STS News

THE SOCIETY OF THORACIC SURGEONS

Vol. 19, Issue 3 Summer 2014

STS Members Mentor the Next Generation of CT Surgeons

The path to becoming a cardiothoracic surgeon is challenging and complex, yet very rewarding. A number of STS members—remembering how important their own mentors were to their careers—have spent considerable amounts of time mentoring the next generation of CT surgeons.

STS Treasurer Robert S.D. Higgins, MD, MSHA (left) with mentee Ryan Campagna, MD at his medical school graduation in May 2014.

One of these up-and-coming surgeons is Ryan Campagna, MD. Dr. Campagna, a recent graduate of The Ohio State University Medical School, said he entered medical school without any strong inclinations toward a specialty.

He first met Robert S.D. Higgins, MD, MSHA, then Professor and Director of the Division of Cardiac Surgery in the OSU Department of Surgery (now Department Chair), when he was interviewing for a spot in an 8-week cardiothoracic surgery externship at OSU. Dr. Campagna was selected for the position, and said his experience during the externship was "career-changing."

Soon after completing the program, Dr. Campagna and another colleague decided to start an organization for medical students interested in cardiothoracic surgery. Dr. Higgins, who currently serves as STS Treasurer, helped to recruit departmental staff and several other attending cardiothoracic surgeons to lend a hand.

"The group took off, and if it were not for the hard work, time, and energy of Dr. Higgins, none of it would be possible," Dr. Campagna said.

It was during this time that Dr. Campagna began shadowing Ahmet Kilic, MD, an Assistant Professor of Surgery in the Division of Cardiothoracic Surgery at OSU. "I essentially became a member of his surgical team 1 day every 4-8 weeks. We would discuss patients on the floor, run through the images, history, and physicals of the patients undergoing surgery that day, and operate," Dr. Campagna said. "And I don't use the word operate lightly. Within the bounds of good reason, Dr. Kilic incorporated me into the surgical staff during the operation."

Dr. Kilic said he benefitted from the mentor-mentee relationship as well.

"I still see a part of me walking in Ryan's shoes, and in a way, I am reliving my decisions and

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STS Simplifies Process to Help Surgeons Earn PQRS Financial Incentives

Surgeons who participate in the STS Adult Cardiac Surgery Database (ACSD) now have an easier way to receive 2014 Medicare incentive payments and/or avoid a 2016 payment reduction—simply sign a consent form, and STS will take care of the rest.

Previously, surgeons participating in the ACSD could earn Physician Quality Reporting System (PQRS) incentives through a separate Database quality module, which required additional data entry.

Now, if an ACSD participant signs the new consent form by October 1, 2014, the Society can use data already entered into the Database on 19 different measures and send a report to the Centers for Medicare & Medicaid Services (CMS) on behalf of that participating surgeon. Entering data into the separate quality module is no longer required.

PQRS is offering a 0.5% incentive payment for 2014 when a physician satisfactorily demonstrates performance on at least nine of the 19 reported measures in at least 50% of his or her patients. If that condition is met, the physician will also automatically avoid a 2.0% payment reduction in 2016.

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STS Meets the Educational Needs of the Entire CT Surgery Team

David A. Fullerton, MD, President

The specialty of cardiothoracic surgery is rapidly changing. These changes are largely the result of advancements in technologies and the evolution of care-team models for the delivery of patient care. Together, these are leading to growth and expansion in cardiothoracic surgical programs. As new techniques and technologies are introduced, a common challenge is presented to practicing surgeons: how to introduce them into one's own program. It is often difficult for practicing surgeons to find authoritative sources from which to learn, and the expense of doing so along with the time away from one's practice are additional challenges. Here, STS plays an important role by helping to provide a solution.

As new technologies have emerged over the last several decades, the Society has played a valuable role in providing surgeons with the requisite educational opportunities to acquire new skills and the tools they need.

Education is an important part of the STS mission. The educational mission not only incorporates the education of residents to help assure the future of our specialty, but also includes the continuing education of practicing surgeons. As new technologies have emerged over the last several decades, the Society has played a valuable role in providing surgeons with the requisite educational opportunities to acquire new skills and the tools they need. As endovascular therapies for the treatment of aortic diseases emerged, STS led the way in providing educational venues for our profession. Likewise, STS played an important educational role as the emergence of transcatheter aortic valve replacement changed the treatment paradigms for aortic stenosis.

A new and prominent example of change in our specialty is the rapidly growing use of extracorporeal membrane oxygenation (ECMO) in adult cardiothoracic surgical programs. ECMO has been an established treatment modality for cardiopulmonary support in pediatric cardiothoracic surgical programs for decades. But its use in adult patients has been limited by vascular complications and limb ischemia, excessive bleeding and transfusion requirements, and poor survival rates. Hence, the use of ECMO in adults was often relegated for use as a "last resort." When used in that setting, the results were typically poor, which simply reinforced the aversion of its usage. The exception, of course, was the clinical program at the University of Michigan, led by Dr. Robert Bartlett and his colleagues. Their rigorous basic scientific and clinical research made ECMO a reality.

Now, thanks to advancements in the technologies of vascular cannulae and extracorporeal circuitry, ECMO is being used successfully in a rapidly growing number of cardiothoracic surgical programs. These technical advancements have successfully minimized the vascular complications, bleeding problems, and difficulties with anticoagulation and blood utilization. In turn, clinical outcomes have significantly improved with better survival rates and fewer complications.

