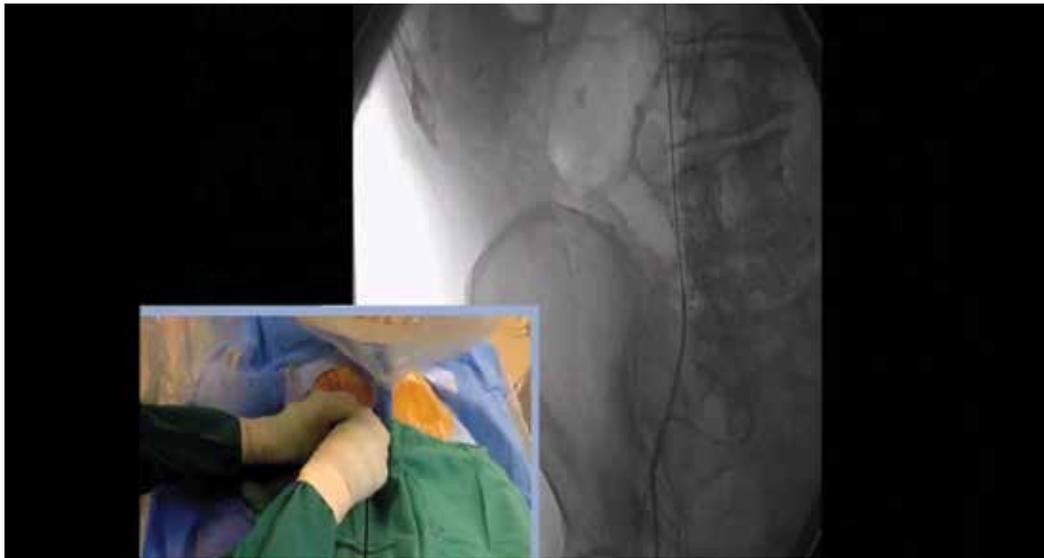


Is ‘Supersubspecialization’ the Future of Cardiothoracic Surgery Training?



Transcatheter aortic valve replacement is one growing area of “supersubspecialization.”

While a comprehensive knowledge of cardiothoracic diseases will undoubtedly remain essential in training the next generation of cardiothoracic surgeons, developing a focus on a particular area within the specialty is becoming more and more important—for both a surgeon’s career and optimal patient outcomes.

During a roundtable discussion filmed at the STS Annual Meeting in Fort Lauderdale, Florida, earlier this year, John V. Conte, MD, Thomas E. MacGillivray, MD, Michael J. Mack, MD, and Wilson Y. Szeto, MD discussed how training programs could stay current and ensure that residents are prepared for the future.

“It’s incumbent upon us to adapt our training programs and make sure that we’re training the residents for 2030 and beyond.”

– John V. Conte, MD

“The day of the generalist cardiac surgeon cannot continue,” said Dr. Mack, an STS Past President from the Heart Hospital Baylor Plano. “We need to be supersubspecialized—in heart failure surgery, in structural heart disease, and in coronary revascularization.”

program, which would function as a “mini fellowship” for those who wanted to gain specialized knowledge in areas such as aortic disease, transplant and mechanical circulatory

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STS Amplifies Commitment to Reinvesting in the Specialty

Every summer, the STS staff initiates the process of constructing a budget for the following year that reflects the organization’s financial resources and strategic plan, much like any other medical specialty society. Since 2013, however, the Society’s budgeting process has included a unique component that remains unusual among its peer group: a portion of the budget is specifically devoted to special projects, programs, and affiliated organizations (apart from regular STS operations) for purposes of “reinvesting in the specialty.” The annual amount available is dictated by a spending policy first proposed on behalf of the STS Finance Committee by Past President John E. Mayer Jr., MD that is dependent on the size of the organization’s investment portfolio.

Five years after its adoption, and again at the recommendation of the STS Finance Committee, the Board of Directors recently amended the organization’s spending policy in order to make even more funding available for reinvestment in the specialty. As a result of this modification, STS spending policy funding will increase from \$904,000 in 2018 to approximately \$1,138,000 in 2019.

“We wanted to be sure that we are good stewards of our money,”

[continued on page 7 →](#)



Gender Equity: Where Does CT Surgery Stand?

Keith S. Naunheim, MD

“Look, here comes Dr. Betty Crocker!”

“What’s your favorite journal, honey ... Good Housekeeping?”

“What’s a pretty girl like you doing in surgery?”

These are the types of remarks that several senior female cardiothoracic surgeons said they heard from their “mentors” during surgical training. Grossly offensive statements in the 21st century, these were pretty run-of-the-mill remarks 30 years ago.

It’s my belief that the environment for female trainees has markedly improved since those days, but we cannot yet claim complete enlightenment.

Gender bias and sexual harassment are certainly not limited to the world of cardiothoracic surgery; the reality is that these unwelcome behaviors affect every facet of society in America. While they have been extant for centuries, the #MeToo movement has finally helped bring issues like sexual harassment to the forefront of the American consciousness. It is causing introspection among many men, and I—like many others—have forced myself to try and recall my own behavior, pondering if and when I crossed the line. What was once considered to be just “harmless fun” among the boys is now recognized as being a real injustice.

Failure to appreciate the equal abilities and rights of women can lead not just to sexual harassment, but also to workplace discrimination in the form of gender bias. It’s hard to argue that this has not been true of cardiothoracic surgery in the past, but it’s also important to recognize that many within the specialty, male and female alike, have been battling this form of prejudice for years. Fortunately, there has been some success, as evidenced by the growth of the Women in Thoracic Surgery (WTS)

organization, as well as the progressively increasing proportion of women in practice and in the training pipeline.

Still, cardiothoracic surgery is far behind many other specialties with regard to gender equity; thus, STS leaders believe that our association has a responsibility to address it.

MEMBER SURVEY

As with most problems, the first corrective steps entail formal recognition and identification of scope. Accordingly, a survey was recently sent by the Society to all members of STS, WTS, and the Thoracic Surgery Residents Association requesting feedback on both sexual harassment and gender bias. These two issues, though perhaps stemming from similar origins, are not exactly the same. While both transgressions may occur consciously or unconsciously, sexual harassment refers to the making of unwanted sexual advances or sexually inappropriate remarks; gender bias refers to workplace discrimination based on gender that impedes the performance of one’s duties and/or the chances for professional advancement. Notably, this survey had the highest number of responses of any STS survey in recent history, a finding which suggests a great level of interest among the membership regarding these topics. Although the full survey results are still confidential because they will provide the basis for a paper that will be submitted to *The Annals of Thoracic Surgery*, the authors have kindly provided some preliminary results. I can share with you that, while not surprising, the result are nonetheless disappointing.

