic Surgery at Loyola. He has been an STS member since 1997.



BADHWAR JOINS WVU

Vinay Badhwar, MD has been named Executive Chair of the West Virginia University Heart and Vascular Institute, commencing May 1. Following the legacy of STS Past President Gordon Murray, MD, Dr. Badhwar also will serve as the inaugural Gordon F. Murray Professor and Chief of the Division of

Cardiothoracic Surgery in the West Virginia University School of Medicine's Department of Surgery. Currently, Dr. Badhwar serves as Chief of Cardiac Surgery at the University of Pittsburgh's Presbyterian Hospital and Director of Cardiac Surgery for the University of Pittsburgh Medical Center Heart and Vascular Institute. He has been an STS member since 2005. ■

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

New Strategic Plan Highlights Expanded Education, Database Optimization

→ continued from cover

clinical outcomes data that has been recognized by payers and researchers alike, but it also helps drive practice improvement, which ultimately leads to better care of our patients. In the coming years, we would like to broaden the scope of the Database, as well as make it easier for the user to understand his or her outcomes reports.”

Enhancements to the Database that are under way include a web-based report dashboard and a new data collection and reporting methodology that will allow continuous data harvests.

As the Society begins to unfold its new strategic initiatives, two new workforces have been created—the Workforce on E-Learning and Educational Innovation, chaired by Dr. Allen, and the Workforce on Early Careerists, chaired by Vinay Badhwar, MD.

Some of the initiatives that these workforces will undertake include expanding the current e-learning system and creating resources for career development.

“We’re also going to work very hard with other global cardiothoracic surgery organizations to deepen our ties on the educational front, as well as on the clinical practice guidelines front,” said Dr. Bavaria.

NEW CORE VALUES

For the first time, an STS Strategic Plan includes core values. These core values were designed to complement and replace staff core values that were developed shortly after the Society became self-managed.

“The new strategic plan will help us proactively assist our members and the specialty; without it, we would just be reacting to what is happening.”

—Mark S. Allen, MD

“Back in 2004, when our staff was a fraction of its current size of 60 employees, we put together an interdepartmental team to articulate a set of core staff values that all of us could buy into, borrowing a page from the playbook employed by many for-profit companies seeking to nurture a positive and productive culture,” explained Robert A. Wynbrandt, STS Executive Director & General Counsel. “One of the more gratifying byproducts of the Society’s most

recent strategic planning exercise was our surgeon leaders’ enthusiasm for the development of core organizational values as a component of the new strategic plan. Just as our former core staff values helped to fuel the success of the Society in a variety of ways that we may not have fully anticipated in 2004, I expect that the formal adoption of our five organizational core values will further contribute to STS success on numerous fronts over the long term.” (See page 4 for additional commentary.) ■

To view the 2016 STS Strategic Plan map, go to www.sts.org/strategicplan.

Staff Updates

Willamena Crowley joined the Society on February 1 as its Membership Assistant after filling the role on a temporary basis since last September. She assists the Education and Member Services Department with a number of tasks, including processing membership applications and providing customer service to STS members. Previously, Willamena was an Administrative Assistant for the office of Chicago Alderman Will Burns. She holds a bachelor’s degree in communications from Columbia College Chicago. To contact Willamena, e-mail wcrowley@sts.org.

Elizabeth Watkins joined the Society on March 28 as its Contracts Manager for the STS National Database. She manages the enrollment process for Database participants and administers all agreements relating to STS authorization of vendors to provide software for Database participants, among other duties. Previously, Elizabeth was a Senior Management Analyst in the Department of Human Services for the City of San Antonio, Texas. She holds a juris doctor degree from the University of Notre Dame, a master of public affairs degree with a focus on nonprofit management from Indiana University-Purdue University, and a bachelor’s degree in education from Indiana University. To contact Elizabeth, e-mail ewatkins@sts.org.

