

Annual Meeting Prepares Surgeons to Stay Relevant in Evolving Practice Environment



Annual Meeting program planners considered nearly 1,000 scientific abstracts for presentation in New Orleans.

As the practice of cardiothoracic surgery rapidly changes, so do the focus, content, and educational strategies for the STS Annual Meeting.

“The STS meeting routinely provides the largest collection of cardiothoracic surgical translational science of any meeting worldwide,” said David Tom Cooke, MD, chair of the STS Workforce on Annual Meeting. “That means we are able to take what’s hot off the presses with regard to evidence-based information and learn how to rapidly apply that to our own clinical practices for the benefit of our patients and our communities.”

Annual Meeting program planners, including Dr. Cooke and Program Task Force Vice Chair Jennifer S. Lawton, MD, met in September at the Society’s Chicago Headquarters, choosing scientific

abstracts for presentation and helping to ensure that the educational program covers all facets of the specialty, as well as maximizes use of technology and interactive learning.

VIBRANT LOCATION

The meeting will take place Saturday through Tuesday, January 25-28, in New Orleans, Louisiana.

“Science, education, research, mentorship, and networking all come together at the STS Annual Meeting.”

—Robert S.D. Higgins, MD, MSHA

STS last held its Annual Meeting in “The Big Easy” in 2001; the Society was supposed to return in 2006, but plans changed after Hurricane Katrina ravaged the city and the meeting moved to Chicago.

“New Orleans is a fantastic city that’s recovered from devastating circumstances and is now vibrant and exciting,” said STS President Robert S.D. Higgins, MD, MSHA. “We’ll be there during the Mardi Gras season, and I invite everyone to come and take advantage of all the city has to offer.”

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‘Game-Changing’ Data to Supplement STS National Database

The Society’s ongoing and multifaceted effort to optimize the value and utility of the STS National Database is moving full steam ahead, with one major enhancement nearing completion and several others due for release early next year.

Using street addresses and geocoding technology, STS has collaborated with Northwestern University’s Center for Health Information Partnerships to obtain socioeconomic data corresponding to the majority of the nearly 8 million records in the Adult Cardiac Surgery Database (ACSD), the General Thoracic Surgery Database (GTSD), and the Congenital Heart Surgery Database (CHSD). The socioeconomic data include information on income classification, education level, household crowding, deprivation score, and other details from the US Census and American Community Survey.

“Supplementing our clinical database with socioeconomic status data will provide unique opportunities to better understand the impact of social determinants on outcomes in cardiothoracic surgery,” said Kevin W. Lobdell, MD, chair of the STS Workforce on Research Development. “It will help us develop insight into access and disparities so that we can personalize care for each patient’s unique needs.”

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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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Managing Editor
Heather Watkins

Editorial Advisors
Jennifer Bagley, MA
Natalie Boden, MBA
Grahame Rush, PhD
Elaine Weiss, JD

STS News
633 N. Saint Clair St.
Suite 2100
Chicago, IL 60611
Phone 312-202-5800
Email stsnews@sts.org

A great majority of cardiothoracic surgeons have formal financial ties with health systems. Be it through a professional service agreement or a fully employed arrangement, the surgeon-administrator relationship is more crucial to the delivery of health care now than it was in the past. STS Workforce on Practice Management member Heather Smith examines this relationship.

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

Strong Surgeon-Administrator Relationship Is Key for Healthy Work Environment

Heather Smith, RN, MJ

Business Director, Divisions of Cardiovascular, Thoracic, Vascular, and Transplant Surgery
University of Pennsylvania, Philadelphia

Just as a good physician-patient relationship can improve patient outcomes, a good physician-administrator relationship can improve the work environment and ease employee burnout.

As a result, the importance of cardiothoracic surgeons and their administrators working as part of a team cannot be underscored enough.

A high-performing team comprises people who share a common goal, a pathway to achieve that goal, and trust among team members. That trust is built in part by understanding each other—knowing what matters and why, as well as being able to openly communicate, particularly at times of disagreement.

The relationship between cardiothoracic surgeons and administrators has evolved over time. In the past, particularly in the traditional, non-academic private practice setting, there was no formal relationship. Surgeons practiced at the hospital, and administrators primarily were responsible for the smooth functioning of the physical plant and the employees. Surgeons may have practiced at multiple hospitals; in fact, hospitals often competed for a surgeon's "business."

With the advent of surgeon employment by hospitals and health systems, the relationship has progressed to one where there is much more interaction, which the surgeon may perceive as an intrusion. If the relationship has not been developed into one with the components of a high-performing team, it can contribute to surgeon and administrator dissatisfaction and burnout.

Continuous conflicts can threaten the surgeon-administrator relationship and a healthy working environment. Surgeons may find themselves facing myriad questions about their practice, which they

are unaccustomed to answering. Sometimes, these questions are asked by someone who seems to have no knowledge of a surgeon's world and makes a surgeon feel as if he or she is being measured only in terms of work relative value units (wRVUs) or case numbers. This can lead to frustration and may make the surgeon feel ill-prepared to function as a business leader. On the other hand, administrators may be frustrated if they can't get answers or may feel intimidated by a lack of clinical knowledge that hinders their ability to communicate with surgeons.

EDUCATION HELPS IMPROVE THE RELATIONSHIP

In order to survive and thrive in today's employment environment, surgeons and administrators must learn about the other's world and help educate each other. Understanding the language, as well as the thought and decision-making processes the other uses, should inform how questions are asked and answered. More surgeons are obtaining MBAs and many administrators have clinical backgrounds,

but formal education will not be the norm in most cases. The ability to explain the finance of health care in a way that is meaningful to a surgeon must be in every administrator's repertoire. Administrators must make time to learn about the surgeon's clinical

In order to survive and thrive in today's employment environment, surgeons and administrators must learn about the other's world and help educate each other.

practice, and the surgeon must help. A deep understanding of what patients, families, hospitals, and practice plans demand of surgeons is necessary.

As the surgeon and administrator develop a stronger and more respectful relationship where both parties complement each other's strengths and weaknesses, the benefits will become more apparent and include an enhanced surgical practice, achievement of organizational goals, and a healthy work environment, which will lead to better outcomes for our patients and our health care systems. ■





Patients First

Robert S.D. Higgins, MD, MSHA

"The only way to make sense out of change is to plunge into it, move with it, and join the dance."

—Alan W. Watts

Autumn is associated with the end of summer holidays, the start of a new school year, hurricane season, and the beginning of football season. With the change of seasons comes new hope for the academic year, full of promise and excitement tempered by the challenges that any change in season represents.

