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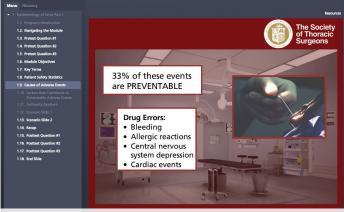
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STS Expands E-Learning Offerings with Patient Safety Program

STS will offer a new educational resource with the launch of a patient safety e-learning program in 2015.

The American Board of Thoracic Surgery asked STS to develop an online educational activity to help satisfy maintenance of certification (MOC) requirements for board-certified cardiothoracic surgeons. One component of MOC is completing a patient safety program.



The first e-learning topic area focuses on the epidemiology of error.

"Patient safety is a very important aspect of patient care that has a science behind it and can be applied to all areas of medicine," said ABTS Executive Director William A. Baumgartner, MD. "Recognizing the importance of this initiative, the American Board of Medical Specialties—with the agreement of all the boards, including the ABTS—will require each Diplomate to educate him or herself about the science and practice of safety in the delivery of patient care."

The Society is particularly well-suited to educate cardiothoracic surgeons on this topic.

"STS has a long history of involvement in patient safety, outcomes measurement, and quality improvement," said Juan A. Sanchez, MD, Chair of the Society's Patient Safety Maintenance of Certification Task Force. "Many of our members are well-known leaders in patient safety and have made important contributions to the understanding of safety systems and human factors engineering. As the largest organization for cardiothoracic surgery, our legacy has always been to disseminate new and innovative educational content to our members throughout the world." Members of the Task Force worked to develop the educational content along with STS staff.

"The Task Force met several times in person and by teleconference to develop a patient safety core curriculum and assigned various content areas to STS members with particular expertise in those areas," Dr. Sanchez said. "We then developed and revised storyboards for each topic and produced the actual content using a Learning Management System."

The patient safety e-learning program is divided into several topic areas. The first half-hour topic area will focus on the epidemiology of error. The remaining topic areas will cover systems thinking and the effect of the system on patient safety, human factors, culture of safety, fundamentals of quality improvement, communication, and methods and tools for evaluating safety events.

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Register Today for the STS 51st Annual Meeting

The STS 51st Annual Meeting in San Diego is only weeks away, but it's not too late to join your colleagues at one of the largest international educational events in cardiothoracic surgery.

Registration is still available at www.sts.org/annualmeeting, as well as onsite in San Diego. Spots for ticketed sessions, such as the Early Riser Sessions and STS University, are going quickly, so don't delay.

New offerings at the 51st Annual Meeting include two parallel sessions on mechanical circulatory support, a session on how quality measurement is reshaping clinical practice, and a session exploring the role of stereotactic body radiation therapy in lung cancer treatment.

The upcoming meeting also will expand the opportunities for interaction with colleagues across the globe. STS is partnering with a number of international societies on exciting new programs that will examine a wide range of perspectives on cardiothoracic surgery topics.

Continuing the spirit of multisociety collaboration, STS will welcome two outstanding guest speakers at the General Session on Tuesday, January 27. Pedro J. del Nido, MD, President of the American Association for Thoracic Surgery, will present the Thomas B. Ferguson Lecture, and Patrick T. O'Gara, MD, President of the American College of Cardiology, will give the C. Walton Lillehei Lecture.

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Looking Forward

David A. Fullerton, MD, President

It is important to look forward so that one may anticipate changes in cardiothoracic surgery practice. Particularly in light of how much things have changed over the last decade in our specialty, this can be challenging. However, it is possible to identify important driving forces that will impact the specialty over the next decade.

FORCES DRIVING CHANGE

The first is a projected **shortage of cardiothoracic surgeons**. Eight years ago, the job

market for surgeons was very tight. This, in turn, fueled a declining interest in the specialty as a career choice. By 2006, the number of applicants had fallen

below the number of thoracic residency positions. Thus, the inflow to the surgical workforce has been meager as the workforce itself and the population as a whole have aged. Today, the job market is stronger. In fact, it is predicted that in 10 years, the CT surgical workforce will be short several thousand surgeons. Such projections suggest that the job market for surgeons will continue to be strong. However, other driving forces will mean that such jobs will have significant differences from today.

The second driving force is the **change in** health care economics. Implementation of the Affordable Care Act is rapidly producing significant changes in health care financing. It is now estimated that by 2020, at least 80 million people (about 25% of the US population) will be covered by Medicare. Further, the Medicare business model calls for significant reductions in reimbursement to providers. By 2020, many predict that Medicare reimbursement will fall below that of Medicaid. The implication for compensation to surgeons and hospitals is clear. In addition, CMS is proposing to eliminate global payments for surgical procedures by 2018. The financial consequences for surgeons are significant and likely will drive surgeons into models of hospital employment.

These financial changes are producing a third driving force: **consolidation in the health care market**. Merger and acquisition activity in health care has proceeded at a dizzying pace since the passage of the ACA. In 2012, the number of mergers in health care systems was twice that of 2009, and each such merger included multiple hospitals. And the merger and acquisition activity in the health care industry continues and will finish 2014 at the highest

level in decades. As such consolidation continues, patient choice as to where care is provided and by whom will be diminished. As the number of hospital-employed surgeons increases and

patients are consolidated into fewer hospitals and systems, downward pressure will be put on employment options for surgeons.

Not only are patients—and therefore jobs being consolidated in health care systems, but also, pressure is mounting for CT surgeons to subspecialize. There is a long-running sentiment that surgical outcomes are related to volume. However, critical review of the literature makes it very difficult, if not impossible, to support this with very few exceptions. Nonetheless, a growing number of publications continue trying to make the case. As a result, many hospitals have already begun to demand certain procedurespecific volume thresholds for purposes of credentialing. Regardless, the public already demands these data. Patients and carriers alike regularly request data on the volumes and outcomes of both institutions and individual surgeons.

ANTICIPATED CHANGES

These driving forces are associated with several leading indicators of what CT surgical practice will be like over the next decade. One is the **accelerated growth in mechanical circulatory support**. Implantation of ventricular assist devices increases every year, given the growing number of patients with significant heart failure. This will be a significant growth area for the specialty. However, surgeons who wish to implant VADs must already meet credentialing criteria set forth by The Joint Commission and CMS. This is an example of the pressure for subspecialization.

Another indicator is the volume of CABG procedures performed annually. The number peaked nationally at approximately 500K in 1996 and steadily fell by approximately 30%, reaching a plateau in 2004-5. As the market for coronary stents has matured and PCI and CABG have become seen as complementary instead of competitive therapies, the number of CABG procedures performed annually has slowly risen since 2009. According to the CDC, the number of CABG procedures performed in 2013 was approximately 395,000, an increase of 55,000/ year over 2009. The fact that the population continues to age and will grow by approximately 17 million over the next 8 years suggests that the number of CABG surgeries will likewise continue to grow.

The third indicator is in **treatment of structural heart disease**. The future treatment of valvular heart disease seems clear: it will rely very heavily on catheter-based technologies. In Germany, at least 40% of patients with aortic stenosis are already treated by TAVR. Based upon data from the STS/ACC TVT RegistryTM, the pace of TAVR incorporation in the US market will be very similar. The successful introduction of the mitral valve clip to treat mitral regurgitation has paved the way for transcatheter mitral valve replacement. By 2021, this technology is estimated to be commercially available in the US.