More than 80% of female respondents reported that they were sexually harassed by other professionals in the form of crude sexual remarks, inappropriate touching, or repeated requests for sexual interaction within the past 10 years. More than 80% of such episodes occurred in the hospital or

clinic setting, with the vast majority of such episodes coming from their superiors in the program. Just as discouraging is the fact that in the area of gender bias, only about 20% of female respondents believed that surgeons would be as comfortable with a female chair as with a male chair.

It is true that limitations exist for such surveys; thus, while specific figures cannot be assumed to be perfectly accurate, these results are disconcerting.

So is there a real problem in our specialty? Hell yeah!

Should the Society have a role in addressing the issue? Damn straight!

What steps should the Society take? Great question with no absolute “right” answer.

MOVING FORWARD

There are means for addressing issues of sexual harassment and gender bias through the enforcement of the Society’s Code of Ethics by our Committee on Standards and Ethics, and STS members having legitimate claims of wrongdoing should never hesitate to utilize the related complaint mechanism available. However, when addressing such broad issues within the specialty, our Society has always preferred the concepts of prevention and self-remediation rather than simply external punishment after the fact. In fact, such self policing has been our standard strategy for many years in the realm of quality improvement.

To that end, we recognize that most health care entities already offer educational opportunities to their employed providers pertaining to sexual harassment and gender bias – and in fact, most already require such participation. (Even the STS staff has had mandatory training addressing these issues.) To augment and advance these existing efforts, it is hoped that when the STS/WTS

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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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There's no getting around it: Electronic health records are here to stay. In this edition of STS News, Heather Smith, a member of the Workforce on Practice Management, touches on some benefits and potential pitfalls of EHRs.

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

Making the Switch to an EHR System

Heather Smith, RN, BSN, MJ
Business Director (Surgery), Hospital of the University of Pennsylvania

Most cardiothoracic surgical practices have converted, are converting, or will convert from paper medical records to electronic health records (EHRs).

The benefits of an EHR system include transparency, improved documentation and communication, reduced omissions, improved reporting, remote access to records, and increased collections. The improved documentation is reflected in both better legibility and content of notes. Transparency and communication impact care teams spanning both the inpatient and outpatient areas, as well as referring physicians and patients.

The ability to customize and optimize the EHR to your practice is a powerful tool. Many teams decide to standardize their documentation. You can build templates that ensure you capture all relevant clinical data and succinctly communicate with referring providers. You also can capitalize on discrete fields to capture data required for database reporting and billing requirements. As more EHR systems offer the option of releasing notes to patients, you can establish protocols for how you want those notes to look. Although standardization can be time-consuming, especially if you have many stakeholders and require consensus for practice changes, it is a worthwhile investment that can really pay off.

The transition to electronic records is not without its challenges, however. Staff members tend to require "staged learning." They need to be trained and allowed to use the EHR system,

with subsequent ongoing training to evolve their electronic documentation and streamline their work. This implementation requires time, resources for ongoing evaluation, and a lot of patience.

Another challenge is downtime. Paper charts never have downtime, but EHRs do. Generally, the frequency of downtime is not a significant issue, but you will need to develop procedures that accommodate downtime.

One very important aspect to consider when implementing an EHR is exam room setup. Some feel an EHR reduces patient interaction by putting the physician's focus more on the computer than on the person in the exam room. This perception can be minimized by paying close attention to where the physician and the patient will be seated in the exam room, as well as ensuring that templates are in place so that the physician can complete the required fields quickly.

As with any transition, there will be challenges moving from paper

records to an EHR. What you can count on needing is patience, time, and resources to build the system, to continually train your staff, and to tweak the setup. What you can expect in return are practice improvements that help with efficiency, communication, documentation, and reporting. ■

The benefits of an EHR system include transparency, improved documentation and communication, reduced omissions, improved reporting, remote access to records, and increased collections.

To view previous practice management columns, visit sts.org/practicemanagement.



On a Culture of “We”

Robert A. Wynbrandt, Executive Director & General Counsel

On April 29 in San Diego, the Society conducted its 14th annual leadership orientation, which featured both surgeon leaders and our staff management team and addressed all aspects of STS structure and operations. This year's production was particularly geared toward those cardiothoracic surgeons and allied health care professionals who were new to STS governance, and we had a packed house.

Don't worry; this column will not be a condensed version of STS Orientation 101 for the masses. It is, however, dedicated to the STS core value of teamwork, which is a topic that I annually emphasize in the “STS governance” portion of the program. The thesis of my presentation, in which I implore a group of energized volunteers to “Respect the Bus,” is that we are a complex organism (the bus), fraught with opportunity for inefficiencies and friction absent an exceptionally high degree of communication, especially between our volunteer leadership and staff, i.e., the partnership engine that makes this organizational bus run.

When I was hired in 2002, as the Society ushered in its “era of self-management,” one of my primary objectives, supported by Mark Orringer, Bill Baumgartner, Gordon Murray, and Robert Guyton (all ultimately STS Presidents), was to reorient the Society's staff from what had been perceived as a “silo” mentality and help create a culture of interdependence. This task of building a culture of “we” among professionals of any type is inherently difficult—particularly when you are dealing with high achievers who aim to do great things for an organization and be recognized for their contributions; it requires constant reinforcement.

There is undoubtedly a parallel dynamic in the world of cardiothoracic surgery, where

the surgeon is the quintessential captain of the operating room ship—where the proverbial buck stops and a deep sense of personal responsibility for the procedure and the patient's outcome is paramount. And yet it is undeniable that these past 16 years have evidenced a growing respect for, and acknowledgement of, the entire team—in hospitals and surgical groups throughout the world. This enhanced appreciation for the team is mirrored in the operations of your society.

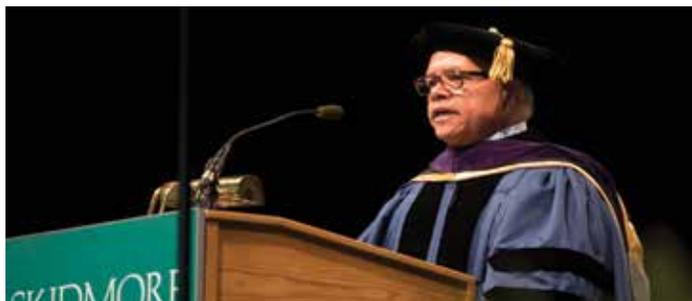
Our organizational culture of “we” transcends international boundaries.