As a result of improved clinical outcomes, ECMO is no longer relegated for use as a last resort. Instead, it is successfully implemented much earlier in the course of a patient's condition. Furthermore, its successful use has led to expanding indications for application. ECMO continues to be used for acute respiratory distress syndrome, but it is also successfully used for acute exacerbations of chronic obstructive pulmonary disease and asthma and as a bridge to lung transplantation. In addition to its usage for pulmonary insufficiency, ECMO use for support in cardiogenic shock is also growing. In some institutions, it has proven valuable as a bridge to a ventricular assist device and, ultimately, cardiac transplantation. With these improved clinical outcomes and expanding indications, existing ECMO programs have seen significant growth over the last 2 years. This tool clearly has the potential to significantly impact the practice of cardiothoracic surgery and help a large number of patients.

STS continually evaluates ways it can facilitate the education of cardiothoracic surgeons. The Society's surgeon leaders appreciated an educational need among cardiothoracic surgical programs that want to start, or in some cases restart, an ECMO program. To meet this need, the first STS educational program on ECMO was held May 30-31 in Chicago (see page 9). The faculty comprised some of the leading authorities in this field, and the program included both didactic and hands-on sessions. Cardiothoracic surgeons and members of their multidisciplinary teams attended. The response to the course was overwhelmingly favorable. Given the need to expand ECMO programs in the specialty, a second course is being planned for this fall. ■

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

IN THIS ISSUE

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

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How to Become a More Successful Innovator

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

People and organizations must innovate in a changing world. In fact, innovation is the best way organizations can achieve sustained growth. This applies to the entire discipline of cardiothoracic surgery.

Although they are similar concepts (both are creative processes), it is useful to differentiate innovation from invention. Innovation is the process of combining previously separate ideas or technologies in useful and valuable ways; invention is the actual creation of the product or process. Many of the tools we use in cardiothoracic surgery are incredible examples of innovation: vascular anastomosis, blood oxygenators and pumps, minimally invasive instruments and cannulae, and percutaneous devices.

Innovation doesn't only apply to devices and hardware. Innovation can also occur in the ways we do things and solve problems. Examples include the surgical checklist and clinical quality collaboratives.

Not all of us are great inventors, but most of us can be innovators. Research has shown that innovation may be a skillset that can be learned or developed.

Dyer et al[1] examined the characteristics of hundreds of innovators and discovered some commonalities that were not present in non-innovators. The innovators, most importantly, displayed the courage to innovate. This means that they frequently challenged the status quo, often asked "Why?" or "Why not?", and were much more likely to take intelligent risks.

Additionally, the innovators practiced associative thinking. They had the ability to connect seemingly unrelated ideas from disparate arenas and disciplines. Albert Einstein called this process "combinatorial play" and saw it as foundational for creative thinking. Steve Jobs said, "Creativity is connecting things." Innovators make novel combinations by seeing a finer level of detail than most people, yet at the same time are able to view the big picture.

The researchers found that using four cognitive or "discovery skills" can enhance and lead to associative thinking: Questioning, Observing, Networking, and Experimenting. These are behaviors that anyone can follow to develop his or her associative thinking skills.

QUESTIONING

Innovators ask questions. They challenge conventional wisdom and the status quo by asking how things are, why they are that way, and how they might be changed or disrupted. They follow up with why and why-not questions: Why can't we do this differently? Why isn't this available? Why has no one tried this before?

Edwin Land's 3-year-old daughter asked him why the picture he'd taken of her wasn't available immediately. This spurred Land to wonder if developing photographs instantly was possible—a question that led to the Polaroid camera.

Innovators ask questions that provoke new insights, connections, possibilities, and directions. They believe good questions are as important as good answers.

OBSERVING

Innovators examine everything. They pay attention to how things work, what doesn't work, and why. Innovators study how people solve problems, closely watching how people perform a task to see if the process could be improved. They find "common threads" in activities that may seem unconnected at first. They observe how things work and what doesn't work, and then look for creative "workarounds" to solve problems.

NETWORKING

Many people network to help their own careers. Instead of targeting people like themselves, however, innovators network to learn new information and draw lessons from other fields. They make a point of meeting people whose lives and training give them different perspectives.

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On Supporting STS Advocacy Efforts

Robert A. Wynbrandt, Executive Director & General Counsel
Courtney Yohe, Director of Government Relations

The latest installment in our series of guest columns from other members of the STS management team is from Courtney Yohe, the Society's Director of Government Relations. In a departure from the style of our previous guest columns, Courtney delivers a personal appeal to you, the STS membership, in support of the advocacy efforts that she and her team in Washington direct and administer on behalf of the specialty. Courtney came to the Society in 2011, from the government and regulatory affairs arm of Drinker Biddle & Reath, as our Assistant Director of Government Relations; she was promoted to the position of Director on April 1.

As a cardiothoracic surgeon, you have many important demands on your time. In any given day, there are surgeries and other clinical duties, hospital and practice meetings, and administrative chores, ending with a late dinner date with your spouse that you're determined to keep this time or plans for a bedtime story with your child who hasn't seen you in a few days. None of these things deserves any less than your full attention and commitment; yet, it is often hard to do them all.

With all the demands on your time, it can be difficult to justify engaging in advocacy on behalf of cardiothoracic surgery, especially when it seems so hard to effect meaningful change in public policy. Issues like Medicare physician reimbursement have been festering for years without any relief in sight.

When you wake up in the morning and decide how to spend your most valuable resource—your time—it's hard to imagine something so predictably frustrating fitting into your top 10 priorities for the day. But it should. A commitment to advocacy is a commitment to the future of the specialty—advocacy is one way you can ensure that lifesaving innovation in cardiothoracic surgery thrives. It's also the best way to protect and support the surgeons who come after you.

As the new STS Director of Government Relations, it is my responsibility to tell you that now, more than ever before, we need your help. And, because I understand the demands on your time, I want to pledge the following:

This isn't going to hurt: Really, it won't! We have made advocacy as painless as possible, giving you multiple quick and easy ways to weigh in with policymakers. Of course, the easiest way to have a big impact is to contribute to STS-PAC* at www.sts.org/pac. STS-PAC is the only political action committee that exclusively represents cardiothoracic surgery. The PAC pools contributions from STS members across the United States and supports candidates in federal elections who are committed to supporting STS advocacy priorities. However, your voice and your votes are just as powerful if you don't want to contribute money (see the Advocacy Opportunities box on this page).