So as surgeons prepare for practice over the next decade, it seems clear that practices will gravitate to higher-volume centers with sophisticated infrastructure. One will need to consider an area of subspecialization in which to focus. And for those surgeons with an interest in valvular heart disease, participation in transcatheter valve programs will be essential.

One will need to consider an area of subspecialization in which to focus.

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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STS News 633 N. Saint Clair St. Floor 23 Chicago, IL 60611 Phone (312) 202-5800 E-mail stsnews@sts.org In this edition of STS News, Dr. Seenu Reddy describes the 2015 Practice Management Summit, which will be held on Sunday, January 25, at the STS 51st Annual Meeting in San Diego. As Chair of the Society's Workforce on Practice Management, I am very excited about our program this year. I know all who attend will find it extremely informative and valuable.

Frank L. Fazzalari, MD, MBA

2015 Practice Management Summit to Focus on the Evolving Health Care Marketplace

V. Seenu Reddy, MD, MBA, Centennial Heart & Vascular Center, Nashville, TN

The passage of the Affordable Care Act and activation of the insurance coverage mandate have led to changes in the health care marketplace that affect cardiothoracic surgeons' practice patterns. Hospitalbased employment continues to grow, and the focus is slowly but surely shifting toward outcomes-based

performance measurement tied to compensation. As the "employed" physician trend becomes more popular, a physician's work value and contribution to the health system are being measured in novel ways. In addition, new proposals from payers for unbundling services may represent new challenges and opportunities.

Speakers will address whether work Relative Value Units are really the best model for cardiothoracic surgery, as opposed to a more comprehensive valuation of the surgeon's contribution to the entire cardiothoracic service line for a hospital or hospital system.

The second half of the Summit will look at health policy in the final years of the Obama presidency and beyond. Presentations will focus on the specifics of how health care reform will continue to impact cardiothoracic surgeons. Physician-led governance and practice management will be

> discussed. In addition, speakers will address the opportunities available for surgeon leaders outside of the OR, whether within industry, government, or health care systems.

As change continues to sweep through the health care landscape, STS and the Workforce on Practice Management continue to seek out experts who can bring focus and

The 2015 Practice

Management Summit at the STS 51st Annual Meeting will address many of these changes. During the first half of the Summit, speakers will outline the underpinnings of the Affordable Care Act and its intersection with the marketplace as it is happening today. In addition, speakers will address whether work Relative Value Units are really the best model for cardiothoracic surgery, as opposed to a more comprehensive valuation of the surgeon's contribution to the entire cardiothoracic service line for a hospital or hospital system. This discussion will segue into how to best utilize these measures of value when contracts are negotiated. The ways in which cardiothoracic surgeons can provide leadership will be explored, followed by an open panel discussion covering these topics in more detail and addressing specific participant concerns.

information to our membership that will be useful and current. The Summit's program has been constructed to provide broad policy updates and information, while also providing specifics on practical topics, such as contracts and compensation.

The Summit will be held on Sunday, January 25, from 7:50 a.m. to 12:00 p.m. You must register for the STS 51st Annual Meeting at www.sts.org/annualmeeting and purchase a separate ticket for the Summit in order to attend. The Workforce encourages the active participation of practice managers, as well as physicians in both academic and private practice settings.

The STS leadership and the Workforce on Practice Management look forward to your attendance and participation.



On A Messy Desk

Robert A. Wynbrandt, Executive Director & General Counsel

As humorist and actor Robert Benchley initially noted in a 1920 Vanity Fair article, there are two kinds of people in the world: those who think that there are two kinds of people in the world and those who don't. I always considered myself among the latter group, but wisdom comes with age; I now know that there *are* two kinds of people in the world: those with clean desks and those with messy desks.

Legions of STS leaders, past and present, can attest to the fact that I maintain a messy desk (which I like to think says "busy" rather than "out of control"). Perhaps most noteworthy among those STS leaders was the beloved Carolyn Reed, who physically recoiled in horror upon her first visit to my office many years ago. As we approach the holidays (as of this writing), it is from this messy desk that I reflect on the STS year now coming to an end and look forward to the year ahead—as I always do in this column for our Winter edition.

In thinking about the world of the Society since Doug Wood handed the gavel to Dave Fullerton in Orlando, some key words come to mind: growth, specialty. And as one would expect, a growing membership requires a growing staff to keep pace with its needs; such was our experience on the 23rd floor of the American College of Surgeons building in Chicago this past year, when we demolished a large conference room and created work space to accommodate a growing staff of more than 60 employees whose job is to serve you and the STS mission.

With our 50th Anniversary year now coming to an end, 2014 obviously was a year of STS milestones—and particularly so in the quality arena. The proverbial jewel in the crown, the STS National Database, celebrated its 25th anniversary; the Adult Cardiac Surgery component of the Database achieved a long-sought goal with the addition of a participant from Vermont, thus extending participation throughout all 50 states in the US; the Database was deemed a "Qualified Clinical Data Registry" by CMS for participating surgeons' PQRS reimbursement purposes;

> and international participation continued to expand.

As far as "patientcentric" is concerned, it is not an overstatement to say that the recent decision by CMS to extend

milestones, patient-centric, and charitable. It can be argued that the first of these, growth, has been a staple of this organization since its creation in 1964 and only has accelerated since the dawning of its era of selfmanagement in 2002. Our total membership numbers now exceed 6,900 and will pass the 7,000 mark with the admission of new Active and International Members at the Business Meeting in San Diego on January 26. Also noteworthy here is the fact that the number of STS International Members exceeded 1,000 for the first time this past year—a great indicator for the health of the Society and the

Medicare coverage to lung cancer screening would not have occurred without the active and relentless advocacy efforts of this organization and its leadership, to the benefit of countless patients whose lives will be saved by early detection. The Society also welcomed its first Public Director, former US Representative Tony Coelho, and among the early byproducts of that relationship is our membership in Partnership to Improve Patient Care, an important advocacy organization serving patient interests. We also initiated a project with Robbin Cohen and our Workforce on Media Relations and Communications to significantly enhance our patient education website and its content; you will see the fruits of this effort in the year ahead.

Perhaps the most lasting legacy of the Fullerton Administration will prove to be the Society's recent focus on charitable outreach initiatives, led by a special ad hoc task force created by Dave and chaired by Joe Dearani. This initiative, coupled with a restructuring of the Thoracic Surgery Foundation for Research and Education that brings the Foundation back to its STS roots and the "Every Heartbeat Matters" grant from the Edwards Lifesciences Foundation on which the two organizations are collaborating (see page 8), represents an exciting new direction for the Society that is bound to expand in the years to come.

As with every transition to a new STS year, we have much to look forward to in 2015. Highlights for the year ahead include a new Editor (Alec Patterson), a new editorial staff working at a new location (STS headquarters), and a new publishing agreement for The Annals-which recently published its first Chinese edition; the initiation of a major strategic planning exercise (following the every-5-year pattern established by John Benfield in 1995 and continued under Jack Matloff in 2000, Sid Levitsky in 2005, and Doug Mathisen in 2010), and our rollout of a patient safety e-learning tool to assist our members in maintaining their ABTS certification status (see cover story).

This holiday season is one in which we espouse aspirations of world peace and the corresponding value of tolerance for those who are different. And so, whether your desk is messy or clean, I implore you to get along with the other half (even Carolyn learned to put up with the state of my office) and, on behalf of the entire staff, I wish you and yours a happy and healthy 2015. We look forward to seeing you in San Diego!