PURCHASE ANNUAL MEETING ONLINE

If you attended the 52nd Annual Meeting, you have free access to Annual Meeting Online. If you weren’t able to join the Society in Phoenix, however, you can still purchase the online product at www.sts.org/AMonline. This web-based video presentation will allow you to experience Annual Meeting educational sessions from your computer or mobile device. Annual Meeting Online features presenter slide animation and full audio from the vast majority of sessions, including the very popular Patient Safety Symposium. Purchasers will receive unlimited access, along with the ability to earn up to 105.75 CME credits, through January 31, 2017.

Contribute to the New STS Patient Website

As highlighted in the Winter 2016 edition of STS News, the Society recently launched its new patient information website: **ctsurgerypatients.org**. Available in both English and Spanish, this website is easily viewable on computers, tablets, and smartphones. All information has been reviewed by STS members and is divided into the following sections:

- Adult Heart Disease
- Pediatric and Congenital Heart Disease
- Lung, Esophageal, and Other Chest Diseases
- Heart and Lung Transplantation
- Before, During, and After Surgery

Visit **www.sts.org/patient-information** to download a printable PDF for referring your patients to this website. If you own the copyright to images that could be used on the site (or have the authority to act on behalf of the copyright owner), STS wants to display them! Send the images to marketing@sts.org. ■



The website's homepage provides easy access to different topic areas, as well as essential articles.

MEMBER CENSURED FOR VIOLATING CONDUCT PROVISION IN STS BYLAWS

The Society recently censured a member for violating a provision regarding conduct in the STS Bylaws. The member in question had pleaded guilty to a misdemeanor charge related to deposition testimony, with respect to which it was alleged that the member had exaggerated his clinical experience. STS Bylaws Article XI, Section 1 on

“Conduct” stipulates that “A member of the Society shall conduct his or her relationships with patients, fellow physicians, and the public at-large *in a manner consistent with his or her legal obligations* and the Bylaws and policies of the Society” (emphasis added). The Society’s policy on disciplinary action describes “censure” as a “written

judgment, condemning the member’s actions as wrong. This is a firm reprimand.” Visit **www.sts.org/about-sts/ethics** or contact Avidan Stern, STS Associate General Counsel, at astern@sts.org or (312) 202-5852 for additional information regarding this area of STS activity. ■

ROUNDTABLE VIDEOS AVAILABLE ONLINE

Visit the Society’s YouTube channel at **www.youtube.com/thoracicsurgeons** to view several roundtable discussions filmed at the STS 52nd Annual Meeting. In the videos, leading experts discuss a wide range of topics, including transitioning from private practice to employment, how to use apps and social media within your practice, the latest advancements in thoracic aortic surgery, and global surgical payments.



Course Attendees Gain Hands-on ECMO Experience

STS partnered with the Extracorporeal Life Support Organization in March for a course on extracorporeal membrane oxygenation (ECMO). The 2.5-day program, held at the University of South Florida Health Center for Advanced Medical Learning and Simulation in Tampa, made extensive use of high-fidelity simulation to teach initiation and separation of support, patient and circuit management, and management of ECMO emergencies. If you're interested in attending a similar course in the future, visit www.sts.org/ecmo and sign up to be notified if the Society hosts another ECMO course. ■



Tool Kit Available to Assist in Developing Privileging Framework

STS has released an expert consensus statement providing surgeons and hospitals with assistance on creating a framework for general thoracic surgery privileging as it pertains to new technology and advanced procedures.

Privileging helps ensure that clinicians provide high-quality and high-value health care in accordance with accepted standards of care and legal requirements. A number of STS members reviewed the literature and came up with a pathway, checklist, and list of

recommendations to guide the process. The STS Executive Committee then approved the expert consensus statement for publication. Suggested components of the privileging process include verification of knowledge and skills assessment, team management, institutional collaboration, monitoring of outcomes, and patient-centered transparency.