It's worth it: Or rather, you're worth it! Because of innovations championed by STS leaders, past and present, the Society is at the cutting edge of health policy. The STS National Database is one of the most mature examples of how quality measurement can and should work. Meaningful and accurate data collection already facilitates comparative effectiveness research, post-market surveillance, and coverage with evidence development. During a time when pay for quality is on every policymaker's mind, the STS National Database holds a roadmap to health care delivery reform. We need to make sure that others can learn from our experience, or the specialty may be left behind. It is imperative that STS assumes a leadership role while policies are being written.

It pays off: I hope you'll enjoy learning more about the Society's successful advocacy efforts in support of lung cancer screening (see page 14). These efforts provide just one example of the power STS has on Capitol Hill when the voices of cardiothoracic surgery are in unison. It is easy to look at Congress as an obstacle, but STS advocates are proving every day that incremental gains can and will lead to a sea change! Your contribution of time, treasure, and especially talent can and will make a difference.

Don't wait: Let us know that we can count on you to be a voice for STS, now and in the future. Go to www.sts.org/advocacy and click on "STS Key Contact Program." When you sign up as a Key Contact, we will work with you to establish personal relationships with your representative and senators in Congress so that you can get the most out of the time you spend helping to protect and elevate the specialty for yourself, your colleagues, and future cardiothoracic surgeons.

On behalf of the STS Government Relations staff, thank you for the privilege of being your voice in Washington. Our door is always open. We look forward to meeting you in DC someday soon! ■

ADVOCACY OPPORTUNITIES

- Send a message to your members of Congress via www.capwiz.com/sts. We've even written the letter for you!
- Participate in an STS Legislative Fly-In and meet with your members of Congress in Washington, DC (next Fly-In: Fall 2014). E-mail advocacy@sts.org to register.
- Host your members of Congress at your facility. For more information, e-mail advocacy@sts.org.
- Contribute to STS-PAC at www.sts.org/pac.*

**Only for US citizens or lawfully admitted permanent US residents.*

Member News

MACK, EDWARDS CONTRIBUTE TO POSTMARKET SURVEILLANCE SYSTEM

STS leaders Michael J. Mack, MD and Fred H. Edwards, MD have been appointed to two groups that will help establish a National Medical Device Postmarket Surveillance System, an initiative launched by the Food & Drug Administration's Center for Devices and Radiological Health. The system is intended to be used for device safety surveillance, premarket approval, health care quality improvement, and other purposes.

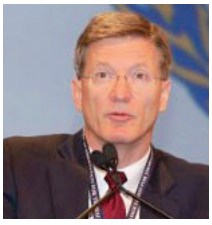
Dr. Mack will serve on the National Medical Device Postmarket Surveillance System Planning Board. The multi-stakeholder Planning Board will help support the development and implementation of the surveillance system, including identifying the governance structure, practices, policies, procedures, methods, and business models necessary for its creation. Dr. Mack, the Medical Director of Cardiovascular Disease for Baylor Scott & White Health and an STS Past President, has been a member of the Society since 1986.

Dr. Edwards will serve on the National Medical Device Registries Task Force. The Task Force will, among other things, identify existing registries that may contribute to the system, define registry governance and data quality practices, and develop strategies for the use of registries to support premarket device approval and clearance. Dr. Edwards, the Director of the STS Research Center, has been a member of the Society since 1989.

DAMIANO NAMED CHIEF

Ralph J. Damiano, MD has been named Chief of the Division of Cardiothoracic Surgery at Washington University School of Medicine in St. Louis. He was also named the Evarts A. Graham Professor of Surgery. Dr. Damiano has been a pioneer in the field of minimally invasive cardiac surgery and the use of robotic surgery to repair heart problems. He has been an STS member since 1993.

PUSKAS JOINS MOUNT SINAI



John D. Puskas, MD has joined Mount Sinai Beth Israel in New York City as Chair of Cardiothoracic Surgery. He also serves as Director of Surgical Coronary Revascularization for the Mount Sinai Health System. Previously, Dr. Puskas was Chief of Cardiothoracic Surgery at Emory University Hospital Midtown in Atlanta. He has been an STS member since 2002.

SUGARBAKER TO LEAD BAYLOR LUNG INSTITUTE

David J. Sugarbaker, MD has joined Baylor College of Medicine in Houston as Director of its new Lung Institute, a multispecialty center focused on lung disease. He will direct the mesothelioma clinical and research program at the Institute and serve as Chief of General Thoracic Surgery in the Michael E. DeBakey Department of Surgery. Dr. Sugarbaker has been an STS member since 1992.

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

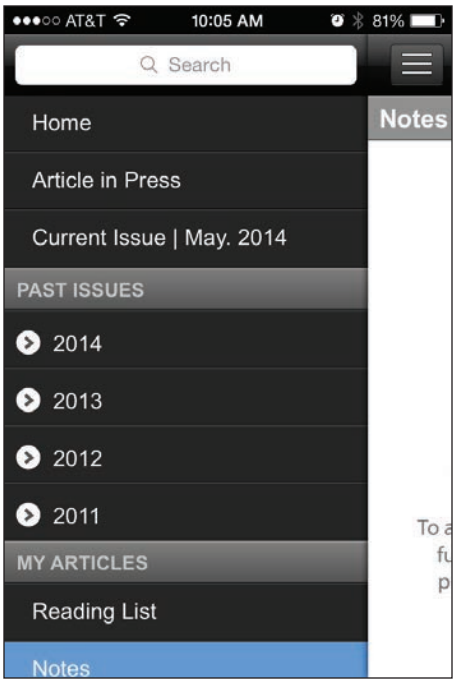
Staff Updates

Lauren Aloia joined STS on April 1 as Web Coordinator for the Joint Council on Thoracic Surgery Education. She works closely with the JCTSE Board of Directors and supports the thoracic surgical curriculum through Moodle, the learning management system. Previously, Lauren was the Media and Marketing Manager for a medical equipment company in the Chicago suburbs. She holds a bachelor's degree in mediated communication and technology from the University of Illinois at Urbana-Champaign. To contact Lauren, e-mail laloia@jctse.org.