Members exceeded 1,000 for the first time this past year—a great indicator for the health of the Society and the specialty.

The number of STS International

Member News



KWON NAMED DIVISION HEAD

Christopher C. Kwon, MD has been named Division Head of Cardiac Surgery at LifeBridge Health Cardiovascular Institute in Baltimore. LifeBridge is an integrated inpatient and outpatient program dedicated to preventing, treating, and improving patient outcomes in heart disease, vascular disease, and stroke. Dr. Kwon previously served as Chief of Staff and Director of Cardiothoracic Surgery at Havasu Regional Medical Center in Lake Havasu City, Arizona. He has been an STS member since 2006.



MACK RECEIVES TCT AWARD

STS Past President Michael J. Mack, MD recently became the first surgeon to receive the Transcatheter Cardiovascular Therapeutics Career Achievement Award from the Cardiovascular Research Foundation at TCT 2014 in Washington, DC. The award recognized his ongoing work in cardiac surgery and his commitment to building a partnership between cardiac surgeons and interventional cardiologists in the treatment of cardiovascular disease. Dr. Mack is the Medical Director of Cardiovascular Disease for Baylor Scott & White Health in Dallas and has been an STS member since 1986.



LANDRENEAU JOINS ALLEGHENY HEALTH NETWORK

Rodney J. Landreneau, MD has been named Division Director of General Thoracic Surgery for the Allegheny Health Network in Pittsburgh. He also will serve as System Director of Thoracic Oncology and Co-Director of its Esophageal and Lung Institute. Dr. Landreneau specializes in the treatment of gastroesophageal reflux disease, lung cancer, esophageal cancer, and pleural mesothelioma and has expertise in the use of advanced, minimally invasive surgical techniques. He has been an STS member since 1991.



GAMLIEL TO LEAD THORACIC SURGERY

Ziv Gamliel, MD has been named Chief of Thoracic Surgery at MedStar Franklin Square Medical Center and MedStar Harbor Hospital in Baltimore. He will work with surgical, medical, and radiation oncology specialists at both hospitals to enhance the multidisciplinary approach to cancer care for patients. Previously, he was Chief of Thoracic Surgery at the University of Maryland St. Joseph Medical Center in Towson. He has been an STS member since 1996.

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

A key leader behind the

Staff Update

Amy Cacich joined STS on October 20 as its Meetings and Conventions Coordinator. She handles meeting logistics, oversees advance registration, collaborates with vendors, and performs related administrative tasks for the STS Annual Meeting, as well as a number of ancillary meetings throughout the year. Previously, Amy was a Meetings Assistant for the American Bar Association's Young Lawyers Division. She holds a bachelor's degree in tourism management from Indiana University in Bloomington. To contact Amy, e-mail acacich@sts.org. 🔳

In Memoriam RICHARD E. CLARK, MD



creation of the worldrenowned STS National Database passed away in October at the age of 80. Richard E. Clark, MD earned a degree in chemical engineering from Princeton

University and received his medical degree from Cornell University Medical School in 1960. He completed his general and cardiothoracic surgery residencies at the University of Virginia.

After stints at Washington University/Barnes-Jewish Hospital in St. Louis, Mo., the National Naval Medical Center in Bethesda, Md., and the National Institutes of Health Surgery Branch in Washington, DC, Dr. Clark was recruited to set up the Cardiovascular and Pulmonary Research Center at Allegheny General Hospital in Pittsburgh, Pa. There, he led a team of researchers in developing the AB-180 left ventricular assist device. In the late 1980s, Dr. Clark was appointed Chair of the newly formed STS Ad Hoc Committee to Develop a National Database for Thoracic Surgery and guided the Committee to come up with data definitions, determine outcome measures, and set the pathway for developing risk models. "He was instrumental in getting the Database off the ground despite the financial risks involved and some opposition," said STS Historian Nicholas T. Kouchoukos, MD. "He was a visionary and clearly saw the benefits of having risk-adjusted data."

STS Past President Frederick L. Grover, MD succeeded Dr. Clark as Chair of the National Database Committee in 1997. "Dick was truly the father of the STS National Database and did an excellent job publicizing its benefits," said Dr. Grover. "The Database saw rapid growth in the first few years and now has more than 5.4 million patient records in the Adult Cardiac Surgery Database component alone."

Dr. Clark was an avid inventor, race car driver, and model airplane aficionado. He died after a 3-year battle with lymphedema.



The World of Cardiothoracic Surgery Also Is Becoming Flat

A. Pieter Kappetein, MD, PhD, Erasmus University Medical Center, Rotterdam, The Netherlands STS International Director

The World Is Flat is the well-known international bestselling book by Thomas L. Friedman that analyzes globalization,

especially in the beginning of the 21st century. The title refers to the fact that historical and geographical divisions are becoming increasingly irrelevant.

Our current economic policy goes beyond national boundaries not only in enterprises but also in the world of medicine. In medicine, one can identify three intersecting phenomena: outsourcing of health care goods and services, the imports of physicians or nurses, and medical tourism.

An example of outsourcing is that of x-rays or CT scans that are digitized and sent out to doctors in other countries to be analyzed and sent back to the referring hospital within a half hour; another example is operative reports that are dictated in one country and typed by people in a country where salaries are lower. In India, data entry costs are less than half of what they are in Western countries.

It also refers to under-regulated health care phenomena like medical tourism, where residents of one country physically experience health care in another place. Patients are attracted by the lower costs of procedures in less-developed countries, or there might be a need for a procedure still under regulatory review in the patient's home country.

In the last decade, we have seen medical tourism in cardiac care, where inoperable

patients from the United States with severe aortic stenosis were treated in countries with approval of transcatheter heart valve therapy. In the case of a shortage of doctors, it can also refer to imports of doctors and nurses to a particular country. Surgery training slots are regularly filled by foreign medical graduates and can lead to a "brain drain" in the developing countries. Usually, these surgeons must pass a licensing medical examination, but this does not include knowledge or psychomotor skills needed in a surgical practice.

THE FLATTENERS IN CARDIOTHORACIC SURGERY

In his book, Friedman defines the "flatteners" that level the international playing field. Some of these flatteners can be applied to the medical world and address some of the concerns raised above. It is clear that when the cardiothoracic world flattens, much emphasis has to be put on medical education and licensing. Cardiothoracic surgery societies, like STS and the European Association for Cardio-Thoracic Surgery, embrace surgeons from all over the world to become members,

The digital exchange of information is not a substitute for annual scientific meetings where physicians will network, inspire others, and initiate interactions that can later be expanded using the internet.

improve education in the specialty, and exchange information to promote improvements in patient care.

One of the flatteners is "Uploading," a process in which communities upload and collaborate on online projects. Examples in the world of cardiothoracic surgery include videos on surgical techniques on CTSNet or the Multimedia Manual of Cardio-Thoracic Surgery, blogs, and presentations from society annual meetings that are accessible online. Surgeons can also collaborate online on research projects and share data to make studies more powerful.

Another flattener is "Informing," or the ability for individuals to use web-based search engines to find scientific publications on almost any kind of information. Google Scholar, PubMed, ResearchGate, and other search engines can be used to find publications in the medical field. Never before in the history of medicine have so many people had the ability to find so much information about so many topics. CTSNet provides links to all major journals in the specialty, provides contact information for surgical colleagues, and has a repository for job offers in different parts of the world.