So too is the resolve and efforts of the STS surgeon leader and staff teams to continue the work of our specialty during these times of change to improve the well-being of patients with cardiovascular and thoracic diseases. Central to these efforts has been a primary focus on modernization and optimization of our national database. Our staff has been working tirelessly to transition the warehousing capabilities to IQVIA, an internationally renowned database technology management group, to facilitate a next generation that will be a cloud-based database. This system will provide rapid feedback, reports, and dashboards with unadjusted and risk-adjusted outcomes. As we move this initiative forward, we anticipate partnering with database managers, coordinators, and surgical programs to pilot these "real-time dashboards," all the time trying to reduce the data collection burden by 30%. **We need and welcome your help during this exciting time!**

PATIENT FOCUSED, QUALITY BASED, MISSION DRIVEN

In the final analysis, all of our efforts come back to the **patient first**. Since 1964, STS and its members have been dedicated to ensuring the best possible outcomes for patients with diseases of the heart, lung, and esophagus. Millions of patients have been affected, and even saved, by these efforts.

The STS National Database was established in 1989 as an initiative for quality improvement and patient safety. Since that time, it has evolved into the premier clinical registry for cardiothoracic surgery with a national leadership profile and international reputation. A separate clinical registry, the STS/ACC TVT Registry, recently has been instrumental in critical decisions by CMS, the FDA, and other regulatory agencies determining our specialties' continued mandatory participation and financial compensation.

The successes and accomplishments as a result of these registries have been made in partnership with other members of the multidisciplinary team—cardiologists, nurses, perfusionists, anesthesiologists, and critical care specialists—all contributing to data repositories, tracking patient safety and real-world outcomes related to coronary artery bypass grafting, valve surgeries, thoracic and congenital procedures, and, most recently, innovative procedures such as transcatheter aortic valve replacement.

Primarily because of these collaborations within and across specialties, we continue to advocate for the best interests of our patients... *working together, we continue to maintain our impact in cardiovascular medicine, using data to support better patient outcomes.* We look forward to maintaining a strong cardiovascular workforce speaking with one voice **because united we stand, and divided we will fall!**

As many of you are aware, our colleagues in highly specialized areas such as congenital heart surgery face increasing pressure around risk-adjusted outcomes reporting. We value their life-saving skill, impact, and efforts to report accurate, timely, understandable, risk-adjusted outcomes that reflect the extraordinary work that

our congenital and pediatric surgical teams provide. STS has always had a primary goal to maintain its mission of transparency and enhancing patient safety through its public reporting efforts.

The fundamental goal of risk-adjusted outcomes is to compare a provider's results for his/her specific patients, with results that would be expected on a reference standard or benchmark.

We understand that comprehensive risk assessment is a challenge, given the complexity of variables influencing congenital surgical procedures. For this reason, we have engaged database content experts to evaluate our risk adjustment model, as well as appointed an ad hoc task force, led by world-class STS leaders in the congenital surgery field, to provide content expertise and advice about public reporting

outcomes. In the future, we recognize that there may be tremendous opportunity to partner with our colleagues at AATS and work together on these efforts related to the

congenital database. Stay tuned as we explore working together to meet the needs of our patients, the public, and our specialty.

As we kick off the fall season, we want to recognize that STS has been fortunate to have the service of Chris Draft, a former college football standout and 12-year NFL linebacker, as its Public Director. Of even greater importance has been Chris's foundation (The Chris Draft Family Foundation), which is working to fight lung cancer on behalf of his wife, Keasha, who lost her courageous fight and died as a nonsmoker at the age of 38. Thanks to Chris and patient advocates like him who join STS in raising awareness about lung cancer. The work we are doing makes it easier for survivors to become survivor advocates. Please join us as we serve the needs of our patients and fulfill the STS mission.

Remember, it is all about the patient! ■

Member News



CHIKWE HEADS NEW DEPARTMENT AT CEDARS-SINAI'S SMIDT HEART INSTITUTE

Joanna Chikwe, MD, FRCS, is the founding chair of the new Department of Cardiac Surgery at Cedars-Sinai's Smidt Heart Institute in Los Angeles. She previously was the inaugural chair of the Department of Cardiovascular Surgery at Mount Sinai

St. Luke's in New York City. Dr. Chikwe serves as deputy editor for adult cardiac surgery on *The Annals of Thoracic Surgery* Editorial Board and has been an STS member since 2018.



LAU NAMED CHIEF OF SURGERY

On December 1, **Christine L. Lau, MD, MBA**, will become chair of the Department of Surgery at the University of Maryland School of Medicine and chief of surgery at the University of Maryland Medical Center, both in Baltimore. She currently is

the George Minor Professor of Surgery and chief of the Division of Thoracic Surgery at the University of Virginia in Charlottesville. Dr. Lau has been an STS member since 2008.



BERRY HOLDS DISTINGUISHED PROFESSORSHIP

Mark F. Berry, MD, MHS, has been appointed the Mylavarapu Rogers Professor in Cardiothoracic Surgery at Stanford University School of Medicine in California. He has spent the last 5 years at Stanford, previously having served as an associate

professor of surgery at Duke University in Durham, North Carolina. Dr. Berry has been an STS member since 2008.



PELLETIER NAMED CARDIAC CHIEF AT UNIVERSITY HOSPITALS

Marc Pelletier, MD, MSc, FRCSC, is the new chief of the Division of Cardiac Surgery at University Hospitals Cleveland Medical Center in Ohio, as well as director of the Heart Surgery Center at University Hospitals Harrington Heart & Vascular Institute. Previ-

ously, he was surgical director of the transcatheter aortic valve replacement program at Brigham and Women's Hospital and Harvard Medical School in Boston. Dr. Pelletier has been an STS member since 2005.



MALHOTRA TAPPED FOR DIRECTOR ROLE

Sunil P. Malhotra, MD, has been named director of congenital cardiac surgery at Maine Medical Center in Portland. He previously served as director of pediatric and adult congenital cardiac surgery at Children's Hospital of New Jersey in Newark and was an assistant

professor of cardiothoracic surgery at NYU Langone Medical Center in New York City. Dr. Malhotra has been an STS member since 2010.



KORMOS JOINS ABBOTT

Robert L. Kormos, MD, FRCS, is the new divisional vice president of medical affairs, heart failure, at Abbott Laboratories in Austin, Texas. Previously, he was director of the Artificial Heart Program and co-director of the Heart Transplantation Program at the

University of Pittsburgh Medical Center. Dr. Kormos has been an STS member since 1989.



CHEDRAWY HEADS CARDIAC SURGERY

Edgar G. Chedrawy, MD, MSc, MHA, has been named head of the Division of Cardiac Surgery at the Nova Scotia Health Authority and associate professor of surgery and health administration at Dalhousie University, both in Halifax, Canada. Previously, he was

medical director of cardiovascular and thoracic surgery at Tenet Weiss Hospital in Chicago. Dr. Chedrawy has been an STS member since 2006.



KARAMLOU LEADS RESEARCH, EDUCATION

Tara B. Karamlou, MD, MSc, has been promoted to director of research and education at Cleveland Clinic Children's in Ohio. She will orchestrate and oversee research endeavors for the entire children's hospital, as well as launch its new congenital

cardiac surgery fellowship. Dr. Karamlou joined the Clinic as a pediatric cardiac surgeon in January, previously having practiced at Phoenix Children's Hospital in Arizona. She is a member of *The Annals of Thoracic Surgery* Editorial Board and has been an STS member since 2010.