Sarah King joined STS on May 20 as its Meetings and Conventions Manager. She handles meeting logistics, negotiates contracts, oversees housing, and works with vendors for the STS Annual Meeting, as well as a number of standalone meetings throughout the year. Previously, Sarah was a Meeting Planner for the American Society of Plastic Surgeons. She holds a bachelor's degree in public relations from Lewis University in Romeoville, Ill. To contact Sarah, e-mail sking@sts.org. ■

Download the New *Annals* App for iPad and iPhone

The Annals of Thoracic Surgery recently released an app for the iPad and iPhone, which is available for free download in the iTunes store. Log in with the same username and password that grants you access to the full journal content on annalsthoracicsurgery.org. You can personalize your experience by creating a reading list, adding notes, and saving articles for offline viewing. The app also includes interactive figures, tables, multimedia presentations, and supplementary content. For help with your username or password, contact membership@sts.org. ■



STS Leadership Self-Nomination Process Opens in September

All members are invited to participate in the Society's self-nomination process for standing committee and workforce appointments. Submissions will be accepted September 1–30. You will receive an e-mail with further information on how to self-nominate.

A full list of the Society's standing committees and workforces can be found at www.sts.org/leadershipstructure. Leadership appointments are approved by the STS Executive Committee each year, usually at its December meeting. Leadership appointments for 2015–2016 will commence after the STS 51st Annual Meeting in San Diego, January 24–28, 2015. The majority of open positions are for 3-year terms, renewable on a one-time basis.

If you have questions about the STS leadership structure and the self-nomination process, contact Elisa Robles, Governance Coordinator, at erobles@sts.org or (312) 202-5859. ■

STS International Membership Reaches New Heights

The Society of Thoracic Surgeons has always been a global organization, with its Founder Members hailing from 16 countries and current members from 90 countries. Recently, the Society welcomed its 1,000th International Member.

"This is a fantastic milestone for STS. One of the Society's core strengths is that the organization reaches out to all colleagues around the globe and welcomes them as members," said Gail E. Darling, MD, Chair of the STS Membership Committee. "We all benefit from each other's experience and knowledge, learning about different approaches and solutions to common problems and learning about diseases that may be rare in our own jurisdiction. The growing International Membership is definitely a win-win for all STS members."

The Society offers several categories of membership to include the entire cardiothoracic surgery team. Most recently, the eligibility criteria for the Associate Membership category were expanded to encompass all individuals having an interest in the field of thoracic surgery, now including industry employees, patients, and members of the general public.

If you know of a potential STS member, encourage him or her to visit www.sts.org/membership and fill out an application today. Contact membership@sts.org with any questions.

STS Participates in AATS Annual Meeting

This past April, STS hosted a booth at the American Association for Thoracic Surgery Annual Meeting in Toronto to share information about the Society's many activities. Visitors received the latest updates on participation in the STS National Database (including international participation), public reporting initiatives, developments from the STS Research Center, political advocacy opportunities, and other STS membership benefits. ■

2015 Looking to the Future Scholarship Applications Available Soon

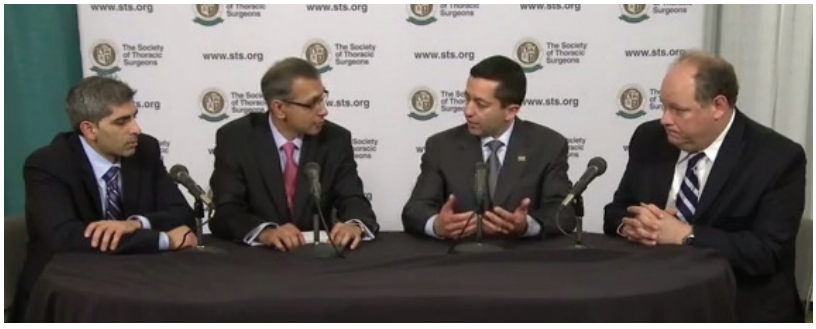
Help support the future of cardiothoracic surgery by encouraging general surgery residents and medical students interested in the specialty to apply for an STS 2015 Looking to the Future Scholarship.

Scholarships include complimentary registration for the STS 51st Annual Meeting and STS/AATS Tech-Con 2015 in San Diego; a 3-night stay at an STS-designated hotel; participation in exclusive events; an assigned mentor to help plan a schedule of educational programming and facilitate introductions; and reimbursement of up to $500 in related travel expenses.

If you know of an aspiring cardiothoracic surgeon, encourage him or her to apply. You can also offer to write a letter of recommendation on the applicant's behalf.

Applications will be available at www.sts.org/lttf in mid-August. For more information, contact Rachel Pebworth, Senior Coordinator, Affiliate Organizations, at rpebworth@sts.org. ■

ROUNDTABLE VIDEOS AVAILABLE ONLINE



Visit the Society's YouTube channel at www.youtube.com/thoracicsurgeons to view several roundtable discussions filmed at the STS 50th Annual Meeting. In the videos, leading experts discuss a wide range of topics, including:

- Expanding Roles for Women in CT Surgery
- Transitioning from Training to Practice
- Challenges Faced in the Management of Adults with Congenital Heart Disease
- Expert Insights on Lung Cancer Screening
- Mitral Valve Repair vs. Replacement: Indications and Problem Management
- What's On the Horizon for Mechanical Circulatory Support ■

Coding Workshop to be Held This November

Registration will open soon for the 2014 STS Coding Workshop, November 13-15 in Chicago. This event will provide cardiothoracic surgical coders, surgeons, and other billing professionals with the most up-to-date information on coding and reimbursement issues affecting CT surgery practices, including the adoption of ICD-10.