> A third flattener is "Steroids," new technologies that amplify and increase the effectiveness of all other flatteners. All analog content and processes can be digitized, and digital devices like mobile phones and tablets can be used anywhere, anytime, by anyone. Videoconferencing is available to discuss study protocols, educate surgeons, or even assist during an operation. Surgical robots can be controlled by an expert in a technique on

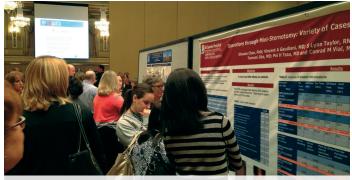
the other side of the world who can assist in a complex mitral valve repair.

Health care is becoming more global in ways that patients and providers do not realize. The digital world makes it easier to exchange information without meeting each other in real life. Yes, the world of cardiothoracic surgery is also getting flat, but the digital exchange of information is not a substitute for annual scientific meetings where physicians will network, inspire others, and initiate interactions that can later be expanded using the internet.

Our associations play a key role in fulfilling those needs, and surgeons from all over the world can share their surgical knowledge. Scientific societies that support the international exchange of information will be critical to guarantee that the flattening of the cardiothoracic surgery world is done in the most effective way, meets the highest standards in developed countries, and improves access to necessary care for underserved patient populations.

Successful AQO Meeting Held in Chicago

In October, more than 500 data managers gathered in Chicago for the Society's 11th Advances in Quality & Outcomes: A Data Managers Meeting. Attendees gained actionable advice and information for each of the three component databases of the STS National Database, including an overview of proposed specification upgrades for the General Thoracic Surgery Database. The next AQO meeting will be held in San Antonio on October 21-23, 2015. ■



The meeting featured eight poster presentations on topics such as the team approach to reducing surgical site infections, the data manager's role in decreasing prolonged ventilation, and more.



The ballroom at the Palmer House Hilton was packed for the presentations.

CT Surgery Billing Professionals Attend STS Coding Workshop

Nearly 200 CT surgical coders, surgeons, and other billing professionals gathered in Chicago November 13-15 for the 2014 STS Coding Workshop and Special ICD-10 Session.

The Workshop kicked off with a special half-day session focusing on the transition to the 10th edition of the International Classification of Diseases, Clinical Modification (ICD-10-CM) and the hospital inpatient Procedure Coding System (PCS), which will take place October 1, 2015.

Subspecialty sessions for adult cardiac, general thoracic, congenital, endovascular, and vascular surgery addressed new codes and policy changes, as well as tips on overcoming common coding challenges. New sessions at the 2014 Workshop included complicated coding scenarios, coding in teaching hospitals, and evaluation and management coding.

STUDENTS AND RESIDENTS GET HANDS-ON CT SURGERY EXPERIENCE



On October 27, STS and the American College of Surgeons once again hosted CT Surgery in the Future, a hands-on course, during the ACS Clinical Congress in San Francisco.

General surgery residents and medical students had the opportunity to perform surgical procedures using synthetic and tissue-based simulation models.

The cardiac stations provided hands-on experience with aortic valve and root replacement, vessel suturing, mitral valve repair, on-pump coronary artery bypass, and transcatheter aortic valve technology.

The general thoracic stations offered the chance to practice video-assisted thoracoscopic surgical lobectomy, endoluminal esophageal surgery, endobronchial ultrasound, chest wall reconstruction, and rib fracture repair.

Clinical Practice Guidelines Address Treatment for Esophageal Cancer

Adding to its library of evidence-based clinical practice guidelines, STS has released a new clinical practice guideline addressing the treatment of cancer of the esophagus and gastroesophageal junction.

The guideline, published in the November 2014 issue of The Annals of Thoracic Surgery, is the second in a series of guidelines on esophageal cancer. Future guidelines in the series will address esophageal

resection and early stage disease. The guideline document is available at www.sts.org/guidelines.

"As part of the Society's series of guidelines on esophageal cancer, the STS Workforce on Evidence Based Surgery created a task force to address our rapidly evolving understanding of the disease biology, advancements in staging options, the

benefits of multimodality approaches, and the presence of several surgical options," said Guideline Task Force Chair Alex G. Little, MD, from the University of Arizona in Tucson.

Using information obtained from numerous past reports, the task force created the current guidelines, which include nine evidence-

based recommendations addressing issues related to multimodality care, including neoadjuvant therapy.

"Despite the widespread enthusiasm for multimodality therapy and the myriad of its aspects, currently available data for each component of care are not truly definitive," added Dr. Little. "The recommendations included in our document are guidelines, not mandates, but we feel

they identify best current practices."

The task force also noted that given the widespread use of multimodality approaches in clinical practice, largescale, prospective, randomized controlled trials would be useful for clinicians in clarifying and identifying the ideal treatment algorithm, and should standardize all treatment arms, including the surgical procedure.

"Understanding that technology continues to advance and biological behavior can be modified, patient care decisions should be made by a multispecialty group with input from all relevant specialists," said Dr. Little. "We hope our guidelines will aid practitioners in determining best practices at this point in time."

TSFRE Accepts Award Applications for Charity Work on Heart Valve Disease

The application process is open now through the end of January for surgeons conducting charity work involving heart valve disease in underdeveloped regions of the world.

The Thoracic Surgery Foundation for Research and Education (TSFRE), working in conjunction with STS, recently received a \$150,000 grant

from the Edwards Lifesciences Foundation's "Every Heartbeat Matters" charitable initiative. The grant is renewable for 2 more years.

"We are thrilled to partner with the Edwards Lifesciences Foundation through the Every Heartbeat Matters cam-

paign," said TSFRE President John H. Calhoon, MD. "This project will no doubt create a positive impact on underserved regions with respect to heart valve disease. We hope to have a long, successful partnership with Edwards." Once the award application process closes on January 31, the recently appointed STS Task Force on Charitable Outreach Initiatives, chaired by Joseph A. Dearani, MD, will recommend how the funds should be allocated.

The application can be accessed at www.tsfre.org. Information regarding the projects funded with

"This project will no doubt create a positive impact on underserved regions with respect to heart valve disease."

—John H. Calhoon, MD

this grant will be shared in an upcoming issue of STS News.

STS, TSFRE FORGE NEW RELATIONSHIP

In other important news regarding the Foundation, TSFRE recently returned to its roots, once again becoming the charitable arm of STS. The organization, originally named the

STS Education and Research Foundation, was incorporated on December 23, 1988. Its name was later changed to reflect its broader scope—to serve the entire specialty.

After years of operation under the auspices of association management companies, the

Foundation and its Board of Directors turned to the Society for management services in 2012. "Our recent restructuring and STS's commitment to the long-term sustainability of TSFRE as our society's charitable organization will ensure a bright future for the Foundation," noted Dr. Calhoon.

STS made a substantial financial contribution to cover the cost of TSFRE management, and the new relationship became official in October 2014. "The STS Board of Directors has made a significant statement about the Society's fundamental interest in the mission of the Foundation and the organization's success," said STS President David A. Fullerton, MD.