DANESHMAND DIRECTS TRANSPLANTATION, MCS/ECMO AT EMORY

Mani A. Daneshmand, MD, is the new director of the heart and lung transplantation, mechanical circulatory support, and extracorporeal membrane oxygenation programs at Emory University in Atlanta. Dr. Daneshmand previously

worked at Duke University Medical Center in Durham, North Carolina, as surgical director of lung and heart-lung transplantation and the extracorporeal life support program. He has been an STS member since 2015. ■

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



Stirring the Pot

Elaine Weiss, JD
CEO/Executive Director

It is fall, my favorite season. Leaves are falling, mornings are brisk and hearty, and homemade soup is simmering on the stove.

And a lot is simmering here at STS. Or at least we're stirring the pot.

Our next generation STS National Database launches in January. Significant activity is under way as we work with our physician leaders, Database participants, and data managers to develop customized dashboards and prepare to pilot test the Database in November.

These improvements will result in enhanced data collection and reporting tools that will allow you to visualize and interact with your data. Ready access to your data and immediate feedback will help you quickly identify benchmarks, adjust your quality initiatives, and improve patient outcomes.

We are not taking a cookie cutter approach when it comes to this initiative—surgeon leaders from the adult cardiac, general thoracic, and congenital disciplines are working with us so that dashboards are tailored to the needs of each.

Innovative technology will surface the data and present it to you on your dashboard in easily digestible charts and graphs that you can access and interact with online. This is a major enhancement to the current PDFs that have hundreds of pages of information and do not provide you with an ability to interact with or update your data.

In July 2020, to coincide with the Adult Cardiac Surgery Database specification upgrade, you also will see a 30% reduction in the number of data collection fields. This will make it easier for data managers to enter cases, saving you time and money.

In addition, the new STS Database will have a game-changing supplemental dataset with longitudinal outcomes (i.e., reoperation data and National Death Index data). The

longitudinal data will dramatically expand opportunities for quality improvement and research initiatives. This additional dataset should be available by Spring 2020 through the STS Research Center (see page 1).

Meanwhile, STS is ramping up for the 2020 STS Annual Meeting in New Orleans (see page 1), which will be preceded by two other educational opportunities—the Coding Workshop (January 24-25) and a new Leadership Summit (January 24) aimed at cardiothoracic surgeons in their first 8 years of practice.

Leadership Beyond the Operating Room for Early Career Surgeons will assist early career surgeons with both professional and personal skill development, inside and outside of the workplace. The Summit will cover everything from managing people and finances to managing yourself. More information is available at sts.org/leadershipsummit.

Following the Leadership Summit and with the backdrop of New Orleans and Mardi Gras season, the 2020 STS Annual Meeting promises to be a lively event and a terrific educational opportunity to learn from the leaders in the profession, reconnect with colleagues, and maybe, just maybe, savor a beignet or a bowl of gumbo in between sessions.

Far beyond Bourbon Street and into the Beltway, the activity is a little less festive. This summer, the Centers for Medicare & Medicaid Services (CMS) published its Medicare Physician Fee Schedule (PFS) proposed rule for 2020. The proposal contains a number of provisions potentially harmful to cardiothoracic surgeons. These include reimbursement rate reductions, threats to global payments, and updates that could make Merit-Based Incentive Payment System requirements more difficult to achieve.

In response to the proposed rule, STS actively is advocating on behalf of the profession: we submitted comprehensive comments to CMS expressing our concerns, and we're working with the surgical community to contact key Congressional leaders and seek their assistance in communicating our concerns to CMS (see page 14).

Back in Chicago, the STS team is working hard to provide our members with the right products and programs to meet their day-to-day professional needs. I hope you've had a chance to see our new daily e-news digest, *Cardiothoracic Surgery News*. Electronically delivered to you each morning, it curates and captures key updates relevant to cardiothoracic surgeons. From breaking news to breakthrough research from around the world,

CT News provides a quick read to start your day.

Finally, I hope all cardiothoracic surgeons practicing in the United States will complete the

Practice Survey. A link was emailed in mid-September. The survey takes about 20 minutes to complete, and your answers go directly to our research partner Relevant Research. No one in STS leadership has access to individual survey responses. Your participation in this survey is critically important to ensure that STS continues to understand the demographics, trends, and workforce that compose the specialty. A greater number of survey responses means that STS can do a better job developing and delivering the programs, products, and services you need to excel professionally and meet the needs of your patients.

I look forward to seeing everyone at upcoming meetings. Enjoy the fall, savor the holiday season, and then fasten your seatbelts. 2020 is going to be an exciting and action-packed year. ■

We are not taking a cookie cutter approach when it comes to this initiative.

‘Game-Changing’ Data to Supplement STS National Database

→ continued from cover

Connecting socioeconomic data to records in the InterMACs Database is expected in 2020, along with an annual linkage to new records thereafter in all four Database components.

LONGITUDINAL OUTCOMES DATA COMING SOON

The next evolution of the Database will focus on longitudinal patient follow-up. Currently, the ACSD, GTSD, and CHSD track a single hospitalization for up to 30 days after surgery. In the coming months, these data will be connected to reoperations at other hospitals, as well as national mortality data.

Reoperation follow-up will be derived by internally linking procedure records corresponding to the same patient within

the entire Database, whether surgery is performed at the same institution or any other participating institution in the US. Longitudinal survival data will come from linking with the Centers for Disease Control and Prevention’s National Death Index (NDI), a repository of death record information from state vital statistics offices that includes information such as when a person died and cause of death.

“The integration of longitudinal reoperation data and NDI data will transform the STS National Database into a powerful multiyear

follow-up clinical registry. This is a major leap forward for the entire specialty,” said Vinay Badhwar, MD, chair of the STS Council

on Quality, Research, and Patient Safety.