To read the expert consensus statement, visit www.sts.org/expertconsensus. ■

AVOID PAYMENT REDUCTION BY SUBMITTING A 2016 PQRS CONSENT FORM

The STS National Database has once again been designated as a Qualified Clinical Data Registry for the Physician Quality Reporting

System, and individual surgeons participating in the Adult Cardiac Surgery component of the Database are eligible to reap the benefits of this designation. In order to do so, those individuals must sign a consent form that will allow STS to submit data on 17 different measures to the Centers for Medicare & Medicaid Services on their behalf. Surgeons who report

these data for 2016 will avoid a 2% Medicare payment reduction in 2018. Visit www.sts.org/PQRS to download the consent form and learn more about the measures that STS will be reporting to CMS. A 2016 PQRS consent form is required, even if you have completed a PQRS Data Sharing Consent and Release Form in previous years. Please note that STS cannot report

for surgeons currently enrolled in the Group Practice Reporting Option or as part of an Accountable Care Organization. ■

If you have questions about PQRS, contact Donna McDonald, Senior Manager, STS National Database and Patient Safety, at dmcDonald@sts.org.

NEW PROCESS HELPS SPEED UP MEMBERSHIP ADMISSIONS

Thanks to a set of Bylaws amendments adopted by the STS voting membership at the 2016 Annual Meeting in Phoenix, applicants for STS Active and International Membership won't have to wait so long to be elected into the Society.

Instead of just one opportunity for election to membership each year, at the Annual Membership (Business) Meeting, applicants for Active and International Membership now will be eligible for election three times each year.

Per the revised Bylaws, the STS Board of Directors will vote on pending Active and International Membership applications at each of its in-person meetings (January, Spring, and Fall). The application deadlines for 2016 and corresponding Board of Directors meetings are outlined in the chart to the right.

Associate, Candidate, and Pre-Candidate Members will continue to be admitted on a rolling basis throughout the year.

If you have colleagues who are not yet STS members, whether surgeons or other members of the team, please direct them to www.sts.org/membership for more information on the application process and the benefits of membership. Contact membership@sts.org with questions. ■

APPLICATION DEADLINE

March 28, 2016

August 29, 2016

November 8, 2016

BOARD OF DIRECTORS MEETING

May 15, 2016

October 16, 2016

January 22, 2017

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 seven research-related press releases December 1, 2015–March 17, 2016. Brief recaps can be found below. To read the full press releases, visit www.sts.org/media.

December 8: **“Poor Kidney Function Prior to Heart Surgery Linked With Longer Hospital Stay, Higher Costs”** described an article in *The Annals of Thoracic Surgery* showing that poor kidney function prior to heart surgery can lead to worse outcomes, higher surgical costs, and a longer hospital stay.

December 8: **“New Clinical Practice Guidelines Recommend Use of Arteries Rather than Veins in Heart Bypass Surgery”** highlighted the use of arterial conduits rather than venous conduits when performing coronary artery bypass grafting (CABG) surgery in certain patients.

January 12: **“Taking Statins Before Heart Surgery Can Help Reduce Post-Surgical Complications”** described how using statins before and after CABG surgery can help reduce cardiac complications, such as atrial fibrillation, following surgery and also can reduce the risk of death during and after surgery, according to an article in *The Annals*.

January 12: **“Heart Valves Made from Tissue Rather than Metal May Be Better for Middle-Aged Patients”** explained that patients between the ages of 40 and 70 who undergo aortic valve replacement may fare better with tissue-based valves rather than metal-based valves, according to an article in *The Annals*.

January 26: **“Race, Lower Socioeconomic Status Linked With Worse Survival Following Esophageal Cancer Surgery”** featured an Annual Meeting abstract that identified a higher risk of death for poor black patients undergoing surgery for esophageal cancer, compared with white patients and patients with higher socioeconomic status.

January 26: **“Physician Assistant Home Visits Significantly Reduce Hospital Readmissions After Heart Surgery”** discussed an Annual Meeting abstract finding that two home visits by a physician assistant during the week after hospital discharge significantly reduces the chance that a heart surgery patient will be readmitted and reduces overall costs associated with the heart surgery.

January 26: **“BMI Linked With Complications After Lung Cancer Surgery”** explained how patients with very high or very low body mass indices have the highest risks for complications following lung resection, according to an Annual Meeting abstract.