The workshop will present coding information in focused subspecialty blocks covering adult cardiac, general thoracic, congenital, endovascular, and vascular surgery. Each subspecialty block will address new codes and policy changes, as well as tips on overcoming common coding challenges. Subspecialty blocks will also include a combination of actual coding scenarios, practice exercises, an extensive question-and-answer session, and ample time for faculty and participant interaction.

Make plans to register yourself, as well as your coding staff. More information about registration will be available soon at www.sts.org/codingworkshop.

Register Your Team for Advances in Quality & Outcomes

Registration for the 2014 Advances in Quality & Outcomes: A Data Managers Meeting is now under way at www.sts.org/AQO. The meeting will be held at the Palmer House Hilton in Chicago from Wednesday, October 8, through Friday, October 10.

AQO attendees will benefit from in-depth presentations by both surgeons and data managers, who will outline practical applications of data collection and provide helpful insights on achieving quality outcomes. Sessions will focus on each of the three STS National Database components—Adult Cardiac Surgery, General Thoracic Surgery, and Congenital Heart Surgery.

The AQO conference is designed for data managers of all experience levels. Primary data contacts and new data managers are strongly encouraged to attend. Surgeons are also urged to consider attending the conference along with their data managers. Register by Thursday, September 18, for the best price; after this date, registration fees will increase by $100.

If you have questions about registration and housing, contact Sarah King, Meetings and Conventions Manager, at sking@sts.org or (312) 202-5816. If you have questions about the AQO program, contact Donna McDonald, Senior Manager, STS National Database and Patient Safety, at dmcdonald@sts.org or (312) 202-5842. ■

New: Pay Your STS National Database Fees Online

Participants in the STS National Database can now pay their participation fees online through the Society's new web-based payment system. This option saves time and postage compared to mailing a check.

Invoices for 2014 payments have been sent to primary billing contacts. To pay your invoice online, visit www.sts.org/DatabasePayments and select the Database component in which you currently participate. From there, you'll be able to choose which fees apply to you and add them to your online shopping cart. If you participate in multiple components of the Database and thus have received multiple invoices, you will need to pay each invoice in a separate transaction.

Make sure you have your invoice with you, as you'll need to enter the invoice number and your STS National Database participant identification number during the check-out process.

STS National Database
Using data to drive quality

The Society has taken appropriate precautions to help ensure that the online transaction process is safe and that your information will be secure. Participants who prefer to mail their payments may, of course, continue to do so.

If you have questions regarding the new online payment system, contact Arelia Garcia, Staff Accountant, at agarcia@sts.org or (312) 202-5817. ■

STS Holds New ECMO Symposium

On May 30-31, the Society held a new symposium, "ECMO for Heart and Lung Support in Adults: From Basics to Mastery," in Chicago.

With extracorporeal membrane oxygenation becoming increasingly valuable in cardiothoracic surgical programs to support the failing heart and/or lung, STS leaders recognized the need for education on this important tool.

Course directors Ashok N. Babu, MD, of Aurora, Colo., Matthew D. Bacchetta, MD, of New York, and David A. Fullerton, MD, of Aurora, Colo., brought together several experts for talks on patient selection, how to manage patients on ECMO, advances in ECMO technology, and the multidisciplinary approach.

The hands-on component of the course gave attendees a chance to try cannula insertion techniques and limb perfusion strategies, as well as get a look at the latest ECMO equipment.

For information on upcoming STS educational events, visit www.sts.org/education-meetings. ■

STS Engages the General Public via Press Release Program

As part of its efforts to raise public awareness about STS, cardiothoracic surgery, and the role cardiothoracic surgeons play in the health care arena, the Society has initiated a press release program to highlight important achievements. Select studies published in *The Annals of Thoracic Surgery* are also covered.

Brief recaps of STS press releases issued from March through May 2014 can be found below. To read the full press releases, visit www.sts.org/media.

May 29, 2014: **"Diabetes Linked With Worse Long-Term Outcomes Following Heart Surgery"** discussed a study from the June 2014 issue of *The Annals* finding that patients with diabetes mellitus have worse long-term outcomes and higher associated costs following coronary artery bypass grafting (CABG) surgery than patients without diabetes.

May 14, 2014: **"Four Professional Societies Publish Recommendations to Guide Minimally Invasive Valve Therapy Programs for Heart Patients"** highlighted a consensus paper published by STS and three other professional medical associations that offers guidance on developing and maintaining a transcatheter mitral valve therapy program.

May 1, 2014: **"Home Health Care Visits After Heart Surgery Significantly Reduce Risk of Readmission, Death"** featured a study from the May 2014 issue of *The Annals* finding that home visits by a cardiac surgery nurse practitioner following CABG surgery can dramatically reduce a patient's risk of hospital readmission and death 30 days after surgery.

May 1, 2014: **"Patients Still Unclear About Risks, Benefits of Heart Procedures Even After Multimedia Presentations"** featured a study from the May 2014 issue of *The Annals* finding that while informed consent programs are somewhat beneficial for improving patient comprehension prior to cardiac revascularization, many patients still have misconceptions about benefits and outcomes.

April 1, 2014: **"Hospital Readmission Rates Not a Reliable Measure of Hospital Quality in Cardiac Surgical Care"** featured a study from the April 2014 issue of *The Annals* finding that hospital readmission rates are not a reliable measure of hospital quality in cardiac surgical care because they are driven by chance rather than statistically significant measurements.