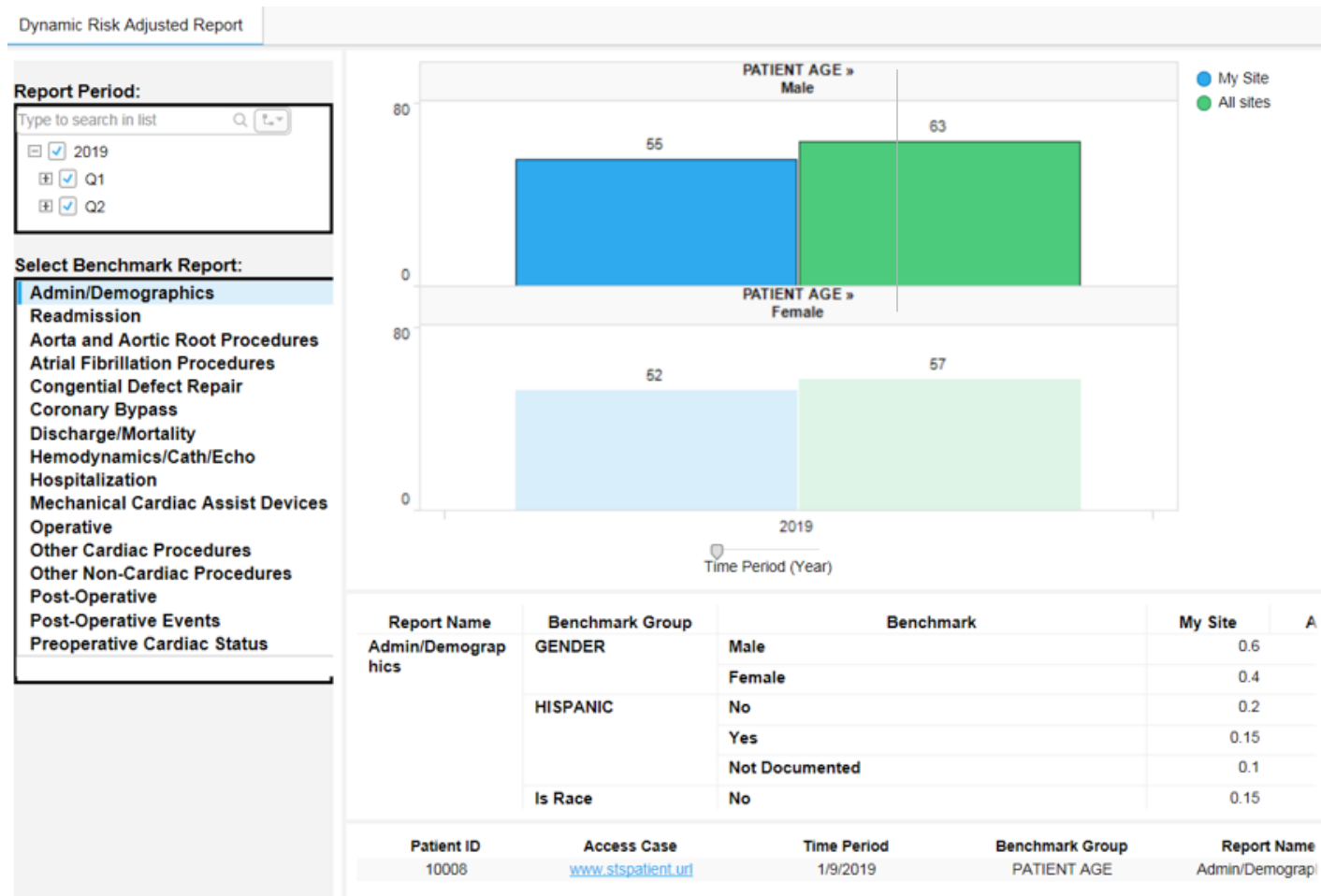
“Access to longitudinal data may help us answer important questions to serve quality improvement

and clinical decision-making as we continue on our collective aim to find the best long-term therapy for our patients.”

Dr. Lobdell added that the combination of STS National Database data and socioeconomic, reoperation, and longitudinal information will improve risk assessment

“This is a major leap forward for the entire specialty.”

—Vinay Badhwar, MD



The new dashboards under development will offer immediate access to data and customizable views.

and help refine risk mitigation strategies. “This is a game-changing development that will allow us to more comprehensively assess a patient’s individual characteristics and circumstances and employ a data-driven approach to determine the best revascularization technique or valve replacement method, for example,” he said.

Access to these data for research projects will be available through the STS Research Center.

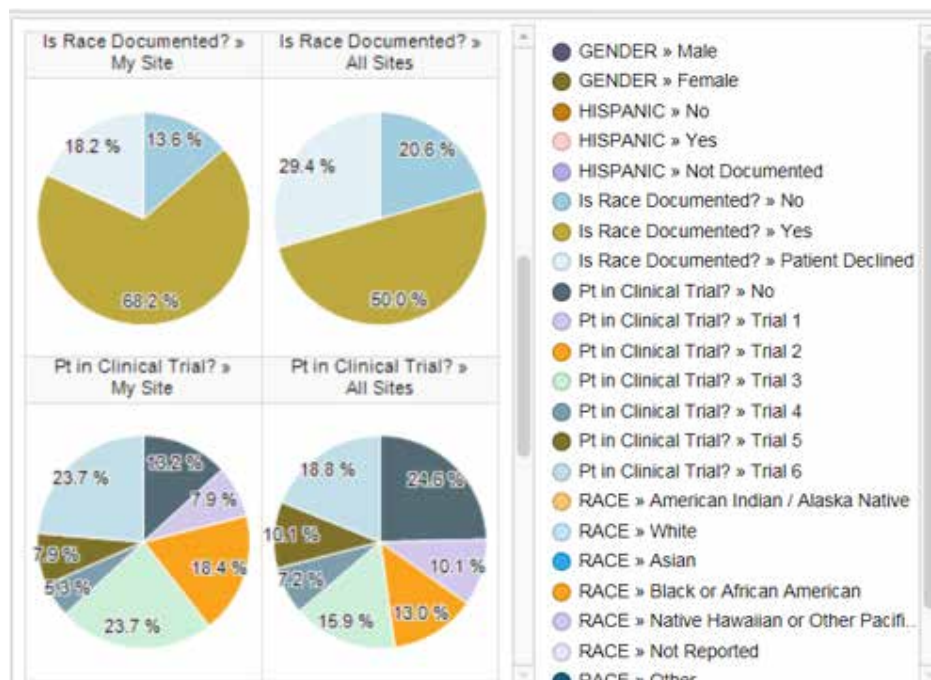
INTERACTIVE DASHBOARDS UNDER DEVELOPMENT

In addition to the ongoing Database augmentation project, the Society is working with surgeons and data managers to develop enhanced tools for data entry and display through IQVIA, the new data warehouse for the Database.

New, dynamic dashboards will offer immediate, 24/7 access to a participant’s data. The technology will facilitate presentation of data in easily digestible charts and graphs that allow for quick visualization of high-level case details such as total cases, readmissions, mortality, and risk-adjusted outcomes. Database participants also will be able to change the parameters to look at benchmarks from previous analytic windows and compare their own performance by time period, like groups, and national averages.

In addition, the dashboards will allow a participant to see which cases meet thresholds in terms of data entry, which cases require attention, and which cases have been flagged for potential errors such as out-of-range data. As a result, participants will be able to identify errant data quickly and easily.

The new dashboards will be available in January. STS and IQVIA will continue making



Charts and graphs will allow quick visualization of a participant’s data, including patient demographics.

improvements based on participant feedback over the subsequent months.

ACSD DATA COLLECTION REFINED

When the next ACSD data specification upgrade goes live on July 1, 2020, the number of overall data fields will be reduced by at least 30%.

A team of surgeons, data managers, and STS staff responded to concerns that data collection was too onerous and came up with a number of recommendations, including:

- Refining the way fields capture data, using different formatting techniques such as multiple choice;
- Adjusting parent-child relationships to make sure that fields are captured only if they are relevant to the case;

- Retiring or reworking fields that were not often completed because of the difficulty in abstracting these fields;
- Removing fields that were not necessary for quality measurement; and
- Modifying the aorta section so that the data capture is less burdensome.

Sites can still add customized fields using their own vendor software.