The new TSFRE Board of Directors includes Dr. Calhoon as President, Douglas E. Wood, MD as Vice President, Keith S. Naunheim, MD as Secretary, and Mark S. Allen, MD as Treasurer. In addition to Dr. Fullerton, additional members of the Board are Drs. Shanda H. Blackmon, Andrea J. Carpenter, Robert C. Gorman, Robert S.D. Higgins, Richard N. Pierson III, and Joseph F. Sabik III.

Future guidelines in the series will address esophageal resection and early stage disease.

STS Members Receive Scholarships toward Ethics Education

Three STS members have been awarded scholarships for use in studying biomedical ethics.

The scholarships were offered by the Cardiothoracic Ethics Forum, a joint project of the Society and the American Association for Thoracic Surgery that is responsible for ethics education in cardiothoracic surgery.

The scholarships, which are in amounts of up to \$10,000, are intended to help interested surgeons obtain formal education and training in biomedical ethics through any of several programs offered by leading ethics centers in North America.

One awardee is John W. Entwistle, MD, PhD, the Surgical Director of Cardiac Transplantation and Mechanical Circulatory Support at Jefferson University Hospitals in Philadelphia. He plans to use the scholarship to attend the Intensive Bioethics Course at Georgetown University this June.

"We are facing increasing challenges in health care as our technology and capabilities are advancing, creating the potential for ethical dilemmas," Dr. Entwistle said. "Since my clinical interests are in the use of some of these technologies in the treatment of advanced heart failure, it seems prudent that I should have a better understanding of the issues involved so that the best decisions can be made."

Another scholarship recipient is Jennifer L. Ellis, MD, a cardiac surgeon at MedStar Heart Institute in Washington, DC. Dr. Ellis's interest

"While all cardiothoracic

surgeons are held to the

—Jennifer L. Ellis, MD

it is important for us not to

in ethics stems from her time studying philosophy in college; she is also on the ethics committee at her hospital. She also plans to attend Georgetown's ethics course.

"While all cardiothoracic surgeons are held to the highest ethical

standards—and that, in part, is why we are held in such esteem in the community-it is important for us not to take our position for granted," she said. "We need to be active in the field of ethics, and we need to be purposeful in maintaining our ethical education."

The third scholarship winner is Kathleen N. Fenton, MD, a congenital heart surgeon with the William Novick Global Cardiac Alliance. Dr. Fenton's experience serving on the STS

Standards and Ethics Committee made her realize both the deficiencies in her own ethics education and the potential contribution that surgeon-ethicists can make to the field.

"When difficult decisions need to be made. I believe the surgeon should play a major role

> in making them, and surgeons were unable to articulate why or to

prevail over the opinions of their colleagues. This is because of a lack of background in bioethics."

She plans to use the scholarship to earn a Master of Science degree at the Alden March Bioethics Institute at Albany University.

For more information about the Society's ethics activities, visit www.sts.org/about-sts/ethics.

STS Holds New Symposium on Advanced TEVAR

On November 14-15, the Society welcomed more than 80 attendees to the new STS Advanced TEVAR Symposium in Chicago.

The 1.5-day Symposium provided a critical and comprehensive overview of the expanded indications for thoracic endovascular aortic repair. Session topics included thoracic aortic aneurysm and traumatic injury, thoracic aortic dissection, proximal aortic and arch pathology, thoracoabdominal aortic pathology, and future technology.



Speakers included, from left to right, Eric E. Roselli, MD, Lars G. Svensson, MD, PhD, T. Brett Reece, MD, Bradley G. Leshnower, MD, Wilson Y. Szeto, MD, Derek R. Brinster, MD, and Joseph E. Bavaria, MD.

the surgeon needs to have a background in ethics to do that," she said. "Twice in my highest ethical standards ... career, I have seen decisions made which the attending surgeons take our position for granted." felt were unethical, but in both cases the

STS Awards 50 Looking to the Future Scholarships

The Society will soon welcome the best and brightest medical students and general surgery residents to the STS 51st Annual Meeting in San Diego as part of its Looking to the Future Scholarship Program.

For 2015, the number of scholarships awarded was increased to 25 general surgery residents and 25 medical students (up from 20 each in previous years). Eighty residents and 78 medical students applied.

Initiated in 2006, the program was developed to identify and encourage general surgery residents who are considering, but not yet committed to, a career in cardiothoracic surgery. In 2011, medical students became eligible. Since its inception, the program has awarded scholarships to 260 general surgery residents and medical students.

During their time at the STS Annual Meeting, scholarship recipients meet cardiothoracic surgeon leaders and attend educational sessions. Each scholarship recipient is assigned a mentor to answer questions, facilitate introductions, and assist in planning a schedule of educational programming. "Scholarship recipients will benefit from individualized mentoring by cardiothoracic surgeon leaders and specialized programs targeted at student and resident interests," said Jennifer S. Lawton, MD, Chair of the Looking to the Future Scholarship Task Force. "Another outstanding LTTF program has been planned by Dr. Rishi Reddy, Vice Chair of the Task Force, and we look forward to sharing the many benefits of being cardiothoracic surgeons with the award recipients."

The 2015 program for medical student scholarship recipients will feature presentations by CT surgery faculty and a panel consisting of residents from traditional (2- and 3-year), integrated (6-year), and 4/3 training pathways. A program designed especially for general surgery residents will address finding a mentor and how to obtain clinical experience during general surgery residencies.

To view a list of the 2015 scholarship recipients, visit www.sts.org/lttf. For information regarding the LTTF Scholarship Program, please contact Rachel Pebworth, Senior Coordinator, Affiliate Organizations, at rpebworth@sts.org or (312) 202-5835.



The 2014 medical student scholarship recipients, along with several of their CT surgeon mentors.

STS Engages the General Public via Press Release Program

As part of its continuing efforts to raise public awareness about STS, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, the Society issued six press releases September 3–November 30, 2014. Brief recaps can be found below. To read the full press releases, visit www.sts.org/media.

September 29: **"Call Widens for Medicare CT Lung Cancer Screening Coverage"** discussed the efforts of a coalition headed by the Lung Cancer Alliance, the American College of Radiology, and STS in urging Medicare to cover low-dose computed tomography (CT) screening for beneficiaries at high risk for lung cancer.

October 1: **"Strict Blood Sugar Control** After Heart Surgery May Not Be Necessary" described a study from the October issue of The Annals of Thoracic Surgery that found survival after coronary artery bypass grafting surgery was not affected by controlling the patient's blood sugar immediately following surgery, as long as blood sugar was kept below 180 mg/dL.

October 1: **"Non-Traditional Donor Lungs Appear Safe for Transplant"** featured an article from the October issue of The Annals that showed patients receiving lungs from donors whose cause of death was asphyxiation or drowning have similar outcomes and long-term survival as patients receiving lungs from traditional donors.

November 1: **"Aortic Valve Replacement Appears Safe, Effective in Very Elderly Patients"** discussed an article in the November issue of The Annals that found aortic valve replacement can safely be used to treat severe aortic stenosis in patients age 90 years and older and is associated with a low risk of operative stroke and mortality. November 1: **"Clinical Practice Guidelines** Address Multimodality Treatment for Esophageal Cancer" highlighted new STS clinical practice guidelines for treating cancer of the esophagus and gastroesophageal junction (see page 8 for more information).

November 3: **"Medicare CT Screening Coverage Can Make This the Most Effective Lung Cancer Awareness Month Ever"** was a joint release by the Lung Cancer Alliance, the American College of Radiology, and STS in honor of Lung Cancer Awareness Month. The release reiterated the importance of Medicare coverage for CT lung cancer screening.