The STS focus on “team” has never been more pronounced, touching all three prongs of our mission to “enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through *education, research and advocacy.*” A recent and important example that many of you are aware of through our various e-publications occurred in the advocacy arena on July 25, when STS Past President Joe Bavaria led a group of cardiothoracic surgeons and cardiologists, representing STS, the American Association for Thoracic Surgery, the American College of Cardiology, and the Society for Cardiovascular Angiography and Interventions, i.e., the organizational personification of the heart team, in presenting testimony before a Medicare Evidence Development & Coverage Advisory Committee panel regarding the balancing of access and patient safety interests in the federal regulation of TAVR procedures. In education, the interdisciplinary team is now featured in an ever-growing segment of our portfolio, e.g., at our recently completed ECMO and robotics courses (see page 10), as well as our upcoming critical care conference (see page 12), and of course at the ever-popular AQO meeting, our annual educational program solely devoted to the STS National Database (see page 12). And speaking of AQO, the team is a growing focus of our National Database, where we expanded our scope earlier this year to

incorporate the heart team dependent INTERMACS® registry (see page 9); this extends to our PUF initiative, which allows cardiothoracic surgeons and their research scientist colleagues to pursue the STS research mission by mining the STS National Database for new discoveries that will take us to the holy grail: the highest quality patient care (see page 14). And lest we forget, our organizational culture of “we” transcends international boundaries, as the Society collaborates with a growing number of organizations outside the United States to conduct and endorse educational offerings for the specialty throughout the world; keep an eye on www.sts.org for details.

I've been reflecting a lot about all dimensions of our STS team since April 29, also the date on which I announced to our Board of Directors that I will be stepping down as the Society's Executive Director & General Counsel in March of next year. (And in that regard, please be assured that a committee already has been formed to conduct a search for my successor; our retention of a search firm tasked with assisting that committee likely will have been completed by the time that you read this column; and the search process will be in full gear before the fall 2018 edition of STS News hits your inboxes and desks.) That team concept was brought home eloquently by our President, Keith Naunheim, at the conclusion of the April 29 orientation session in San Diego. Perhaps unconsciously channeling Sister Sledge and the theme song of the 1979 world champion Pittsburgh Pirates, Keith closed with a reference to the Society as a family: the ultimate culture of “we.” With that as a fundamental cornerstone of our organizational DNA, as reflected in our stated core values and brought to life as we execute on all facets of our mission, the Society and the specialty that it is designed to reflect and serve are both on a great path for the future. ■

Member News



HIGGINS GIVES SKIDMORE COMMENCEMENT SPEECH

Robert S.D. Higgins, MD, MSHA recently inspired the 2018 graduating class of Skidmore College in Saratoga Springs, New York, with a speech encouraging graduates to live their lives to the fullest, prioritize their family and loved ones, and lead with action.

The Society's First Vice President provided advice on overcoming barriers to success. "Define your dream, align those around you with that vision, and motivate them to make it happen no matter what the hurdles or obstacles may be," Dr. Higgins said. "Never let the challenges you face in life defeat your spirit—remain unconquered through thick and thin."

He also urged graduates to give back to society, no matter how small the contribution may seem. "We all have valuable assets that may have an incredible impact in someone's life," he added.

Dr. Higgins was awarded an honorary doctorate of laws by Skidmore. He is Surgeon-in-Chief of The Johns Hopkins Hospital, as well as the William Stewart Halsted Professor of Surgery and Director of the Department of Surgery at The Johns Hopkins University School of Medicine in Baltimore. He has been an STS member since 1997.



BAVARIA RECEIVES RCSED FELLOWSHIP

Joseph E. Bavaria, MD was honored with the Fellowship ad hominem of the Royal College of Surgeons of Edinburgh in April. The Fellowship ad hominem is awarded to current or former practitioners or other individuals of distinction whose professional status is of a high order and who are deemed worthy of the honor. Dr. Bavaria is the Brooke Roberts-William Maul Measey Professor in Surgery, Vice Chief of the Division of Cardiovascular Surgery, and Director of the Thoracic Aortic Surgery Program at the University of Pennsylvania in Philadelphia. He served as STS President from 2016 to 2017 and has been an STS member since 1996.



DECAMP MOVES TO WISCONSIN

Malcolm M. DeCamp, MD is the new Chair of the Division of Cardiothoracic Surgery at the University of Wisconsin-Madison. He also holds the K. Craig Kent Chair in Strategic Leadership. Dr. DeCamp previously was Chief of the Division of Thoracic

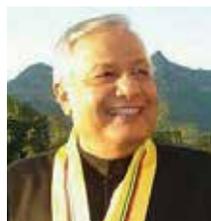
Surgery at Northwestern Memorial Hospital in Chicago and the Fowler McCormick Professor of Surgery at Northwestern University's Feinberg School of Medicine. He has been an STS member since 1997.



MOKADAM APPOINTED CHIEF

Nahush A. Mokadam, MD has been named Division Chief and Professor of Cardiac Surgery at The Ohio State University in Columbus. Previously, he was the Lester and Connie LeRoss Endowed Professor in Cardiovascular Surgery at the University of

Washington in Seattle, as well as Co-Director of Heart Transplantation and Program Director for Mechanical Circulatory Support at the UW Medical Center. Dr. Mokadam has been an STS member since 2007.



SAKSENA RECEIVES HONORARY DEGREE

Devendra S. Saksena, MD was conferred an honorary doctor of science degree from D.Y. Patil University in New Bombay, India. Dr. Saksena is Head of the Department of Cardiovascular Surgery at Bombay Hospital and is a Past President of the Indian

Association of Cardiovascular-Thoracic Surgeons. He has been an STS member since 1998.



DONINGTON HEADS TO CHICAGO

Jessica S. Donington, MD has been named Chief of the new Section of General Thoracic Surgery at The University of Chicago. Previously, she was Chief of the Thoracic Surgery Service at Bellevue Hospital Center in New York City and

Director of the Thoracic Translational Research Laboratory at NYU Langone Health. She has been an STS member since 2004. ■

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

Is ‘Superspecialization’ the Future of Cardiothoracic Surgery Training?