More details on the transformative changes under way for the Database, including demonstrations of the new dashboards, will be shared at Advances in Quality & Outcomes: A Data Managers Meeting, October 23-25 in New Orleans, Louisiana. Additional information also will be provided in the next issue of STS News. ■

First Round of Surgeon-Specific Outcomes Reports Released Soon

In October, surgeon-specific composite outcome reports will be provided to consenting surgeons in the STS Adult Cardiac Surgery Database. This important initiative will empower surgeons to identify best practices for delivering better patient care, as well as pinpoint areas for improvement.

These initial reports will include data from January 2016 through December 2018 on two domains of performance (absence of morbidity and absence of mortality) for five procedures: coronary artery bypass grafting (CABG), aortic valve replacement (AVR), CABG+AVR, mitral valve repair and replacement (MVRR), and CABG+MVRR. The surgeon’s

overall performance is a composite of the two domain scores, based on his or her case mix during the relevant time period, and categorized “as expected,” “better than expected,” or “worse than expected.”

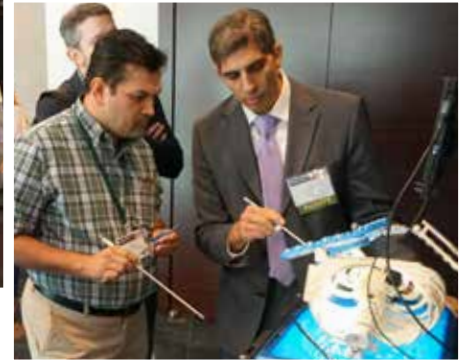
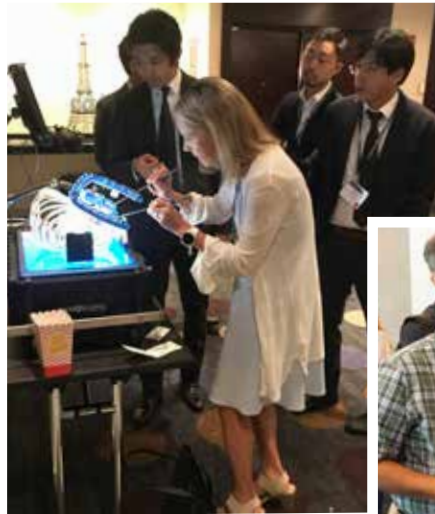
Only those surgeons who completed an election form by August 31 will receive their reports. If you did not opt in for this first release but now wish to do so, fill out the form at sts.org/surgeonspecific to be included in the next round.

New Mitral, Tricuspid Valve Therapies Attract Heart Teams to Chicago

More than 90 cardiothoracic surgeons and members of the heart team participated in the Society's Structural Heart Symposium, held in August in Chicago. Using an interactive format that included case-based presentations and hands-on demonstrations, faculty and attendees discussed transcatheter and other minimally invasive treatment strategies for mitral and tricuspid valve diseases.

"This was an outstanding course, with great discussion and introduction to catheter-based therapies that are currently in the pipeline," one attendee said. Regarding the hands-on sessions and case presentations, another participant said, "The faculty explained techniques very clearly, and their advice was very practical."

To see more photos from the symposium, visit sts.org/structuralheartphotos. ■



Members Censured for Abstract Submission That Violated STS Code of Ethics

The Society recently sent a letter of censure to two members for violating Section 6.1 of the STS Code of Ethics. The members were involved with research on implantation of mechanical circulatory support devices and were among the authors who described their findings in an abstract that was accepted and published in the *STS 53rd Annual Meeting Abstract Book*. Subsequently, an ethics complaint was filed alleging that the abstract had significant amounts of text in common with an article that was published in *The Annals of Thoracic Surgery* 4 years earlier.

Acting on the findings and recommendations of a Preliminary Review Panel, the Standards and Ethics Committee compared the text and found that substantial portions had been copied without attribution. Although the research and underlying data had been original work, submission of an abstract that plagiarizes the text of another violates the requirement of Section 6.1 of

the Code that STS members "maintain the highest standards of honesty and integrity." The Committee also observed that Section 6.2 of the Code requires that "Members involved in the conduct of research should comply with all institutional and governmental regulations pertaining to such research" and that plagiarism is regarded as research misconduct under rules published by multiple US government agencies.

In determining that censure was the appropriate discipline to impose in this case, the Committee balanced the seriousness of the matter against several mitigating factors, including the members' acceptances of responsibility, the fact that the underlying research had not been plagiarized, and evidence suggesting that the submitted abstract had been drafted initially by a junior author who consulted the previous publication as a textual guide while facing linguistic challenges as non-native English

speaker. The Society's policy on disciplinary action describes censure as follows: "A written judgment, condemning the member's actions as wrong. This is a firm reprimand." The Committee's action to censure the members in question was reviewed and approved by the STS Executive Committee.

It was noted that this case should serve as a reminder that every member who serves as a co-author of a publication is responsible under the Code for research misconduct by anyone on the authoring team and should take appropriate steps to guard against it. ■

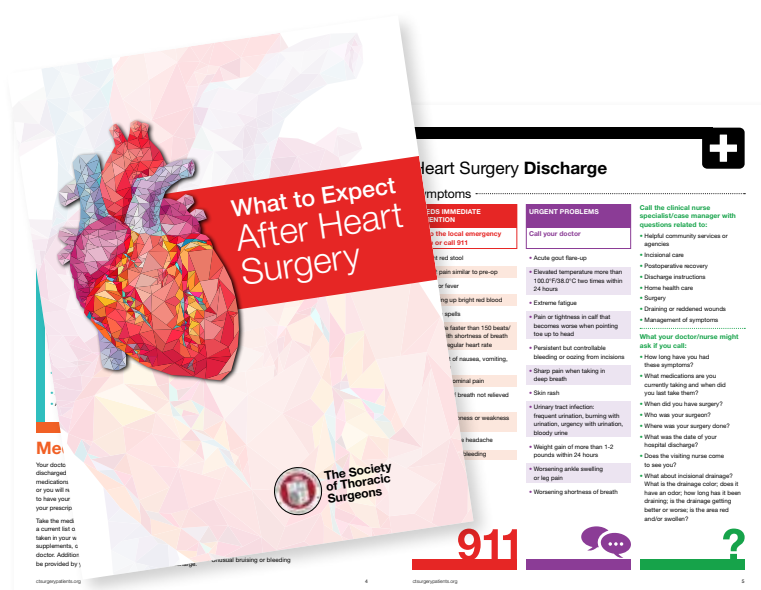
Visit sts.org/about-sts/ethics or contact Avidan Stern, STS Associate General Counsel, at astern@sts.org or 312-202-5852 for additional information regarding this area of STS activity.