March 13, 2014: **"Leading Medical Organizations and Patient Advocacy Group Call on CMS to Provide Full Medicare Coverage for CT Lung Cancer Screening"** discussed how STS, the Lung Cancer Alliance, the American College of Radiology, and 38 other medical organizations urged the Centers for Medicare & Medicaid Services (CMS) to quickly provide national Medicare coverage of low-dose computed tomography screening for patients at high risk for lung cancer.

March 11, 2014: **"Unique Database Collaboration Will Enable Improved Care for Heart and Lung Surgery Patients"** highlighted a new link between STS National Database data and CMS claims data, which will enable Database participants and researchers to track long-term patient outcomes.

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

Public Reporting Now Available for Congenital Heart Surgery Database Participants

STS leadership has long believed that the public has a right to see and understand clinical surgical outcomes data and regards public reporting as an ethical responsibility of the specialty. As such, participants in the Adult Cardiac Surgery Database component of the STS National Database have been able to publicly report, on a voluntary basis, their isolated coronary artery bypass grafting and isolated aortic valve replacement composite star ratings since 2011 and 2013, respectively.

Now, for the first time, Congenital Heart Surgery Database participants have the opportunity to publicly report their risk-adjusted operative mortality results. Outcomes will be reported using a star-ratings system based on a hospital's overall observed-to-expected operative mortality ratio for all patients undergoing pediatric and/or congenital cardiac surgery.

Read about a study utilizing CHSD data on page 13.

"It is our professional responsibility to share this information with our patients and their families," said Jeffrey P. Jacobs, MD, Chair of the STS Public Reporting Task Force. "STS continues to lead efforts in the reporting of clinical outcomes data to the public. If we do not publish our own results, the public will judge our performance based on unadjusted or inadequately adjusted administrative data."

Operative mortality results will be determined via a newly created mortality risk model. The new risk model adjusts for STS-EACTS (STAT) Mortality Category, age at surgery, weight at surgery, prematurity, prior cardiothoracic operation, any non-cardiac congenital anatomic abnormality, any chromosomal abnormality or syndrome, and a number of other preoperative risk factors. Case-mix (risk) adjustment is necessary in order to allow for comparison on a level playing field of hospitals that treat different populations of patients.

"Our newest STS Congenital Heart Surgery Database Risk Model is the most advanced methodology of risk adjustment for pediatric and congenital cardiac surgery," Dr. Jacobs said. "STS is actively developing more advanced methods of risk adjustment for the morbidity associated with pediatric and congenital cardiac surgery. These developments will likely lead to future versions of public reporting using the STS Congenital Heart Surgery Database based on a multi-domain composite of both mortality and morbidity."

CHSD participants who wish to publicly report their outcomes must sign a consent form, which is available at www.sts.org/publicreportingconsent, by Friday, August 22. Results will be posted on STS Public Reporting Online in December 2014 and are also expected to be published on the *Consumer Reports* website in the future.

For more information on this new public reporting initiative, a Congenital Public Reporting webinar will soon be available at www.sts.org/webinars. If you have any questions, please contact Stephanie Oliva, Quality Metrics and Initiatives Coordinator, at soliva@sts.org. ■

New Recommendations on Minimally Invasive Valve Therapy Programs

STS, along with the Society for Cardiovascular Angiography and Interventions, the American Association for Thoracic Surgery, and the American College of Cardiology Foundation, recently released new recommendations on transcatheter mitral valve therapy programs.

"SCAI/AATS/ACC/STS Operator & Institutional Requirements for Transcatheter Valve Repair and Replacement, Part II – Mitral Valve," was published simultaneously in several journals, including *The Annals of Thoracic Surgery*. This consensus document outlines criteria for health care providers and institutions to offer consistent and appropriate patient care in the ever-evolving field of transcatheter valve therapy. It emphasizes the need for a strong multidisciplinary team approach involving both surgeons and interventional cardiologists.

Read the consensus document at www.sts.org/MitralValveConsensus. ■

STS Members Mentor the Next Generation of CT Surgeons

→ continued from cover

training through Ryan's eyes. It is very selfish for me to talk with him about CT surgery because I get a renewed excitement about our specialty and just how wonderful and exhilarating the things we do every day really are," he said.

Both senior surgeons have given Dr. Campagna a wealth of advice over the last few years.

"It was during the latter portion of medical school that I received the best piece of advice regarding residency training and the impending match—no matter what hospital I called home for the next several years, the excellence of my training rested solely on the effort and passion that I brought to work, each and every day," said Dr. Campagna, who recently started his general surgery residency at Northwestern Memorial Hospital in Chicago.

> "It is very hard to learn, do, and be everything that one needs to be successful, especially in the academic realm, without considerable guidance and mentoring."
>
> *— Curt Tribble, MD*

"It's been wonderful to see Ryan grow and develop into a promising cardiac surgeon," said Dr. Higgins. "I'm very proud of his success. I think I learned as much from him as he did from me."

STS LOOKING TO THE FUTURE SCHOLARSHIP PROGRAM

One way STS supports mentorship is through the Looking to the Future Scholarship Program, which was developed to identify and encourage medical students and general surgery residents who are considering, but not yet committed to, a career in cardiothoracic surgery. (See page 7 for more details on the program.)

Richard Lee, MD, MBA, Co-Director of the Center for Comprehensive Cardiovascular Care at Saint Louis University Hospital, has served as a mentor in the LTTF program since it began in 2006. For the 2014 program, one of his mentees was Jordan P. Bloom, MD, a general surgery resident at Massachusetts General Hospital.

"Cardiac surgery was a change for me, and the STS Annual Meeting was my first meeting on the topic," Dr. Bloom said. "Dr. Lee introduced me to a number of other surgeons, and the LTTF program dinner gave us a great deal of time to talk about life and cardiac surgery in general. It is rare that you have chances like this with a faculty member."