→ continued from cover

support, structural heart disease, minimally invasive surgery, coronary revascularization, and robotic surgery.

The updated program would allow residents to focus on just one area or several, depending on their interests. They also could travel to other institutions for part of the time.

“With this dedicated experience, our residents will have clear pathways set up for them as they go forward in their careers,” Dr. Conte said. “It’s incumbent upon us to adapt our training programs and make sure that we’re training the residents for 2030 and beyond.”

Superspecialization doesn’t mean that residents should concentrate on just one particular procedure. Dr. MacGillivray, STS Treasurer from Houston Methodist Hospital, stressed that focusing on the entire disease process is the best strategy.

“If someone wants to focus on valvular heart disease, they’ll need to know about not just the surgical interventions, but also the transcatheter solutions and medical treatments,” he said. “If you focus only on one operation, and then one day it’s not the preferred therapy anymore, you won’t have any skills.”

Dr. Conte concurred and added that cardiothoracic surgeons “need to own a disease,” which would help them as they look for jobs.

“As I’m focusing my recruitment, I’m identifying people who can do regular cases, but we also want to hire people who can cover these subspecialty areas,” Dr. Conte added.

PATIENT BENEFITS

“Data have shown that patients often have better outcomes when undergoing coronary artery surgery with a surgeon who has a lot of experience in that particular area,” Dr. MacGillivray said. “I think the same thing is true with valvular heart disease. Transcatheter therapies are a different skillset. In order to be good at them, you need to spend a lot of time learning and mastering them.”

The trend for cardiothoracic surgeons to have specific areas of focus may lead to a transition in the way that medical care is made available to patients.

“When you’re having subspecialization such as this, much of it is going to happen at larger centers,” Dr. Conte said. “So I do think that there is going to be more regionalization of health care in the future. The end goal, of course, is to ensure that patients get the maximum benefit from the technology and knowledge that’s out there.”

EMPHASIS ON THE HEART TEAM

During the roundtable, the cardiothoracic surgeons also emphasized the need to expose residents to the heart team approach.

“Integrate residents into the heart team culture at your current institution,” Dr. Szeto advised. “Our surgical residents at the University of Pennsylvania spend a significant part of their training with our cardiology colleagues, rotating through imaging, the cath lab, and the cardiac care unit.”

Two cardiothoracic surgery residents in Dr. Szeto’s program recently published an article in the *Journal of the American College of Cardiology* about their experience in the I-6 residency program.

Chase R. Brown, MD and Jason J. Han, MD noted that the program gave them a broad knowledge base in cardiovascular medicine and also enabled them to develop relationships with physicians across the medical spectrum—connections they may not have acquired had they not been immersed in the heart team approach from the beginning.

“Residents need to learn the heart team approach from the start.”

– Thomas E. MacGillivray, MD

“By coming to understand how both cardiologists and surgeons evaluate certain pathology and assess risks and benefits of their approach, we cultivate an intuition for shared decision-making and collaboration, which will undoubtedly benefit patients in the long run,” they wrote. “We learn to appreciate how they think, and they learn how we think.”

Dr. MacGillivray suggested that regular heart team conferences be a mandatory part of residency training.

“When I was in training, the decisions were made more in silos,” he said. “Now, we know that the appropriate way to manage patients is by heart team evaluation. Residents need to learn this approach from the start.”

Above all, those who lead training programs need to embrace change and frequently evaluate whether they’re adequately preparing their residents for the evolving demands of cardiothoracic surgery, Dr. Conte said.

“One of the key things is to remain flexible in how you’re training the next generation,” he added. “The people who are tasked with that responsibility have to be committed to that, or your program is not going to be very successful.” ■

To read a recent study in *The Annals of Thoracic Surgery* about how surgeon specialization can improve outcomes for coronary artery bypass grafting, go to [sts.org/CABGspecialization](https://www.sts.org/CABGspecialization).

STS Amplifies Commitment to Reinvesting in the Specialty

→ continued from cover

said Mark S. Allen, MD, Chair of the Finance Committee and an STS Past President. “The purpose is not only to grow an endowment to a large sum, but also to use it wisely in advancing the specialty. The revised policy will free up more money to be used without endangering the Society’s financial stability.”

The original policy provided a guideline for the Society to spend 2% of its investment portfolio balance for purposes of reinvestment in the specialty. The updated policy relies on a hybrid calculation tied to both the Society’s investment portfolio and its budgeted expenses.

One organization that STS has supported over the years is The Thoracic Surgery Foundation (TSF), which now functions as the Society’s charitable arm. TSF offers awards, scholarships, and fellowships to support research and education in cardiothoracic surgery. STS completely underwrites the Foundation’s management expenses so that every dollar donated to TSF directly supports its award programs. In addition, the Society has provided lump sums toward specific awards and participated in a matching gift challenge, whereby STS has matched up to \$200,000 of surgeon donations in a given year. (See page 13 for details on the 2019 TSF awards program.)

STS also has funded Women in Thoracic Surgery scholarships for female medical students and residents to attend the STS Annual

Meeting and the Carolyn Reed Traveling Fellowship, the Thoracic Surgery Directors Association Boot Camp event, fellowships offered by the Thoracic Surgery Residents Association, and scholarships to attend the General Thoracic Surgical Club Annual Meeting.

“Although the formal spending policy is only about 5 years old, STS has given out approximately \$6 million over the past 10 years,” Dr. Allen said. “This includes funding for electronic education and simulation and for research and fellowship grants to promote young investigators and surgeons. The Society is committed to its mission of enhancing the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy—and our revised spending policy offers a clear pathway to do just that.”

With more than \$230,000 of increased funding available under the STS Spending

Policy for 2019, the Finance Committee has developed an innovative Request for Proposals that soon will be disseminated to the cardiothoracic surgery community. Proposals will be due by November 15, 2018, and it is anticipated that the STS Board of Directors will be acting on those initial requests at its January 27 meeting in conjunction with the 55th Annual Meeting. If you have any related questions, contact Keith Bura, Director of Finance and Administration, at kbura@sts.org. ■

“The purpose is not only to grow an endowment to a large sum, but also to use it wisely in advancing the specialty.”

– Mark S. Allen, MD

EXPRESS YOUR INTEREST IN STS LEADERSHIP POSITIONS

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

A full list of the Society’s standing committees and workforces can be found at sts.org/leadershipstructure. Leadership appointments are approved by the STS Executive Committee each year, usually during its December meeting. Leadership appointments for 2019-2020 will take effect immediately after the STS 55th Annual Meeting in San Diego, January 27-29, 2019. The majority of open positions are for 3-year terms, renewable on a one-time basis.