Share Free Heart Surgery Brochure with Your Patients

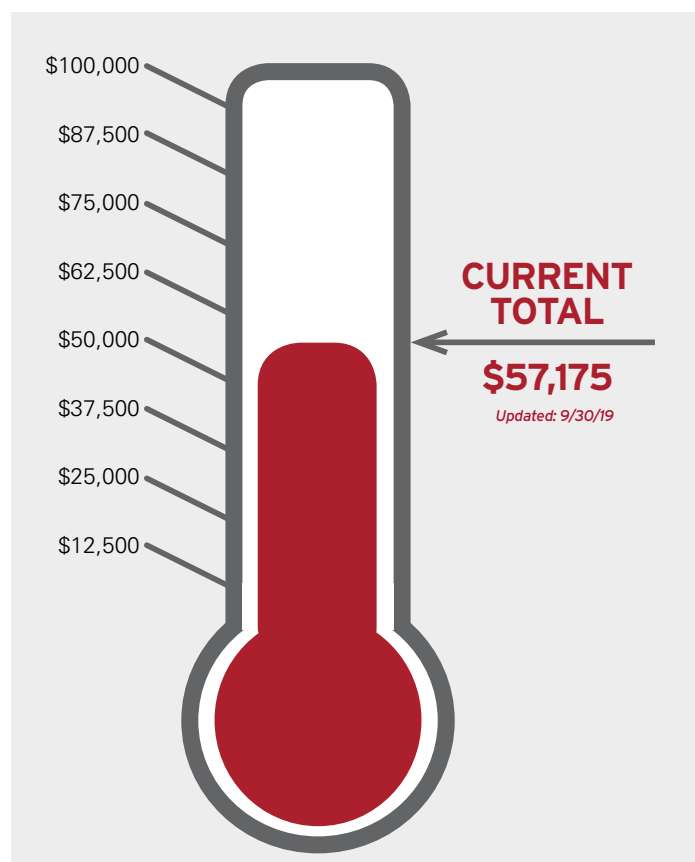
When patients have heart surgery, they are eager to know when they'll feel more like themselves again and when they can get back to doing the things they like to do. STS recently redesigned its popular "What to Expect After Heart Surgery" brochure, which offers general guidelines on what patients should and shouldn't do once they return home. The guide, available in English, Spanish, and Hindi, covers 10 topics:

- It's Normal to...
- Following Discharge
- Care of Your Incisions
- Care of Your Surgical Leg
- Medications
- Heart Surgery Discharge Symptoms
- Activity After Surgery
- When to Resume Usual Activities
- Diet
- Cardiac Rehabilitation

Visit sts.org/patients/patient-resources to download the brochure; you can print and distribute this free resource to your patients, as well as post a link to the PDF on your institution's website. ■



FREE DOWNLOAD: sts.org/patients/patient-resources



DOUBLE YOUR IMPACT: DONATE TO TSF TODAY

Time is running out on the Society's 2019 Surgeon Match Challenge with The Thoracic Surgery Foundation (TSF). STS will match all surgeon contributions up to \$100,000—but you must donate by December 31, 2019.

So far this year, the Society's charitable arm has awarded \$951,500 in funding to support surgeon-scientists in cardiothoracic surgery. Award recipients are investigating topics such as the predictive utility of machine learning algorithms in adult cardiac surgery, mitigating primary graft dysfunction via ex-vivo lung perfusion, and personalized therapy for esophageal adenocarcinoma. They're training with experts to learn new skills, including pectus excavatum repair, transcatheter aortic valve replacement, and complex pulmonary artery reconstruction and unifocalization. The funding also has allowed surgeons to provide underserved patients in Kenya, Mongolia, Nigeria, Nepal, Rwanda, and Uganda with lifesaving surgeries.

In addition to matching surgeon donations, the Society covers all of TSF's administrative expenses so that 100% of each donation is applied to award programs. Plus, TSF donations are tax-deductible to the extent permitted by law. Help the Foundation continue supporting such important projects by contributing today at thoracicsurgeryfoundation.org/donate. ■

Health Policy, Management Skills Help Surgeons Navigate Complex Systems

After reaching a point in his career when he realized the need for a global approach to health care delivery, Keith D. Mortman, MD, sought out further training to help him achieve that goal.

“Understanding current health policy and management is essential in order to become a better leader, operate more efficiently within increasingly complex health care systems, and educate my trainees so they are better prepared for the practice of medicine,” Dr. Mortman said.

To advance his knowledge in these areas, he applied for and received the 2019 STS/American College of Surgeons Health Policy Scholarship, an annual award subsidizing attendance at the Executive Leadership Program in Health Policy and Management at Brandeis University in Waltham, Massachusetts. The scholarship is open to surgeons who are members in good standing of both STS and ACS.

Dr. Mortman attended an STS Legislative Fly-In in 2012, but otherwise has had

little experience with health policy.

And while he’s taken on increasing health care management responsibilities in his role as chief of the Division of Thoracic Surgery at The George Washington University Hospital in Washington, DC, he has never had any formal management training.

The goal of the Brandeis course is to help physician leaders improve health care quality, cost-effectiveness, and efficiency. Dr. Mortman said the topics he found most valuable were strategic thinking and decision making, effective leadership styles, and leading change in complex systems.



“Understanding current health policy and management is essential in order to become a better leader.”

—Keith D. Mortman, MD

concepts that were covered—and the ones that were not,” Dr. Mortman said. “The

additional knowledge and experience acquired from this course and possibly an Executive MBA will be useful in my clinical roles, as well as with my administrative and educational responsibilities.”

He also plans to increase his efforts in advocating for the specialty. As part of receiving the Health Policy Scholarship, Dr. Mortman will serve on the STS/AATS Workforce on Health Policy, Reform, and Advocacy starting in January.

“Since I practice in Washington, I hope to become more involved on the national level with the Society, representing the interests of cardiothoracic surgeons and our patients,” he said. ■

Applications for the 2020 STS/ACS Health Policy Scholarship will open later this fall and will be due February 3. For more information, visit sts.org/healthpolicyscholarship.

The Thoracic Surgery Foundation (TSF) also offers scholarships that partially cover the cost of attending the Brandeis course. Applications for TSF’s Alley-Sheridan Scholarship will open December 1 and are due February 15, 2020; visit thoracicsurgeryfoundation.org/awards for more details.

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CRITICAL CARE CONFERENCE ADDRESSES EDUCATIONAL NEEDS OF THE MULTIDISCIPLINARY TEAM



In September, more than 300 cardiothoracic surgeons, physician assistants, nurses, perfusionists, and other medical professionals gathered in Baltimore, Maryland, to learn about the team-based approach to cardiovascular and thoracic critical care and enhanced recovery after surgery.

The program for the Society's 16th Annual Multidisciplinary Cardiovascular and Thoracic Critical Care Conference featured a mix of lectures, panel discussions, case-based breakouts, and original scientific abstracts. Oral abstract presentations included data on perioperative acuity assessment for pulmonary complications in cardiac surgery patients, long-term survival for patients treated with extracorporeal membrane oxygenation (ECMO), and a machine learning prediction model for early prognosis of ECMO support.

"This is my third time attending the conference," said one attendee. "I always leave with enthusiasm to change my practice. The multidisciplinary approach is what makes this conference so great."