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

STS Public Reporting to Celebrate Fifth Anniversary

Cardiothoracic surgeons have long recognized a professional obligation to collect data and analyze outcomes as a means to achieve quality improvement. In 2015, STS will celebrate the 5-year anniversary of publicly reporting cardiothoracic surgery outcomes from the STS National Database.

The initiative began by publishing scores and ratings of the STS isolated coronary artery bypass grafting (CABG) composite measure on the Consumer Reports website in September 2010. STS Public Reporting Online was launched shortly thereafter, in January 2011.

"First and foremost, providing public accountability is the ethical responsibility of a professional society. Second, because there are so many irresponsible and inaccurate report cards being presented to the public, we want cardiothoracic surgeons to be assessed by the

most accurate methodology, using audited clinical registry data. That's what we offer through STS public reporting," said David M. Shahian, MD, Chair of both the Workforce on National Databases



Participants in STS Public Reporting can receive one, two, or three stars for their composite measure results.

and the Quality Measurement Task Force. "It is no longer a question of whether or not your results will be publicly available. Rather, it's a question of what data and methodology will be used to generate those reports. We believe ours are the gold standard." The program has grown in a number of ways over the last 5 years. Currently, 455 Adult Cardiac Surgery Database participants are

enrolled in public reporting, up from 226 in the first round. An aortic valve replacement (AVR) composite was first publicly reported in January 2013, and an AVR + CABG composite was first reported in August 2014. Plans for the future include reporting of mitral valve replacement/

repair and a mitral valve replacement/repair + CABG composite measures.

Additionally, 25 Congenital Heart Surgery Database participants signed up to report

operative mortality results in January 2015. A lobectomy composite for General Thoracic Surgery Database participants is planned to be reported in

January 2016.

their risk-adjusted

"STS is recognized as a national leader in transparency and public reporting of surgical outcomes," said Jeffrey P. Jacobs, MD, Chair of the Public Reporting Task Force. "Other medical and surgical professional societies have recognized our leadership in this domain and have asked for our advice and guidance as they strive for similar transparency."

"As we expand public reporting into congenital and general thoracic surgery, we also will broaden the portfolio of measure types that we report." —David M. Shahian, MD The Society's composite development and public reporting efforts are well-known and well-respected in the national health care quality community. The National Quality Forum endorsed the CABG composite in January 2011 and the AVR and AVR + CABG

composites in November 2014.

Society leaders foresee plenty of opportunity for the future of STS Public Reporting.

"We strive for 100% participation in our public reporting program. This will send a very powerful message about our commitment to quality," Dr. Shahian said. "As we expand public reporting into congenital and general thoracic surgery, we also will broaden the portfolio of measure types that we report. Ultimately, this should include metrics for our most commonly performed procedures, readmissions, failure to rescue, patient-reported outcomes, and patient satisfaction."

STS Expands E-Learning Offerings with Patient Safety Program

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The program will be accessible through the STS website, and members who complete the program will receive CME credit. More information will be disseminated through the STS Weekly e-newsletter when this new resource becomes available.

"E-learning will increasingly become an important lifelong learning tool for busy cardiothoracic surgeons," said Dr. Sanchez. "There is evidence that it promotes better knowledge retention compared to other methods of learning." The Society plans to expand e-learning offerings in the future. If you have suggestions on topics that you would like to see covered, please send them to education@sts.org.

Register Today for the STS 51st Annual Meeting

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The Annual Meeting will feature dozens of oral abstract presentations, along with invited talks by renowned speakers, lively debates, and surgical videos. You also can get a preview of innovative therapies and technologies in adult cardiac and general thoracic surgery at STS/ AATS Tech-Con 2015.

An exciting new amenity at the 2015 Annual Meeting will be the TECHbar, which will be located in the Exhibit Hall. Stop by for answers to all of your technical questions—three experts can help you with both personal and professional tasks, such as downloading and using the STS Annual Meeting Mobile App, utilizing social media, improving work productivity, troubleshooting issues with your smartphone or tablet, and more.

Don't miss this opportunity. If you have questions about registration, contact the Society's official registration partner, Experient, at (866) 229-2386 (toll free), (301) 694-5243 (for international callers), or sts@experient-inc.com. We look forward to seeing you in San Diego!



STS University will offer 10 hands-on wet labs.

STS UNIVERSITY: PICK TWO!

It's not too late to add STS University wet labs to your Annual Meeting registration. STS U will take place on Wednesday, January 28, and will focus exclusively on hands-on activities. Course lectures will be available online before and during the meeting, allowing STS U participants to hit the ground running on January 28 and gain more hands-on experience that they immediately can put into practice. STS U wet labs will be offered twice in San Diego, so pick two!

Course 1: TAVR/TEVAR, Guidewires, and Sheaths

Course 2: Mitral Valve Repair Course 3: Valve-Sparing

Aortic Root Replacement

Enlarging Procedures
Course 5: ICU/ECHO

Course 6: Long-Term Circulatory/Respiratory Support

Course 7: Advanced Endotracheobronchial Procedures Course 8: VATS Lobectomy

Course 9: Advanced Esophageal and Tracheal Procedures

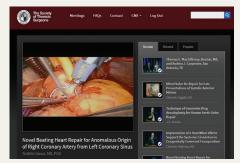
Course 10: Atrial Switch, Double Switch: The Mustard and the Senning

Add the desired STS U courses to your cart when you register for the Annual Meeting at www.sts.org/annualmeeting. If you've already registered and wish to add STS U course tickets or any other ticketed sessions, visit www.sts.org/ annualmeeting, click on the Registration link, and log in with your STS username and password. Once logged in, go to the Registration tab on the meeting summary page and then click on Add/Edit across from the registrant's name. Next, on the Purchases tab, click Add Items under Additional Purchases. There, you can purchase online meeting products, add ticketed sessions, and purchase social event tickets. You can also contact Experient at (866) 229-2386. You may also be able to sign up for STS U courses onsite, but space is limited.

Purchase Annual Meeting Online Products Now and Save

The STS 51st Annual Meeting Online and STS/AATS Tech-Con 2015 Online are now available for purchase—at a discounted rate.

With such a full schedule, it's impossible to attend every presentation of interest. Through these web-based video presentations, earn CME credit for sessions you were unable to attend—or give yourself the opportunity to review sessions of special interest—in the comfort of your



home or office. You'll be able to experience presenter slide animation and full audio from the vast majority of sessions.

Enjoy an enhanced HTML5 player that is compatible with desktop and laptop computers, as well as iPad, iPhone, and Android mobile devices, allowing you on-the-go access and faster, optimized video playback.