If you have questions about the STS leadership structure or the self-nomination process, contact Grahame Rush, Associate Executive Director, at grush@sts.org. ■

Catch Up with the STS Podcast

Listen to words of wisdom from STS leaders via the Society’s podcast, Surgical Hot Topics. In the latest episode, STS Director-at-Large Shanda H. Blackmon, MD, MPH provides 10 tips on how to attract more female candidates into the specialty. In addition, presidential addresses from the five most recent Past Presidents—Douglas E. Wood, MD, David A. Fullerton, MD, Mark S. Allen, MD, Joseph E. Bavaria, MD, and Richard L. Prager, MD—are available. Stream episodes at sts.org/podcast; you also can subscribe through iTunes, Google Play, or wherever you get your podcasts. ■

In Memoriam

GORDON F. MURRAY, MD

STS PAST PRESIDENT (2009-2010)



A “great friend” to the cardiothoracic surgery community passed away on May 21 at the age of 79.

Gordon F. Murray, MD became the Society’s 44th President after having served for 5 years as STS Secretary during a time when the Society underwent significant changes, including its transition to a self-managed organization. Dr. Murray

also was President of the Southern Thoracic Surgical Association from 1992 to 1993 and the Thoracic Surgery Directors Association from 1993 to 1994.

Born in Michigan, Dr. Murray earned his medical degree from the University of Michigan. He completed surgical residencies at The Johns Hopkins Hospital and Massachusetts General Hospital. Following service in the United States Navy, he joined the faculty of the University of North Carolina, Chapel Hill, and eventually moved to West Virginia University, where he served as Chairman of the Department of Surgery, Chief of Cardiothoracic Surgery, Director of the Thoracic Residency Program, and Chief of Surgical Services.

“Gordon served our specialty in so many ways—always with grace, dignity, and a smile,” said Douglas J. Mathisen, MD, STS Historian, who was the Society’s First Vice President when Dr. Murray was President. “He was the consummate Midwesterner—both feet firmly planted on the ground,

overflowing with common sense, a strong sense of right and wrong, and always treated people respectfully—qualities that are not necessarily in overabundance these days. His friendship and good nature will be missed by all who knew him.”

STS Past President Mark B. Orringer, MD was friends with Dr. Murray for 50 years, dating back to their days as residents at Johns Hopkins.

“Throughout his lifetime of professional accomplishments, service to our specialty, and leadership positions, Gordon was characterized as a truly ‘good guy’—kind, respectful of others, and sensitive, with an engaging smile and great sense of humor,” Dr. Orringer said. “He was a tremendous advocate for resident education and curriculum development. Few others have demonstrated such consistent dedication to thoracic surgery. He was a wonderful and dear friend.”

In his 2010 Presidential Address, Dr. Murray described the transformation occurring in cardiothoracic surgery training and emphasized the need to allow ample time for developing the maturity of reflection and judgment on which quality patient care rests.

“All of the concepts of quality patient care I have emphasized this morning: comprehensive, compassionate, continuity, communication, coordination, [and] competency depend on the thoughtful acquisition and application of such judgment,” he said. “Good judgment is critical to the fundamental success of our unrivaled profession’s clinical and educational missions.” ■

STS Engages the General Public via Press Release Program

As part of its continuing effort to raise public awareness about STS, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, the Society issued four press releases April 1–July 26. Brief recaps can be found below. To read the full press releases, visit sts.org/media.

May 10: “**Simple Walking Test Helps Predict Risk for Cognitive Issues After Heart Surgery**” explained how the distance a patient can walk in 6 minutes before a heart operation may be a clue to whether that patient will develop postoperative cognitive dysfunction, according to a study in *The Annals of Thoracic Surgery*.

June 12: “**Sen. Lamar Alexander Honored for Championing Critical Health Care Issues**” celebrated the Senator’s firm commitment to issues impacting cardiothoracic surgeons and their patients, which led STS to present him with its Legislator of the Year Award.

July 19: “**Earlier Intervention for Mitral Valve Disease May Lead to Improved Outcomes**” described how a significant number of patients are still referred for mitral valve surgery later than they should be, which can compromise long-term outcomes.

July 26: “**Specialized Approach to Open Heart Surgery Saves Lives**” described a study in *The Annals* that found a specialized coronary artery bypass grafting program, along with a standardized surgical approach and operative techniques, reduced mortality and overall operation time. ■

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

STS Offers Insights into MCS Devices

Mechanical circulatory support (MCS) is an evolving treatment for heart failure patients. Held on May 11-12 in Rosemont, Illinois, the 2018 STS Intermacs Meeting provided more than 100 attendees with the latest updates on patient-reported outcomes, science, clinical trials, adverse events, and technologies related to FDA-approved MCS devices. Participants also learned about new initiatives and research opportunities related to the STS Intermacs Database. Check out photos of the engaging sessions, poster and networking reception, and award presentation at sts.org/intermacsphotos. ■



NQF ENDORSES LOBECTOMY COMPOSITE

The National Quality Forum (NQF) has endorsed an additional STS composite score, bringing the Society's total number of NQF-endorsed measures to 35, more than any other medical specialty society. The newly endorsed lobectomy for lung cancer composite score measure includes risk-adjusted mortality and major complications for patients undergoing this procedure.

NQF endorsement is the gold standard for health care quality, and NQF-endorsed measures are recognized by the national health care community as "best in class," evidence-based, and scientifically valid. NQF evaluates measures using four major criteria: importance to measure and report, scientific acceptability of measure properties, feasibility, and usability and use. Major health care purchasers and payers, including the Centers for Medicare & Medicaid Services, rely on NQF endorsement to ensure that measures are scientifically sound and meaningful.

Learn more about the Society's quality performance measures at sts.org/qualitymeasures or contact Mark Antman, Senior Manager, Quality Metrics and Initiatives, at mantman@sts.org. ■

Staff Update

Jonathan Alzate joined STS on April 24 as its Accounting/HR Assistant after serving in the role on a temporary basis since last December. Jonathan assists with accounts payable and receivable, membership dues payments, STS National Database invoices, and other accounting and human resources duties. Previously, he was an Accounting Assistant at Fedele & Associates in Homewood, Illinois. He holds a bachelor of science degree in accountancy from Northern Illinois University. To contact Jonathan, email jalzate@sts.org. ■

Avoid Payment Cut by Reporting Quality Data through STS

Cardiothoracic surgeons participating in the STS Adult Cardiac Surgery Database and—new for 2018—the STS General Thoracic Surgery Database can avoid a Medicare penalty by reporting their performance on specific quality measures to the Centers for Medicare & Medicaid Services' Merit-Based Incentive Payment System (MIPS) through the Society. The MIPS program consists of four categories—Quality, Cost, Advancing Care Information, and Improvement Activities.