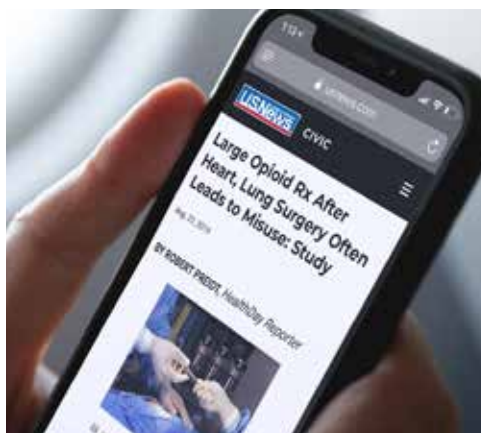
Visit sts.org/criticalcarephotos to view more photos from the conference.

'July Effect,' Opioid Dependence Gain Media Attention

The "July effect" in cardiac surgery, the impact that prescribing opioids after cardiothoracic surgery has on new persistent opioid use, and the Society's Legislator of the Year award were the subjects of three press releases issued by STS this past quarter. See page 14 for more information on the award, which was presented to Sen. Bill Cassidy, MD (R-LA).

Research published online in *The Annals of Thoracic Surgery* in July showed that the influx of new medical school graduates starting their in-hospital training does not result in more medical errors for cardiac surgery patients. The study, by Sameer A. Hirji, MD, Rohan M. Shah, MD, MPH, Tsuyoshi Kaneko, MD, and others from Brigham and Women's Hospital in Boston, found no differences in mortality, in-hospital complications, costs, or length of stay between patients who were treated in Q1 (July to September with the least experienced residents) compared to those in Q4 (April to

June with the most experienced residents). The research generated coverage from *Becker's Hospital Review*, *MD Magazine*, *Physician's Weekly*, and *Cardiology Today*, among others.



An *Annals* study released in August found that the amount of opioids prescribed for patients after heart and lung surgery has a direct relationship with the risk for opioid dependency and "persistent opioid use" several months after the operation. Alexander A. Brescia, MD, MSc, and colleagues from the University of Michigan Medicine in Ann Arbor determined that patients who were prescribed more than 60 pills experienced a nearly two-fold risk of chronic opioid use compared to those who were prescribed 27 or fewer pills (19.6% versus 10.4%). Media outlets including U.S. News & World Report, MedPage

Today, HealthDay, and TCTMD covered the story. ■

INPUT NEEDED FOR CT SURGERY PRACTICE SURVEY

If you are an Active, Senior, or International Member practicing in the United States, make sure that you participate in the 2019 STS Practice Survey. For more than 40 years, the Society has regularly surveyed the workforce regarding demographics, practice patterns, caseloads, pressure points, and other trends. All eligible members should have received an email on September 16 from Relevant Research Inc. with information on how to participate. It is important that you share your feedback by **November 1, 2019**. Results will be reported in the aggregate; individual responses will be kept anonymous. If you did not receive the email or have questions about the survey, please contact Natalie Boden, Director of Marketing & Communications, at nboden@sts.org. ■

Annual Meeting Prepares Surgeons to Stay Relevant in Evolving Practice Environment

→ continued from cover

HOT TOPICS AND TRENDS

In terms of educational content, an emphasis will be placed on information designed to help surgeons stay relevant, such as transcatheter aortic valve replacement (TAVR) in low-risk patients, building a thoracic robotics program, artificial intelligence/machine learning approaches for risk prediction, and training residents today so that they can thrive in 2030.

No matter their area of practice, attendees will find plenty of innovative research, thought-provoking lectures, pro/con debates, hands-on activities, and how-to videos.

In addition to TAVR, **adult cardiac** surgeons can expect discussions on high-risk donors (such as those with hepatitis C), infective endocarditis, failure to rescue, and more.

“In the structural heart space, we’re seeing more innovation and interest in the area of catheter-based mitral valve therapies,” said Wilson Y. Szeto, MD, chair of the STS Council on Meetings and Education. “In the

field of thoracic aortic surgery, innovative technology, including branched endografts—both in the aortic arch and thoracoabdominal aorta—are going to be highlighted.”

Attendees also won’t want to miss the ischemic session on Monday, January 27. After an abstract presentation on how surgical experience impacts operative mortality following reoperative cardiac surgery, two cardiothoracic surgeons will debate whether a surgeon’s age matters when it comes to patient outcomes.

Planners for the **general thoracic** sessions have made an effort to include more esophageal content in the program based on feedback

from attendees. Sessions on managing esophageal surgery complications and esophageal cancer will feature invited lectures and case presentations, while an abstract-based session will look at en-bloc esophagectomy, robotic-assisted giant paraesophageal hernia repair, and more.

Additional general thoracic sessions include lung transplantation, disparities in lung cancer treatment, and research utilizing large outcomes databases.



(From left) Carl L. Backer, MD, and Jonathan M. Chen, MD, chose abstracts for presentation at the congenital heart surgery sessions.

Hot topics for **congenital heart** surgeons include lymphatic intervention after congenital heart surgery and fetal cardiac intervention. Similar to the adult cardiac surgery abstracts, more congenital abstracts are looking at transcatheter interventions.

“With broader transcatheter indications, TAVR technology is now more applicable to our adult congenital patients,” said Jonathan M. Chen, MD, a member of the Program Task Force.

The program also will feature several sessions focusing on critical care, enhanced recovery after surgery, and the multidisciplinary team—ensuring that everyone who plays a role in patient care will find relevant content.

NEW KEYNOTE LECTURE AND SYMPOSIUM

The Society is introducing a new named lecture in honor of Vivien T. Thomas, the surgical technician who worked with Alfred Blalock, MD, and pioneered the anastomosis of the subclavian artery to the pulmonary artery, among other accomplishments.

“We’re proud to recognize a person of color who was not a physician, but who was responsible for training young surgeons to be great technicians,” Dr. Higgins said.

REGISTER EARLY AND SAVE

Registration is online only at sts.org/annualmeeting. You have until November 19, 2019, to register for the Annual Meeting at early bird rates—don’t miss this opportunity to save! Your registration fee includes:

- Access to more than 70 educational sessions showcasing the latest research and techniques in cardiothoracic surgery
- Entrance to the STS Exhibit Hall, where you can learn about the newest products and services available
- The opportunity to earn continuing medical education (CME) or perfusion credit
- Complimentary access to Annual Meeting Online, a web-based video presentation of most Annual Meeting sessions that will allow you to earn additional CME credit

Please note that STS members are not automatically registered for the meeting. If you have questions, contact Experient at 800-424-5249 (toll free), 00-1-847-996-5829 (international callers), or sts@experient-inc.com.

“Vivien Thomas helped get our field off the ground in the late 1940s, and his contributions went unrecognized for many years. We now have an opportunity to do so at a national forum.”

The first Vivien T. Thomas Lecture will be given on Sunday by Clyde W. Yancy, MD, vice dean for diversity and inclusion and chief of the Division of Cardiology at Northwestern University’s Feinberg School of Medicine in Chicago. He also is a past president of the American Heart Association. This lecture will complement the Ferguson Lecture on Monday and the Lillehei Lecture on Tuesday.