Dr. Lee said that participating as a mentor in the LTTF program helps him "pay it forward" for all the advice he has received in his own career.

"I will never repay the debts for the help I have been given, but this is a way to start," he said. "My mentors have helped me with career decisions, research direction, and personal life decisions. I think good mentors help me make better decisions, and even when I make bad ones, they support me and minimize the negative effects of those decisions."

For many scholarship recipients, the mentoring benefits of the LTTF program extend beyond the Annual Meeting.

Tom C. Nguyen, MD met Curt Tribble, MD through LTTF in 2006. Dr. Nguyen, now an Assistant Professor in the Department of Cardiothoracic and Vascular Surgery at The University of Texas Health Science Center at Houston, was one of the first residents to receive the scholarship.

Drs. Nguyen and Tribble's friendship continued well beyond the 2006 Annual Meeting, as Dr. Tribble advised Dr. Nguyen on a number of topics over the years, including his choice of training program, becoming a leader in the Thoracic Surgery Residents Association, and choosing the right job opportunities.

"Dr. Tribble has been an invaluable resource and sounding board for me through all my stages of becoming an academic cardiothoracic surgeon," said Dr. Nguyen. "Now that I am a cardiothoracic surgeon, I've used what I learned from Dr. Tribble to reciprocate his mentorship as I help train medical students, fellows, and surgery residents."

Ongoing mentorship is incredibly important to a successful career in cardiothoracic surgery, said Dr. Tribble, Vice Chair of the Department of Surgery at the University of Mississippi.

"Mentorship is critical throughout medicine and surgery, at least partly because the demands of proper 'growth and development' are so extensive that it is very hard to learn, do, and be everything that one needs to be successful, especially in the academic realm, without considerable guidance and mentoring," he said. ■

STS Simplifies Process to Help Surgeons Earn PQRS Financial Incentives

→ continued from cover

"The process is now extremely simplified—all you have to do is sign a consent form. It will no longer require any extra time from your data managers," said Frederick L. Grover, MD, STS Past President and a longtime leader in STS National Database quality initiatives. "With this process, STS has been able to give you even more value for your Database participation."

If a surgeon does not meet the requirements for the 2014 incentive, he or she can still avoid the 2016 payment reduction by satisfactorily demonstrating performance on at least three of the reported measures.

Surgeons who sign the consent form will begin receiving individual reports, along with their institutional reports, for each ACSD harvest period. Data for 2014 will be submitted to CMS in early 2015.

This simplified submission process was made possible because CMS recently approved the STS National Database as a Qualified Clinical Data Registry.

"The fact that we've been approved as a Qualified Clinical Data Registry sends a strong message to CMS, HHS, Congress, health care policy groups, and the National Quality Forum that our Database is a national leader and legitimate. This will be very helpful for our advocacy efforts in Washington as evidence that the STS National Database has passed the highest reviews possible, and we hope to leverage this achievement to make a positive impact on health care reform moving forward," said Dr. Grover.

> "With this process, STS has been able to give you even more value for your Database participation."
>
> *— Frederick L. Grover, MD*

You can download a copy of the consent form at www.sts.org/PQRSconsent. If you have questions about this new program, contact Donna McDonald, Senior Manager, STS National Database and Patient Safety, at dmcdonald@sts.org or (312) 202-5842. ■

How to Become a More Successful Innovator

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Innovators look at different disciplines that have solved similar problems and "borrow" from their solutions. Many innovators seek forums or events that promote interdisciplinary discussion and creativity. They engage outside experts. They actively seek places where people with diverse ideas gather.

EXPERIMENTING

Innovators use the entire world as their laboratory. They repeatedly test, develop, and re-work ideas. Innovators see a possibility or ask questions about why some process or device functions as it does, and then they experiment to test it.

Rather than using experiments designed to reach a specific goal or outcome, they use open-ended testing and pursue its outcomes to see what else they can learn.

Experimentation is closely linked to the other discovery skills of innovation. By asking more and better questions, paying close attention, and consulting people from different fields, fewer experiments are needed to develop an idea.

Successful leaders and entrepreneurs spend a majority of their time engaged in these discovery skills. By understanding the principles of associative thinking, we, as leaders in our departments and health systems, can nurture these behaviors and thereby lead innovation and growth.

[1] Dyer, J.H., Gregersen, H.B., & Christensen, C.M. (2009). The Innovator's DNA. *Harvard Business Review*, 87(12), 60-67. ■

STS and University of Michigan to Study Quality, Costs in Congenital Heart Surgery

STS is collaborating with the University of Michigan on a study to understand quality and costs in congenital heart surgery.

The National Heart, Lung, and Blood Institute has awarded a $2.8 million grant for the project. The grant was secured with the help of the STS Research Center; Jeffrey P. Jacobs, MD, Director of the Andrews/Daicoff Cardiovascular Program at Johns Hopkins All Children's Heart Institute in St. Petersburg, Fla., will be the principal investigator (PI) for the Society. Dr. Jacobs is also Chair of the STS Public Reporting Task Force and the STS Access & Publications Task Force. The project PI is STS Associate Member Sara K. Pasquali, MD, MHS, Associate Professor of Pediatrics at the University of Michigan C.S. Mott Children's Hospital Congenital Heart Center.

The first aim of the study is to develop a composite quality metric for congenital heart surgery. Currently, there is limited information available for physicians, parents, and policymakers to best define high-quality care for children with congenital heart defects.

"Existing quality indicators are all associated with certain flaws and have limited ability to reliably differentiate between hospitals," said Dr. Pasquali. "Structural measures, such as surgical volume, are only proxies for quality and not always reflective of performance. Many process measures have an unclear association with patient outcome. Direct outcome metrics, such as mortality, have limited ability to identify outliers due to their rarity, and few metrics take into account the important morbidities experienced by many survivors. Finally, with the wide variety of individual measures, it is unclear how to make an overall assessment of quality."