Because the STS National Database has been designated a Qualified Clinical Data Registry for MIPS reporting in 2018, STS can report data to CMS on quality measures—14 for adult cardiac and eight for general thoracic—on behalf of surgeons who have signed a consent form.

Eligible professionals who do not satisfactorily report at least six quality measures with 60% data completeness spanning the January 1–December 31, 2018

reporting period may be subject to a 5% negative payment adjustment in the 2020 Medicare Part B Fee Schedule. In addition, surgeons potentially could qualify for a small to moderate upward payment adjustment depending on performance and the number of measures and activities reported under MIPS.

Even surgeons whose hospitals are already reporting for them may benefit from reporting via the Society, as CMS will count the highest-scoring measures.

A new consent form must be signed every year. The consent form must be submitted by Wednesday, October 31, 2018, and can be accessed at sts.org/MIPS-reporting. This service is free for STS members. ■

If you have questions about MIPS quality reporting, contact Derek Steck, Contracts Manager, STS National Database, at dsteck@sts.org.

Hands-On Experience Emphasized at Robotics Symposium, ECMO Course



Robotic surgery is being widely incorporated into many general thoracic surgical practices. In view of this trend, the STS Symposium on Robotic Thoracic Surgery, held May 18-19 in Chicago, provided surgeons and their teams with a detailed overview of launching a successful robotics program within a hospital setting. In addition to lectures from well-known experts, there was plenty of time for participants to test their skills on several robots and simulators.

Attendees at the STS/ELSO ECMO Management Symposium, held July 13-15 in Tampa, Florida, also received extensive hands-on experience. More than 60 attendees met with world-class instructors to learn the latest in ECMO management. ■

To view more photos from the robotics course, visit sts.org/robotic-thoracic-photos. To view photos from the ECMO course, visit sts.org/ecmo-photos.



Society Promotes Cardiothoracic Surgery at AMA Specialty Showcase

In June, STS hosted a table at the American Medical Association Specialty Showcase and Clinical Workshop in Chicago to entice medical students into learning more about the exciting field of cardiothoracic surgery. During the event, STS Member David D. Odell, MD, MMSc, from Northwestern University, spoke to students about why he loves being a cardiothoracic surgeon. ■

Member Disciplined for Ethical Violation

The Society recently sent a letter of admonition to one of its members for violating Sections I.E and II.B of the STS Statement on the Physician Acting as an Expert Witness in the course of providing testimony in a malpractice case. The underlying litigation was based on the treatment of an adult patient who underwent repair of an aortic dissection and experienced complications involving femoral cannulation that ultimately led to part of the patient's leg being amputated.

Acting on the findings and recommendations of a Preliminary Review Panel, the Standards and Ethics Committee found that the admonished member's limited experience with adult aortic dissections at the time that the operation at issue took place did not qualify that member as sufficiently familiar with the relevant standards of care that governed adult aortic dissections and femoral cannulation "at the time of the alleged occurrence" (violation of Section I.E). The Committee also found that the admonished member failed to distinguish adequately between actual negligence and an unfortunate medical outcome, testifying unequivocally that the femoral cannula was kept in place for too long, that it could have safely been moved to the ascending aorta or the aortic arch, that it

was negligent not to do so, and that the patient's complications could have been avoided if it had been done. The Committee observed that aortic dissection repairs are complex procedures that involve a great many possible outcomes, and at the time of the operation, it would not have been uncommon for a patient to experience negative complications such as amputation, even if the procedure had been performed perfectly. Nevertheless, the Committee found the admonished member never acknowledged that the complications at issue in the litigation could have occurred as a result of medical uncertainty rather than negligence (violation of Statement II.B).

The Society's policy on disciplinary action describes admonition as "a written notification, warning, or serious rebuke." The Committee's action to admonish the member in question was reviewed and approved by the STS Executive Committee. ■

Visit sts.org/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.

STS Has Presence at ASCVTS, ESTS Meetings

President Keith S. Naunheim, MD and other STS leaders represented the Society recently at the annual meetings of two international cardiothoracic surgical societies. After attending The Asian Society for Cardiovascular and Thoracic Surgery (ASCVTS) Annual Meeting in Moscow, Russia, Dr. Naunheim flew to Ljubljana, Slovenia, to attend the European Society of Thoracic Surgeons (ESTS) Annual Meeting. ■



STS Treasurer Thomas E. MacGillivray, MD, Secretary Joseph F. Sabik III, MD, and President Keith S. Naunheim, MD visited Moscow's Red Square during the ASCVTS Annual Meeting.



Gilbert Massard (ESTS President), Keith S. Naunheim, MD (STS President), Kostas Papagiannopoulos, MD (ESTS Past President), and Felix G. Fernandez, MD, MSc (Chair, STS Workforce on Research Development) exchanged ideas in Ljubljana at the ESTS Annual Meeting.

SUBMIT ABSTRACTS FOR THE STS ANNUAL MEETING

Share your research with an international community of cardiothoracic surgery professionals. The Society is accepting scientific abstract submissions for its 55th Annual Meeting, to be held January 27-29, 2019, in San Diego, California.

Abstracts and surgical videos may be submitted in the categories of adult cardiac surgery, congenital heart surgery, general thoracic surgery, basic science research, critical care, quality improvement, geriatrics, and cardiothoracic surgery education.

Abstracts that address multidisciplinary approaches will be strong contenders for a Sunday program geared toward allied health.

All accepted abstracts are published in the official *Annual Meeting Abstract Book*, and corresponding manuscripts are to be submitted for publication consideration in *The Annals of Thoracic Surgery*.

Visit sts.org/abstracts to review the abstract submission instructions and policies and get started.

The submission deadline is Friday, August 24—more than 2 months later than in previous years, helping to ensure that the educational program will feature the most up-to-date information in the specialty. Details about late-breaking abstract submissions will be provided later this year.