In addition, a new Vivien T. Thomas Symposium will explore the importance of a diverse workforce and pipeline programs to support workforce diversity, discuss available resources for promoting diversity and inclusion at one’s institution, and identify strategies for mitigating unconscious bias.

IMPORTANT DATABASE UPDATES

The Annual Meeting also will feature the latest information on the next generation STS National Database. With the new dashboards scheduled for release in early January (see page 1), Database participants will be able to try out the improved tools before the Annual Meeting begins. An overview of how to best utilize the new functionality will be provided at Monday’s plenary session.

And during a 2-hour session on Sunday, speakers will discuss how their institutions utilize the Database, the impact of the Database in reimbursement and regulatory affairs, how public reporting is evolving to meet the needs of patients and providers, and more.

“Science, education, research, mentorship, and networking all come together at the STS Annual Meeting,” Dr. Higgins said. “I’m looking forward to it and hope that all members of the surgical team can join us.” ■

STS U and Tech-Con Held on Saturday

The Annual Meeting program has been re-organized so that STS University and Tech-Con take place on Saturday, January 25—without any other competing meeting programming. Both are ticketed events with additional fees.

STS University: Choose from among 10 exciting, hands-on courses offered twice on Saturday morning. Options include a new course on extracorporeal membrane oxygenation cannulation, as well as sessions on percutaneous transseptal access for mitral valve repair and replacement, transcatheter aortic valve replacement, and robotic lobectomy.

Tech-Con: Tech-Con—now offering the option to earn CME—will focus on innovative techniques and novel approaches to treating vexing clinical problems. New to the Tech-Con program are Lunch and Learn sessions for both adult cardiac and general thoracic surgery, during which industry experts and surgeon moderators will share information on the latest available and upcoming technology.



STS Advocacy Secures Big Win; Fight Isn't Over

The Society's advocacy efforts regarding extracorporeal membrane oxygenation (ECMO) recently paid off in a major way, but challenges still lie ahead for physician reimbursement.

In August, the Centers for Medicare & Medicaid Services (CMS) confirmed that reimbursement for ECMO will be based on patient acuity and resource needs, rather than cannulation approach, for the fiscal year that began on October 1. This decision reverses detrimental changes to hospital coding and reimbursement for ECMO enacted last year and follows months of advocacy by STS, the Extracorporeal Life Support Organization, and a broad group of stakeholders.

Coming off this important win, STS members face a new call to arms. In the proposed rule for the 2020 Physician Fee Schedule, CMS stated plans to cut reimbursement for cardiothoracic surgery by up to 8%. The agency has refused to modify the value of postoperative visits in the 10- and 90-day global surgical periods commensurate with updates to office/outpatient evaluation and management codes, improperly lowering the value of the global surgical period relative to other services in the Medicare Physician Fee Schedule, violating current law by creating specialty differentials, and ignoring recommendations from nearly all medical specialties. And that's not all—CMS also is considering additional cuts to cardiothoracic surgery reimbursement of more than 20%.

STS has joined a coalition of surgical specialties criticizing the CMS proposal and also has submitted its own comments denouncing the proposed cuts. More help is urgently needed, however. **It will take active engagement from all STS members to fend off these latest attacks on the specialty.** Visit sts.org/keycontact to find out how you can connect with your Congressional representatives and urge them to take action on these important issues.

CMS is expected to release the final Fee Schedule this fall.

STS MEMBERS PUSH FOR POLICY CHANGES ON CAPITOL HILL

A key component of the Society's grassroots advocacy strategy is its annual Legislative Fly-In. In July, 30 STS members met with more than

70 members of Congress in Washington, DC, to discuss residency slots, research funding, and tobacco control. Several senators and representatives agreed to cosponsor or vote for legislation supported by the Society, showing the impact that surgeon voices can have on the political process.

"Attending the Fly-In helped me see beyond my practice and my patients," said cardiothoracic surgery resident Clauden Louis, MD, from the University of Rochester Medical Center in New York. "It gave me a more comprehensive view of how the health care system works and why our advocacy is so important."

Social events, including a breakfast, happy hour, and celebratory thank you dinner, brought attendees together to network and share tips on navigating Capitol Hill.

"The camaraderie helped me feel more prepared and less anxious, and it was especially helpful to speak with others who had prior Fly-In experience," said first-time attendee Dawn S. Hui, MD, from The University of Texas Health Science Center at San Antonio.

Also during the Fly-In, the Society presented its Legislator of the Year Award to Sen. Bill Cassidy, MD (R-LA). Sen. Cassidy, a gastroenterologist who has served in the Senate since 2014, has championed STS advocacy priorities such as helping the STS National Database gain access to Medicare claims data and repealing the Sustainable Growth Rate. He also is working to protect patients from surprise medical bills by creating a fair process for settling discrepancies between providers and insurers.

The STS Legislator of the Year Award acknowledges a member of Congress who has made sustained and/or extraordinary efforts in promoting issues of importance to cardiothoracic surgeons and their patients through legislation, funding, or other outreach to policymakers. ■

Read more: Sen. Bill Cassidy, MD, shares his perspective on the most important issues in health care at sts.org/cassidy.





1 Sen. Bill Cassidy, MD (R-LA, center), was presented with the STS Legislator of the Year Award.

2 Residents and medical students learned about the importance of advocating for the specialty.

3 Rep. Ted Yoho (R-FL, second from right) met with Tyler J. Wallen, DO, STS Public Director Christopher M. Draft, and Edward B. Savage, MD.

4 Kevin W. Lobdell, MD, shared the Society's advocacy priorities with Rep. David Price (D-NC) and his legislative assistant.

5 Participants heard from cardiothoracic surgeon Rep. Larry Bucshon, MD (R-IN), at an exclusive breakfast.

6 Ioannis M. Karamichalis, MD, Sen. Lamar Alexander (R-TN, 2017 STS Legislator of the Year), V. Seenu Reddy, MD, MBA, and Sen. Marsha Blackburn (R-TN) discussed pending legislation supported by the Society.



To see more photos and watch a behind-the-scenes video from the Fly-In, visit sts.org/fly-in.



THE SOCIETY OF THORACIC SURGEONS
633 N. Saint Clair St., Suite 2100
Chicago, IL 60611-3658
Phone 312-202-5800 | **Fax** 312-202-5801
Email sts@sts.org | **Web** sts.org

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Upcoming STS Educational Events

**Advances in Quality & Outcomes:
A Data Managers Meeting**
New Orleans, Louisiana
October 23-25, 2019

ACS/STS Cardiothoracic Surgery in Your Future
San Francisco, California
October 28, 2019

**STS/EACTS Latin America
Cardiovascular Surgery Conference**
Cancun, Mexico
November 22-24, 2019

**Leadership Beyond the Operating
Room for Early Career Surgeons**
New Orleans, Louisiana
January 24, 2020

STS Coding Workshop
New Orleans, Louisiana
January 24-25, 2020

STS 56th Annual Meeting
New Orleans, Louisiana
January 25-28, 2020

Find out more at sts.org/meetings.

Thank You!



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