When registering for the STS 51st Annual Meeting and STS/AATS Tech-Con 2015, don't forget to sign up for both

online products at special discounted meeting registrant rates. After January 22, pricing will be significantly higher. The Society of Thoracic Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

STS 51st Annual Meeting Online: The Society of Thoracic Surgeons designates this enduring material for a maximum of 103.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

STS/AATS Tech-Con 2015 Online: The Society of Thoracic Surgeons designates this enduring material for a maximum of 14.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. ■

STS Annual Meeting Program at a Glance

JANUARY 24-28, 2015 | SAN DIEGO

FRIDAY, JANUARY 23, 2015

3:00 p.m. - 6:00 p.m. Registration: STS/AATS Tech-Con 2015 and STS 51st Annual Meeting

SATURDAY, JANUARY 24, 2015

7:00 a.m. - 6:00 p.m. Registration: STS/AATS Tech-Con 2015 and STS 51st Annual Meeting

8:00 a.m. - 12:30 p.m. STS/SCA: The Utility of Perioperative Echocardiography for Surgical Decision Making

8:00 a.m. - 3:00 p.m. STS/CHEST: Primer on Advanced and Therapeutic Bronchoscopy—Theory and Hands-on Session

12:00 p.m. - 6:30 p.m. STS/AATS Tech-Con 2015 Exhibits Open

1:00 p.m. - 2:30 p.m. Cardiopulmonary Bypass Simulation

Course 1:00 p.m. - 5:00 p.m. STS/AATS Tech-Con 2015

5:00 p.m. - 6:30 p.m. STS/AATS Tech-Con 2015 Reception

SUNDAY, JANUARY 25, 2015

7:00 a.m. - 6:30 p.m. Registration: STS/AATS Tech-Con 2015 and STS 51st Annual Meeting

7:00 a.m. - 3:00 p.m. STS/AATS Tech-Con 2015 Exhibits Open

7:50 a.m. - 12:00 p.m. Acquired and Congenital Heart Surgery Symposium: Challenges and Management of the Aorta in Adults with Congenital Heart Disease

7:50 a.m. - 12:00 p.m. 🏙 Practice Management Summit 7:50 a.m. - 12:00 p.m.

STS/AATS Critical Care Symposium: Essential Cardiac Critical Care Topics 8:00 a.m. - 11:45 a.m.

STS/AATS Tech-Con 2015 1:00 p.m. - 4:00 p.m. Residents Symposium: Transitioning

from Residency to a Successful Practice 1:15 p.m. - 4:30 p.m.

Parallel Surgical Symposium: Congenital Parallel Surgical Symposium: General Thoracic

1:15 p.m. - 4:30 p.m. STS/AATS Tech-Con 2015 2:00 p.m. - 6:30 p.m. Scientific Posters Open

2:30 p.m. - 4:30 p.m. CT Surgery Interprofessional Education Symposium: Multidisciplinary Team

Approach to ECMO 4:30 p.m. - 6:30 p.m. Opening Reception in STS Exhibit Hall



ADMET Indicates that a ticket is required to attend.

MONDAY, JANUARY 26, 2015

6:30 a.m. - 5:00 p.m. Registration: STS 51st Annual Meeting 7:00 a.m. - 7:15 a.m. Opening Remarks 7:15 a.m. - 8:15 a.m. I. Maxwell Chamberlain Memorial Papers

8:15 a.m. - 9:00 a.m. Richard E. Clark Papers 9:00 a.m. - 4:30 p.m.

Exhibits Open Scientific Posters Open

9:00 a.m. - 9:30 a.m. BREAK—Visit Exhibits and Scientific Posters

9:30 a.m. - 9:40 a.m. The Annals of Thoracic Surgery 50th Anniversary Presentation 9:40 a.m. - 9:50 a.m.

Introduction of the President: Mark S. Allen, MD 9:50 a.m. - 10:50 a.m.

Presidential Address: David A. Fullerton, MD 10:50 a.m. - 11:30 a.m.

BREAK-Visit Exhibits and Scientific Posters

11:30 a.m. - 12:30 p.m. (8 parallel sessions) Adult Cardiac Session: Arrhythmia

Adult Cardiac Session: Heart Failure Basic Science Research: Adult Cardiac

Basic Science Research: General Thoracic

Congenital Session: Adult Congenital Critical Care

General Thoracic Session: New Techniques STS/CATS/CSCS: Current and Future

Workforce Issues in Cardiothoracic Surgery-Staff and Resident Perspectives from Canada and the US

12:30 p.m. - 1:15 p.m. BREAK-Visit Exhibits and Scientific

Posters 1:15 p.m. - 5:15 p.m. ACC @ STS

Evidence and Quality Reshaping Practice

1:30 p.m. - 3:30 p.m. (7 parallel sessions)

Adult Cardiac Session: Aortic Adult Cardiac Session: Ischemic

Congenital Session: Pediatric Congenital I General Thoracic Session: Lung Cancer I

General Thoracic Session: Lung Transplantation

Managing Cardiogenic Shock or Pulmonary Failure: Short-Term Mechanical Circulatory Support STS/SCA: Considerations in

Perioperative Resuscitation of Cardiothoracic Patients

3:30 p.m. - 4:15 p.m. BREAK-Visit Exhibits and Scientific Posters

4:15 p.m. - 5:15 p.m. Surgical Motion Picture Matinees: Adult Cardiac, Congenital, and General Thoracic

Late-Breaking Abstract Sessions 5:00 p.m. - 6:30 p.m. Scientific Posters and Wine

5:30 p.m. - 6:30 p.m. Business Meeting (STS Members Only) 6:45 p.m. - 7:45 p.m. 쮒

STS-PAC Reception 7:00 p.m. - 10:00 p.m. 👫 STS Social Event: USS Midway Aircraft

Carrier Museum

TUESDAY, JANUARY 27, 2015 6:30 a.m. - 4:30 p.m.

Registration: STS 51st Annual Meeting 7:30 a.m. - 8:30 a.m. Early Riser Sessions

7:30 a.m. - 8:30 a.m. Early Riser Health Policy Forum: The End of Global Surgical Payments

Under Medicare? 9:00 a.m. - 10:00 a.m. Thomas B. Ferguson Lecture:

Pedro J. del Nido 9:00 a.m. - 3:00 p.m. Exhibits Open

9:00 a.m. - 5:00 p.m. Scientific Posters Open

10:00 a.m. - 10:45 a.m. BREAK-Visit Exhibits and Scientific Posters

10:45 a.m. - 11:00 a.m. Award Presentations 11:00 a.m. - 12:00 p.m. C. Walton Lillehei Lecture: Patrick T. O'Gara

12:00 p.m. - 1:00 p.m. BREAK-Visit Exhibits and Scientific Posters

12:00 p.m. - 1:00 p.m. 쮒

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

12:00 p.m. - 1:00 p.m. **Residents** Luncheon

1:00 p.m. - 3:00 p.m. (8 parallel sessions) Adult Cardiac Session: General I

Adult Cardiac Session: Mitral Valve

Congenital Session: Pediatric Congenital II

General Thoracic Session: Esophageal

General Thoracic Session: Lung Cancer II

Patient Safety Symposium: Building a High-Performance Team for Patient Safety

STS/EACTS: Management of the Aortic Arch in Aortic Dissection

Strategies to Improve Outcomes with Long-Term Mechanical Circulatory Support Devices

1:00 p.m. - 5:00 p.m. JCTSE/STS Workforce on International Relationships: Globalization of Graduate Surgical Education in Cardiothoracic Surgery

3:00 p.m. - 3:30 p.m. BREAK-Visit Scientific Posters

3:30 p.m. - 5:30 p.m. (8 parallel sessions) Adult Cardiac Session: Aortic Valve

Adult Cardiac Session: General II

Cardiothoracic Surgical Education Congenital Session: Pediatric

Congenital III ESTS @ STS General Thoracic Session: Mediastinal/ Pulmonary Role of SBRT in Lung Cancer Treatment SVS @ STS

WEDNESDAY, JANUARY 28, 2015

6:30 a.m. - 9:30 a.m. Registration: STS University 7:00 a.m. - 9:00 a.m. 🔠 STS University 9:30 a.m. - 11:30 a.m. 쮒 STS University (courses repeated)

THANK YOU!