Three additional press releases were issued recognizing the Society's new President and the recipients of the Bakken and STS Distinguished Service Awards. See page 11 for more. ■

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

HIGHLIGHTS OF THE STS 52ND ANNUAL MEETING

Despite an East Coast snowstorm, about 4,300 people, including more than 2,200 cardiothoracic surgeons and allied health care professionals, gathered in Phoenix January 23-27 for 5 days of hands-on educational activities, thought-provoking research presentations, and networking opportunities at the STS 52nd Annual Meeting. For more details on Annual Meeting events, visit www.sts.org/AMarchive to view meeting photos, program

content, and daily editions of the *STS Meeting Bulletin*. If you want to experience the great educational content at home, see page 6 for information on Annual Meeting Online. And stay tuned for more information on the Society's 53rd Annual Meeting at the George R. Brown Convention Center in Houston, Texas, January 21-25, 2017.

Allen Urges Colleagues to Innovate

Mark S. Allen, MD is passionate about innovation, and he shared that passion during his Presidential Address, "Innovation for Life," at the STS 52nd Annual Meeting. His clarion call illustrated how cardiothoracic surgeons can open their hearts and minds to innovation and ultimately make the specialty better.

Balancing seriousness and humor, he described innovators inside and outside of medicine and their five common characteristics: associating, questioning, observing, networking, and experimenting.

The first skill, associating, requires mindfulness.

"We usually don't make associations during a busy day or a hectic OR schedule. We need some down time to let these ideas come together," said Dr. Allen, pointing to William Hunter, MD, who asked how to build a better stent and went on to be the co-inventor of the TAXUS® drug-eluting coronary stent.

The second skill innovators use frequently is questioning.

"Innovators are consummate questioners who show a passion for inquiry. We should ask questions about every aspect of what we do. We should ask our patients about what is not going well for them. We should ask them what they are most unhappy about today,"

Dr. Allen said. "By questioning, we find areas that need improvement, and the questions may spark an idea for innovation."

Innovators are better than non-innovators if they possess the third skill, observing.

"Innovators are intense observers," Dr. Allen said. "They carefully watch the world around them. To improve at this skill, you should actively watch patients to see what they are trying to get from the medical system."

The fourth skill that innovators embody is networking, but this is not about meeting people at various social events or scientific meetings.

"I mean idea networking. This involves spending time working with others in a variety of fields to build bridges into different areas of

knowledge," said Dr. Allen, adding that methods to improve networking for ideas include attending conferences that present ideas, such as TED talks or the Aspen Ideas Festival.

The fifth and final skill innovators excel at is experimenting.

"They are good at trying out new ideas. This does not mean going into a lab and designing an experiment. They do the experimentation on a day-to-day basis. They take apart processes and try new ones to see if

they are better. This is how they can answer the 'why' questions that come up," Dr. Allen said. "To see how a complex system behaves after it changes, experiment with it, and record the outcome."

Calling on the audience to lead the way in innovation, Dr. Allen said, "Just because an operation or a process has been around for a long time and may seem 'normal,' an innovative idea can change it all. Be open to this change, look for this type of innovative change, embrace it, and see if you can use it to do things better for your patients."

"Now is the time for you to practice and develop these innovation skills so that you can develop new processes, operations, and procedures that will help our patients. It is hard work, but it is worth the effort because it just might make a difference not only in your life, but the lives of others." ■

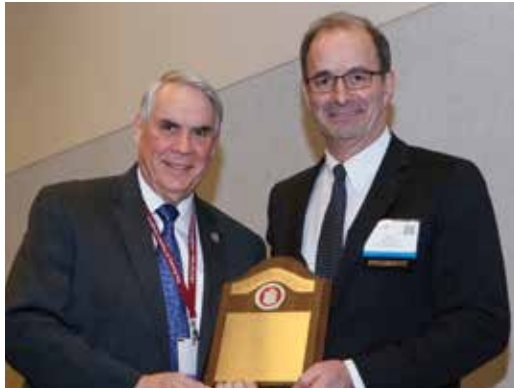


FIVE CHARACTERISTICS OF INNOVATORS

ASSOCIATING
QUESTIONING
OBSERVING
NETWORKING
EXPERIMENTING

Award Winners Honored

The STS Annual Meeting offered the opportunity to recognize those who are making an impact on the specialty. The following were honored by the Society in Phoenix:



Robert A. Guyton, MD (left) with Mark S. Allen, MD



From left: Justin Roberts from Medtronic, Frederick L. Grover, MD, and Mark S. Allen, MD

PRESIDENT'S AWARD

The President's Award was presented to Paul Speicher, MD, from Duke University, for his paper, "Induction Chemotherapy for cN1 Non-Small-Cell Lung Cancer Is Not Associated With Improved Survival." 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.

DISTINGUISHED SERVICE AWARD

STS presented the Distinguished Service Award to Robert A. Guyton, MD. This award recognizes those who have made significant and far-reaching contributions to the Society and the specialty. Dr. Guyton, an STS Past President, is the Distinguished Charles Ross Hatcher Jr. Professor of Surgery and Chief of the Division of Cardiothoracic Surgery at Emory University in Atlanta.

EARL BAKKEN SCIENTIFIC ACHIEVEMENT AWARD

The Earl Bakken Scientific Achievement Award was presented to STS Past President Frederick L. Grover, MD, Professor of Cardiothoracic Surgery in the Department of Surgery at the University of Colorado. The Bakken Award honors individuals who have made outstanding scientific contributions that have enhanced the practice of cardiothoracic surgery and patients' quality of life.

POSTER AWARDS

ADULT CARDIAC SURGERY

Oversizing Decreases Performance in Commercially Available Aortic Valve Bioprostheses (presenting author John D. Cleveland, MD)

CONGENITAL HEART SURGERY

Novel Modifications of a Ventricular Assist Device for Infants and Children (presenting author Michael C. Monge, MD)

CRITICAL CARE

Postoperative Hypoglycemia Is Associated With Worse Outcomes After Cardiac Surgery (presenting author Lily E. Johnston, MD, MPH)

GENERAL THORACIC SURGERY

Hyperthermic Pleural Lavage for Pleural Metastasis (presenting author Daniel L. Miller, MD) ■

Annual Meeting by the Numbers



2,211

professional registrants



237

new STS Active and International Members admitted at the Annual Membership Meeting



58°F

average temperature in Phoenix during the meeting



128

exhibiting companies



509

pieces of bovine and porcine tissue purchased for STS University

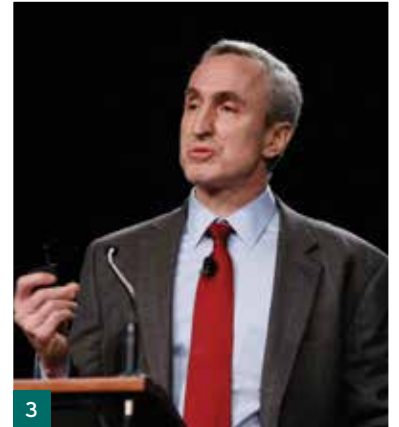


63

countries represented by registrants. Top 5 countries with the most professional registrants: United States (1,696), Japan (79), Canada (65), United Kingdom (31), Italy (29)

THANK YOU

The Society of Thoracic Surgeons gratefully acknowledges Platinum Benefactors **Abbott Vascular** and **Medtronic** for providing educational grants of \$50,000 or more for the STS 52nd Annual Meeting.



1. Meeting attendees had numerous opportunities to learn about new products and services in the STS Exhibit Hall.

2. Joseph E. Bavaria, MD (left) was elected STS President during the Annual Membership Meeting. He was handed the gavel by Mark S. Allen, MD, now Immediate Past President.

3. Award-winning science journalist Gary Taubes delivered the C. Walton Lillehei lecture on "Why We Get Fat."

4. The first international Jeopardy! championship was a close one, but residents from the University of Debrecen in Hungary emerged victorious over their University of Southern California competitors.

5. Thomas B. Ferguson lecturer and former astronaut Scott Parazynski, MD spoke about how open-mindedness can help identify problems in need of fixing.