Sara K. Pasquali, MD, MHS

The researchers hope to address these knowledge gaps by empirically combining information across multiple quality domains. The investigative team will work with the STS Quality Measurement Task Force, using data from the STS National Database and the Center for Healthcare Outcomes and Policy at the University of Michigan. The composite measure will eventually be incorporated into feedback reports for STS Congenital Heart Surgery Database participants.

> "Our preliminary data suggest that hospitals providing high-quality care—for example, those with lower mortality rates, fewer postoperative complications, and shorter hospital length of stay following congenital heart surgery—also have the lowest costs."
>
> *— Sara K. Pasquali, MD, MHS*

Once the composite measure is completed, researchers will move on to study the relationship between quality care and cost.

"Our preliminary data suggest that hospitals providing high-quality care—for example, those with lower mortality rates, fewer postoperative complications, and shorter hospital length of stay following congenital heart surgery—also have the lowest costs," said Dr. Pasquali. "We hope to study this in more detail by combining the rich clinical information available in the STS Congenital Heart Surgery Database with detailed resource utilization information captured in the Children's Hospital Association Databases."

The researchers hope that integrating information on quality and costs and providing feedback to hospitals will allow surgical programs to better measure their performance against national data and target areas for improvement.

For more information about the STS Research Center, contact Cynthia Shewan, Director of Research & Scientific Affairs, at cshewan@sts.org. ■

STS Advocates for Medicare Coverage of Lung Cancer Screening

The Society's first Legislative Fly-In of the year is reaping rewards. Thirteen STS members converged on Washington, DC, on May 20 and met with their senators and representatives about issues important to cardiothoracic surgery. Among the issues was Medicare coverage of low-dose computed tomography (LDCT) screening for patients at high risk of lung cancer. Other STS members contributed by sending hundreds of messages to their members of Congress urging their signatures on letters supporting Medicare coverage of LDCT lung cancer screening.

Congress responded to the grassroots advocacy; 45 senators and 134 representatives signed the letters, which were sent to the Secretary of Health and Human Services and the Centers for Medicare & Medicaid Services Administrator in late May and early June.

Efforts to secure coverage of LDCT lung cancer screening have been challenging, although recent victories have outweighed the setbacks.

Following an appearance late last year by then-STS President Douglas E. Wood, MD at a Congressional briefing on lung cancer screening, Congress helped expedite a favorable recommendation from the United States Preventive Services Task Force (USPSTF), which was published on December 31, 2013. The final recommendation called for LDCT screening of current smokers aged 55–80 years who have a smoking history equivalent to a pack a day for 30 years or two packs a day for 15 years. The recommendation for screening also included those with a similar smoking history who have quit within the past 15 years.

Because the USPSTF published its decision in 2013, private insurance plans, including those created under the Affordable Care Act, must cover lung cancer screening by January 2015. If the recommendation had been postponed just 1 day, implementation may have been delayed an entire year. Similarly, the USPSTF recommendation incentivizes Medicaid plans to provide screening services with zero cost-sharing; however, Medicare is not required to follow the USPSTF recommendation. Rather, CMS is encouraged to analyze the service, its presumed benefit, and potential risks and then make a National Coverage Determination (NCD).

Efforts to secure coverage of LDCT lung cancer screening have been challenging, although recent victories have outweighed the setbacks.

As a part of the NCD process, CMS convened a Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) meeting on April 30. Despite overwhelming evidence from the National Lung Cancer Screening Trial demonstrating a 20% reduction in lung cancer mortality, as well as presentations from experts, including Dr. Wood who talked about his experience on the Lung Cancer Screening Panel of the

STS Legislative Fly-In participants, including Cherie Erkmen, Jess Thompson, Ruel Wright, Dave Fullerton, Linda Veit, Mitch Magee, Leslie Kohman, and Fred Grover, take a moment to pose in front of the Capitol during a day of meetings with their members of Congress.

National Comprehensive Cancer Network, MEDCAC panel members said that they did not have enough confidence in the available evidence to determine whether the benefits outweighed the potential harms of screening; consequently, they issued a "low confidence" decision.

Although the MEDCAC decision was disappointing, STS remains committed to educating decision makers about this important screening benefit for a disease that causes more deaths than colon, breast, and pancreatic cancers combined. An estimated 160,000 Americans are expected to die from lung cancer in 2014, accounting for approximately 27% of all cancer deaths, according to the American Cancer Society.

STS is working with the American College of Radiology, the Lung Cancer Alliance, and other stakeholders on various initiatives to keep lung cancer screening in the forefront.

CMS will publish a proposed NCD in November.

For more information on what you can do to help persuade CMS to extend coverage for lung cancer screening in spite of the recent MEDCAC decision, please visit www.capwiz.com/sts and click on "Take Action Now" next to "Support CMS coverage of lung cancer screening." ■

STS Past President Frederick L. Grover, MD met with Rep. Diana DeGette (D-CO).


STS Member Hazem Barmada, MD (left) met with Rep. Steven Palazzo (R-MS).


STS Member Jess L. Thompson, MD (left) met with Rep. David Schweikert (R-AZ).


STS members met with Rep. Larry Bucshon, MD (R-IN), who is a cardiothoracic surgeon.

For more information on STS advocacy activities, please visit www.sts.org/advocacy.

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MARK YOUR CALENDAR

Upcoming STS Educational Events

October 8-10, 2014
Chicago, Illinois
Advances in Quality & Outcomes: A Data Managers Meeting

November 13-15, 2014
Chicago, Illinois
Coding Workshop

January 24-25, 2015
San Diego, California
STS/AATS Tech-Con 2015

January 24-28, 2015
San Diego, California
STS 51st Annual Meeting

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

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