If you have questions about abstract submission, contact the STS Education Department at education@sts.org. ■

STS/EACTS Latin America Cardiovascular Surgery Conference

November 15-17, 2018
Hilton Cartagena | Cartagena, Colombia
sts.org/latinamerica



Stay at the Forefront of Critical Care

Advance your knowledge of cardiovascular and thoracic (CVT) critical care at the 15th Annual Multidisciplinary Cardiovascular and Thoracic Critical Care Conference, October 4-6 in Washington, DC.

This 2.5-day conference was designed for the entire CVT critical care team and will cover the complex nature of CVT critical care, including the unique physiology, array of procedures, and potential complications pertaining to it. Leading experts will present new concepts, technologies, management protocols, and clinical experiences.

“Patients undergoing cardiothoracic surgery today are older and more complex, so there’s an increased risk of complications,” said course co-director Nevin M. Katz, MD. “We’ve developed many new tools to meet these challenges, so it’s important for the entire team to come together and learn how to best deploy these strategies for their patients.”



Attendees will gain hands-on experience with the latest critical care technologies.

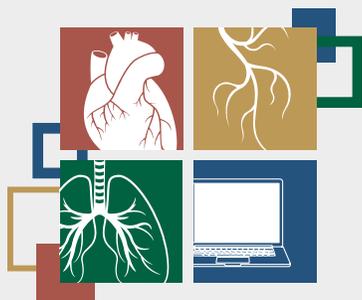
Some of the topics that will be covered at the conference include aortic emergencies, infections, extracorporeal membrane oxygenation, renal and gastrointestinal complications, respiratory support, neurologic issues, and coagulopathies.

Speakers will include a wide-ranging group of multidisciplinary health care

professionals, and attendees can look forward to panel discussions, abstract presentations, and hands-on breakout sessions.

“The ICU is the hub of patient care,” said course co-director Thomas E. MacGillivray, MD. “That’s where surgeons, advanced practice providers, nurses, pharmacists, respiratory therapists, perfusionists, and other consultants come together. The team-based approach is a central focus of this conference, and that’s why we’re encouraging all members of the team to attend.” ■

[View the full agenda and register for the meeting at sts.org/criticalcare](https://sts.org/criticalcare). Early bird rates will expire after September 5.



REGISTER YOUR TEAM FOR AQO MEETING

Registration and housing are now open for Advances in Quality & Outcomes: A Data Managers Meeting, September 26-28 in Hollywood, California. This popular annual event highlights what’s new with the STS

National Database and offers valuable educational sessions on evidence-based practice to improve outcomes, as well as important networking opportunities.

Two topics covered at this year’s meeting will be the specification upgrade for the General Thoracic Surgery Database (GTSD), which went into effect on July 1, as well as the specification upgrade for the Congenital Heart Surgery Database (CHSD), which will go into effect on January 1, 2019.

The schedule also has been modified so that the GTSD and CHSD sessions will be held on different days, and the Adult Cardiac Surgery Database (ACSD) session will be Thursday afternoon and all day on Friday. During the Thursday ACSD session, a new breakout on “Using Data to Drive Quality” will include updates about the STS InterMACs Database.

The AQO conference is designed for data managers of all experience levels. Primary data contacts and new data managers are strongly encouraged to attend. Surgeons also are urged to consider attending the conference along with their data managers. Don’t forget—attendees will receive free access to AQO Online for sessions corresponding to their registration! ■

[Register and reserve housing at sts.org/AQO](https://sts.org/AQO). Secure your spot by Wednesday, August 29, for early bird pricing; after this date, registration fees will increase by \$100.

Foster the Next Generation of Cardiothoracic Surgeons



2018 LTTF Scholarship recipients learned about the specialty at the STS Annual Meeting in Fort Lauderdale.

Help support the future of the specialty by encouraging general surgery residents and medical students interested in cardiothoracic surgery to apply for a 2019 STS Looking to the Future Scholarship.

Scholarship proceeds include complimentary registration for the STS 55th Annual Meeting and STS/AATS Tech-Con 2019 in San Diego, a 3-night stay at an STS-designated hotel, participation in exclusive events, an assigned mentor to help plan a schedule of educational programming and facilitate introductions, and reimbursement of up to \$500 in related travel expenses.

If you know of a general surgery resident or medical student who may qualify for an LTTF scholarship, encourage him or her to apply. You also can offer to write a letter of recommendation on the applicant's behalf. ■

Application details will be available at sts.org/lttf in mid-August. For more information, contact Rachel Pebworth, Affiliate Manager, Awards and Operations, at rpebworth@sts.org.



Funding research and education today to improve the practice of tomorrow



Apply for TSF Awards

Application submission is now open for a number of awards, fellowships, and scholarships from The Thoracic Surgery Foundation (TSF), the Society's charitable arm. Funding is available for research programs, educational fellowships, leadership courses, and surgical outreach missions.

Receiving a TSF award can be a springboard for your research career. Bo Yang, MD, PhD, an Assistant Professor of Cardiac Surgery at the University of Michigan, received a TSF Research Grant in 2015 for his work looking

at the effect of a certain growth factor mutation on myocardin-dependent smooth muscle differentiation. The funding helped him generate sufficient preliminary data to earn a National Institutes of Health K08 award in 2016 and an R01 grant this year. "The TSF's support was essential in helping me develop my academic career as a junior surgeon," Dr. Yang said. ■

Learn more at thoracicsurgeryfoundation.org/awards and submit your application by September 15.

The 2017 TSF Annual Report recently was released. Visit thoracicsurgeryfoundation.org/annual-reports to learn more.

Tap into the ‘Power and Depth’ of the STS National Database

Investigators hoping to gain quick access to the high-quality data available in the STS National Database are in luck—the Society’s Participant User File (PUF) Research Program provides an affordable means of obtaining such data and examining important research questions.

The PUF Program currently offers access to national de-identified data from all four components of the Database—the Adult Cardiac Surgery Database (ACSD), the General Thoracic Surgery Database (GTSD), the Congenital Heart Surgery Database, and—new—the Intermacs Database.

Data are analyzed within investigators’ institutions, and pricing is based upon the volume of data requested. Currently, the program is available exclusively to STS National Database participants.

Since the program’s inception in fall 2016, 52 submissions have been approved, resulting in 10 completed scientific abstracts or manuscripts so far, with many more in process.

Bradley S. Taylor, MD decided to take advantage of the PUF Program because it was an easy and straightforward process. “Once we received the data, we had the abstract written in 2 weeks,” he said.