6. Society leaders Mark S. Allen, MD, Joseph E. Bavaria, MD, and Keith S. Naunheim, MD kicked off the rodeo on horseback during the STS Social Event at Corona Ranch.

7. Attendees received hands-on experience with more than a dozen different cardiothoracic surgical procedures during STS University.

8. Speakers at the 30th Anniversary Celebration of Women in Thoracic Surgery session highlighted significant contributions from members of WTS and STS.

9. The joint session at STS/AATS Tech-Con was based on the popular television show *Shark Tank* and gave inventors the chance to pitch their products to a panel of experts and the audience.



Order copies of 52nd Annual Meeting photos by visiting stsphotos.com/STS2016.



Why Travel to DC for Congressional Advocacy?

Dudley A. Hudspeth, MD, Apex Medical Specialists, Mesa, AZ

The first time I went to the Capitol for meetings with members of Congress, I was skeptical of what good I could do. Then I started meeting with aides who were barely out of college. I soon realized, however, that we surgeons are an unusual group for senators, representatives, and their staffs to meet; we have instant credibility and respect—something you should keep in mind as you consider taking part in STS advocacy efforts.

As an example of what advocacy can do, consider what we accomplished on a visit to Capitol Hill in September 2014. The Centers for Medicare & Medicaid Services (CMS) had determined in July that global reimbursement for surgery was not supported by documentation, and therefore, they were empowered to unilaterally discontinue this payment approach. Think about what global patient care means to your practice: In addition to providing approximately 50% of revenue for our major procedures, the philosophy of global care is intrinsic to what makes us effective surgeons and advocates for our patients. Without the opportunity for our patients



Dudley A. Hudspeth, MD (right) received the STS Key Contact of the Year award from Douglas J. Mathisen, MD, Chair of the Council on Health Policy and Relationships.

to have continued, open access to us, the aging and increasingly frail population that we serve essentially would be abandoned.

So I was personally thrilled when the junior Senator from Arizona, Jeff Flake, was so outraged to learn of this action from our

group that he wrote the first letter to CMS on this issue. His letter spawned a tidal wave of broad congressional opposition to the CMS ruling, and it was repealed in legislation that passed in

spring 2015. The speed and broad support of this initiative came from our advocacy efforts on the Hill.

The speed and broad support of this initiative came from our advocacy efforts on the Hill.

Unfortunately, the global issue has not been put to rest. CMS continues to suggest that postoperative care documentation does not justify global payments. We must continue fighting for this approach to patient care.

Additionally, the repeal of the Sustainable Growth Rate appeared to usher in an era of new reimbursement approaches that would allow alternative payment models, including ones authored by surgeons. However, CMS appears to be resisting utilizing the specific knowledge and expertise of the physician community when considering alternative methods

of payment. Over the next few years, it is essential that STS have an active voice in Washington, asking Congress to hold CMS accountable for the successful implementation of payment reform.

As you can see, many opportunities remain to interact with our national government leaders. I encourage you to give congressional advocacy a try. We live in a participatory democracy, where you can have an important impact if you accept the help of STS Government Relations staff and go to Washington, DC, to see what the marble halls of Congress are really like. Just wear some comfortable shoes and keep it simple. ■

STS LEGISLATIVE FLY-IN TO BE HELD IN JUNE

Help make a positive impact on policy affecting the profession by attending the next STS Legislative Fly-In, June 13-14, 2016, in Washington, DC. When lawmakers sit down with physicians from their home districts, they listen. STS Legislative Fly-Ins update participants on policy issues specific to cardiothoracic surgery and offer meetings with lawmakers to discuss how those issues could affect patient care. Visit www.sts.org/fly-in for more information and to watch a video of STS Immediate Past President Mark S. Allen, MD explaining what happens during a Fly-In.

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November 3-5, 2016

STS/AATS Tech-Con 2017
Houston, Texas
January 2017

STS 53rd Annual Meeting
Houston, Texas
January 21-25, 2017

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

Thank You!



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