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

This list is accurate as of December 8, 2014.

STS PLATINUM BENEFACTOR Provided \$50.000 or above Abbott Vascular

STS GOLD BENEFACTOR Provided \$25,000-\$49,999 Medtronic

STS SILVER BENEFACTORS

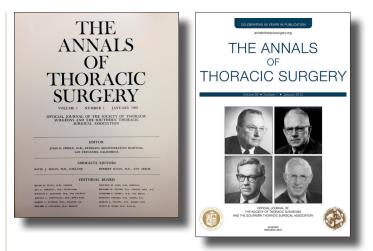
Provided \$10.000-\$24.999 **Biomet Microfixation** HeartWare St. Jude Medical Thoratec Corporation

The Annals Commemorates 50 Years

In 2015, The Annals of Thoracic Surgery will celebrate 50 years of publishing important, ground-breaking scientific research in cardiothoracic surgery.

The first 96-page issue of The Annals was published in January 1965. Over the years, The Annals underwent many changes, such as moving from bimonthly to monthly publication, incorporating CME exercises, adding clinical practice guidelines, and expanding its online offerings. The journal also broadened its international reach—by 2013, 70% of all submissions originated outside of North America.

The Annals will publish a number of special articles throughout 2015 to commemorate this momentous occasion. The January 2015 issue features an article on the four Editors who have manned the helm: John D. Steele, MD, Herbert E. Sloan, MD, Thomas B. Ferguson, MD, and L. Henry Edmunds Jr., MD. And starting with the February 2015 issue, invited commentators will discuss important papers published in 1965, as well as landmark articles from the entire 50 years of The Annals.



Left: A cover page from the first issue of *The Annals*. Right: The redesigned January 2015 cover.

Additionally, at the STS 51st Annual Meeting in San Diego, Editor-Elect G. Alexander Patterson, MD will give a presentation regarding the history of The Annals during the Monday morning General Session, and a special 50th anniversary display will be available in the Exhibit Hall.

EDITOR HANK EDMUNDS HONORED

In October, dozens of Society leaders and other members of the cardiothoracic surgery community gathered in San Francisco to celebrate the 15 years that L. Henry Edmunds Jr., MD has spent as Editor of *The Annals of Thoracic Surgery*.

Over the course of his tenure as Editor, Dr. Edmunds oversaw a marked increase in article submissions, changes to the Editorial Board structure and workflow, the transition of *The Annals* to a digital platform, a significant increase in *The Annals'* impact factor, and a number of other achievements. The Society gratefully thanks Dr. Edmunds for his leadership.



Dr. Edmunds (third from left) with colleagues from the University of Pennsylvania.



Dr. Edmunds with his editorial staff.

2014 Election Results and Analysis

Candidates supported by STS-PAC performed well in the contentious November election, which saw Republicans win control of the Senate for the first time since STS member Bill Frist, MD led the upper chamber 8 years ago. Of the 57 candidates supported by STS-PAC, 51 were successful in their campaigns.

More than 500 STS members helped strengthen the collective voice of cardiothoracic surgery by giving to STS-PAC this election cycle. As a result, STS-PAC contributed \$192,000 to support the specialty's allies in Congress. Reflecting the overall makeup of the 113th Congress, STS-PAC gave 56% of its contributions to Republicans and 44% to Democrats.

Although the votes have been counted, STS-PAC's work is not done. In order to maintain its prominent position as a credible source on health care policy issues, STS-PAC needs the support of all STS members.

UPDATE ON COMMITTEE LEADERSHIP

With a new GOP majority in the Senate and an altered landscape in the now overwhelmingly Republican House, the 114th Congress will bring new committee leaders in both chambers.

The race to succeed current House Ways and Means Committee Chairman Dave Camp (R-MI) is a win for STS, with physician allies Rep. Kevin Brady (R-TX) and Rep. Paul Ryan (R-WI) vying for the top spot on a committee that has jurisdiction over Medicare. Rep. Fred Upton (R-MI) will remain as Chairman of the House Energy & Commerce Committee, which shares jurisdiction over important health care policy issues. Both committees played a key role in advancing a comprehensive Sustainable Growth Rate (SGR) reform bill in 2014.

In the Senate, Sen. Lamar Alexander (R-TN)

is expected to take the gavel for the Committee on Health, Education, Labor, and Pensions. Current Senate Finance Committee Ranking Member Sen. Orrin Hatch (R-UT) will

STS will be exploring all opportunities to stop the elimination of the Medicare global surgical payment.

swap roles with current Finance Committee Chairman Sen. Ron Wyden (D-OR).

CHALLENGES AHEAD

With a reduced price tag from the Congressional Budget Office—and concerns over deficits and the economy no longer at the forefront—there is continued hope that Congress can find a way to pass the bipartisan Medicare physician payment reform legislation agreed to in 2014. This legislation would permanently repeal the SGR and allow physicians to redirect efforts from the annual fight over the "doc fix" to other important issues. STS and the physician community will continue pushing for SGR reform. The new Congress also will likely try to pass legislation emanating from the House Energy & Commerce Committee's 21st Century Cures initiative, which, according to the committee's website, aims to "save more lives and keep this country the leader in medical innovation" and "make sure there's not a major gap between the science of cures and the way we regulate these therapies." STS leaders have promoted

> the value of clinical data registries in conversations about this initiative.

Finally, STS will be exploring all opportunities to stop

the elimination of the Medicare global surgical payment, a new CMS initiative that was embedded in year-end physician fee schedule regulations. STS members are encouraged to weigh in with their members of Congress about the negative effects of this policy. More information on possible avenues to address these concerns will be made available soon.

The Society is calling on each of its members to take leadership positions by demonstrating the vital role of cardiothoracic surgery in health care policy. STS members interested in becoming more involved in these advocacy efforts should contact STS Government Relations staff at advocacy@sts.org.

MARK YOUR CALENDARS FOR STS-PAC RECEPTION, GLOBAL SURGICAL SESSION AT ANNUAL MEETING

Connect with other STS-PAC supporters at a reception that will take place on Monday, January 26, at 6:45 p.m. in the Presidio Room at the San Diego Marriott Marquis during the STS 51st Annual Meeting. Learn about how STS-PAC is helping to support STS advocacy in Washington, DC. All 2015 PAC contributors are welcome to attend.

On Tuesday morning, January 27, join STS leaders at the Health Policy Forum for a discussion about the proposed changes to Medicare global surgical payments. Learn how STS is working to mitigate the harmful impact of these changes on patients and cardiothoracic surgeons. You can register for the meeting and purchase a ticket to attend the Forum at www.sts.org/annualmeeting.

COMING SOON! STS CLINICAL PRACTICE GUIDELINES APP

You'll soon be able to have clinical decisionmaking aids at your fingertips-even when you're on the go-with the new STS Clinical Practice Guidelines App. The free app will provide all of the Society's clinical practice guidelines in a mobilefriendly format. Browse individual guidelines or search by keyword to easily find what you're looking for. Look for more information on the app in a future issue of *STS Weekly.*

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