Dr. Taylor’s abstract, which was presented at the Western Thoracic Surgical Association’s Annual Meeting in June, examined predictors of acute stroke after type A aortic dissection repair. The research used ACSD data on all

acute type A aortic dissection repairs performed from July 2011 to July 2017.

“The power and depth of this Database has only begun to be tapped, and the ease of this program and process has been enjoyable,” Dr. Taylor said. “I am impressed with the quality of the paper that we were able to write from our recent experience with the PUF Program.”

Malcolm M. DeCamp, MD had originally submitted a data request application via the STS Access &

Publications (A&P) process. Although most A&P projects are funded by the Society, his project was approved with the caveat that his site would have had to cover the cost of analytics by the Duke Clinical Research Institute, which was prohibitive.

When the PUF Program was launched, Dr. DeCamp changed the submission for his project, which required analysis of short-term outcomes for tracheal surgery, utilizing data from the GTSD on all patients aged 18 and older who underwent elective tracheal resection and reconstruction. The resulting abstract was presented at the STS Annual Meeting this past January.

Dr. DeCamp offered advice for surgeons looking to apply to the PUF Program.

“Understand the nuances of the Database—you may need data from different versions, and you’re limited to 30-day outcomes,” he said. “You’ll also need to ensure that you have a good biostatistical collaborator.”

Christina M. Vassileva, MD found that a major advantage of the PUF Program was

its speedy process. In her case, it took only a couple of weeks from when she submitted her proposal to when it was approved.

Her research, which also was presented at the STS Annual Meeting in January,

explored mitral valve repair versus replacement according to chordal preservation strategy for degenerative mitral valve disease in elderly patients. She used data from the ACSD on patients aged 70 and older who underwent either procedure.

“I find this program to be of tremendous value in disseminating scientific information from our most rigorous clinical registry,” Dr. Vassileva said. “The process ran very efficiently, and scientific feedback was offered to facilitate quality research using STS National Database data.” ■

“I find this program to be of tremendous value in disseminating scientific information from our most rigorous clinical registry.”

— *Christina M. Vassileva, MD*

[Learn more and submit an application at sts.org/puf](https://sts.org/puf). If you have questions, contact Robert Habib, Director of the STS Research Center, at rhabib@sts.org.

Gender Equity: Where Does CT Surgery Stand?

→ continued from page 2

sexual harassment and gender bias survey results are published, they will spark awareness of these widespread problems and aid in the process of changing attitudes. In addition, WTS will cosponsor a special session at the upcoming STS Annual Meeting in San Diego that will highlight these issues.

So in conclusion, the bad news is that—to no one’s surprise—sexual harassment and gender bias are realities in the world of cardiothoracic surgery, just as they are elsewhere in America and in other places around the world.

The good news? Our specialty is improving. There are more women in CT surgery than ever before and they are filling leadership roles both regionally and nationally. Ongoing steps are under way to raise awareness. The STS membership may not yet be entirely “woke” with regard to gender equity issues, but I am pleased to note that thanks to the age of #MeToo and other factors, we are now moving more quickly in the right direction. ■

STS Advocates Push for Residency Cap Increase, Access to Claims Data

Twenty-four STS members made their voices heard at the most recent STS Legislative Fly-In, held June 11-12 in Washington, DC.

After a dinner briefing on Monday evening, attendees spent Tuesday on Capitol Hill meeting with legislators and staff from 55 Congressional offices and urging action on five key priorities—increasing the cap on resident training slots, providing Qualified Clinical Data Registries such as the STS National Database with access to Medicare claims data, advancing research on women and lung cancer, enacting Medicare coverage of oral/dental care, and reauthorizing the Patient-Centered Outcomes Research Institute.

First-time participant Thomas K. Varghese Jr., MD, MS said that while he had some initial hesitation, he ended up having a positive, impactful experience.

“Despite all the rhetoric and vitriol that we hear on television, the pleasant surprise I found was that there are a lot of very

hard-working Americans on both sides of the aisle who share a commitment to enacting meaningful change,” he said. “At the end of the day, we all have the same goal of creating a healthier population and providing the best care for everyone throughout the country.”

Dr. Varghese noted that cardiothoracic surgeons—as stewards of public health—are well-suited to become involved in advocacy efforts.

“We’re on the front lines, so we see all the different factors that impact a patient’s health up close,” he said. “We need to build the relationships—even if we’re engaging with people who have different beliefs than we do—and have thoughtful discussions to find a common ground that can help the public at large.”

LEGISLATOR OF THE YEAR

During the Fly-In, STS presented Sen. Lamar Alexander (R-Tenn.) with the Legislator of the Year Award, celebrating his firm

commitment to issues impacting cardiothoracic surgeons and their patients.

In 2017, Sen. Alexander worked with Democratic leadership to advance policies supported by physicians. As Chairman of the Senate Committee on Health, Education, Labor, and Pensions, he collaborated with Sen. Patty Murray (D-Wash.) on a proposed plan to stabilize the Affordable Care Act’s insurance marketplaces. Sen. Alexander also helped spearhead the 21st Century Cures Act, which contained provisions to fund the National Institutes of Health, reduce opioid abuse, and advance medical research and development. It also included an STS-drafted definition about clinical registries. ■

To see a video of the award presentation, visit the STS YouTube Channel at youtube.com/ThoracicSurgeons. To see more photos from the Fly-In, visit sts.org/fly-in.



1

1 Sen. Lamar Alexander (third from left) received the Society’s Legislator of the Year Award.



2

2 Attendees networked at a briefing dinner the night before their Capitol Hill meetings.



3

3 Rep. Larry Bucshon, MD, a cardiothoracic surgeon, (third from left) spent time with Fly-In participants.

Read an exclusive Q&A with Sen. Lamar Alexander at sts.org/alexander.

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MARK YOUR CALENDAR

Upcoming STS Educational Events

**Advances in Quality &
Outcomes: A Data
Managers Meeting**

Hollywood, California

September 26-28, 2018

**15th Annual Multidisciplinary
Cardiovascular and Thoracic
Critical Care Conference**

Washington, DC

October 4-6, 2018

**STS/EACTS Latin America
Cardiovascular Surgery
Conference**

Cartagena, Colombia

November 15-17, 2018

**STS 55th Annual Meeting
& STS/AATS Tech-Con 2019**

San Diego, California

January 26-29, 2019

Find out more at
sts.org/meetings/live-courses.

Thank You!



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