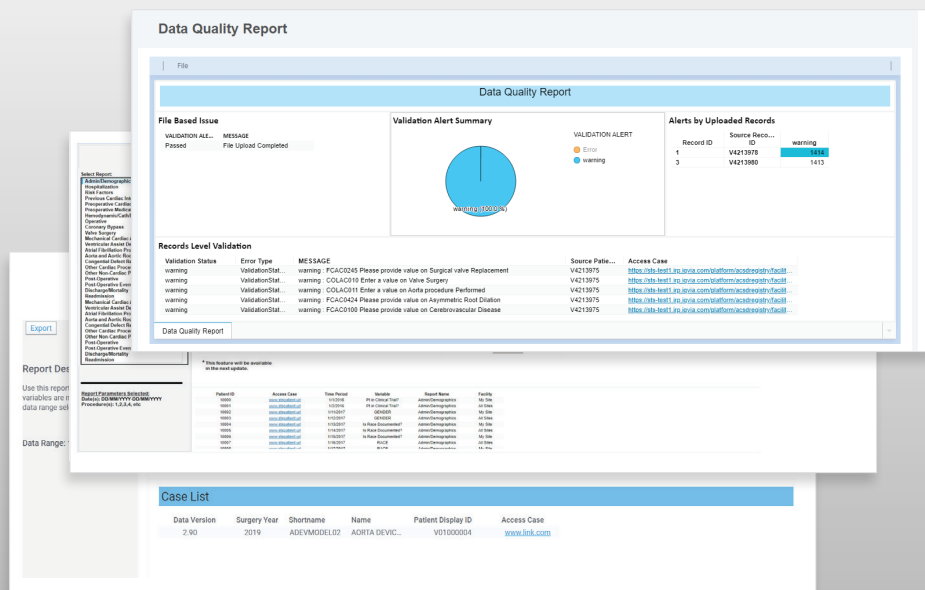


# STS News



“This is an exciting time for our specialty as we collectively strive to improve our experience, reduce data burden, and save time and resources, while maintaining a unified platform for surgical quality.”

Vinay Badhwar, MD



► New dashboards will enhance the way that participants interact with their data.

## Your Next Generation STS National Database Is Almost Here

Following months of extensive testing and feedback, the next generation STS National Database will launch in just a few weeks. Participants in the STS Adult Cardiac Surgery Database (ACSD), General Thoracic Surgery Database (GTSD), and Congenital Heart Surgery Database (CHSD) will soon have secure, cloud-based, interactive dashboards, with 24/7/365 access to their data.

“This release is the culmination of a deliberate initiative that began in 2017 to transform the STS National Database and provide our participants with a state-of-the-art, cloud-based platform,” said Felix G. Fernandez, MD, MSc, chair of the STS Workforce on National

Databases. “This has been a very thoughtful and thoroughly vetted process that was based on the needs of our participants; it will continue to evolve based on their feedback.”

The platform is powered by the Society's new data warehouse, IQVIA, a leading global provider of advanced technology solutions.

“The transition represents an evolution for all consumers of the STS National Database, especially users and participants,” said Vinay Badhwar, MD, chair of the STS Council on Quality, Research, and Patient Safety. “This is an exciting time for our specialty as we collectively strive to improve our experience,

reduce data burden, and save time and resources, while maintaining a unified platform for surgical quality.”

One way the user experience will be improved is by immediate feedback about potential errors. For example, data that are out of range will be flagged so that data managers can quickly make corrections. Users also can rapidly view high-level case details such as total cases, readmissions, and unadjusted mortality. Instead of waiting for a static PDF that is hundreds of pages long, participants will be able to easily sort data, conduct targeted searches, and download specific graphs or datasets.

►  
CONTINUED ON PAGE 6

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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# NEW ORLEANS

## Annual Meeting Provides Strategies to Enhance Patient Care

The STS Annual Meeting begins on January 25 in New Orleans, and it will feature one of the largest gatherings of cardiothoracic surgery professionals, exciting research, thought-provoking lectures, and collegial networking in the world.

"I enjoy going to the Annual Meeting every year for several reasons," said STS Secretary Joseph F. Sabik III, MD. "It's the best opportunity to hear about the latest science and innovative techniques that will help me take better care of my patients. It's also a great way to see people I've come to know over the course of my career—learning not just what they're doing professionally, but also personally."

If you haven't registered yet, you still have time to save \$100 off onsite pricing if you secure your spot by January 23. Onsite registration also is available.

### Plan Your Schedule

Before you arrive in New Orleans, view the educational program at [sts.org/annualmeeting](https://sts.org/annualmeeting) so you can build your calendar around "must attend" sessions. Whether you want an update on the latest low-risk transcatheter aortic valve replacement trials and what they mean for your practice, actionable strategies for solving tough surgical situations, or guidance on how to build a thoracic robotic surgery program at your institution, the Annual Meeting offers sessions on each of these topics—plus so much more.

**"The Annual Meeting is the best opportunity to hear about the latest science and innovative techniques that will help me take better care of my patients."**

Joseph F. Sabik III, MD

The educational lineup also includes sessions developed in conjunction with surgical societies from Canada and Europe, helping to ensure that the content reflects the realities of surgeons practicing in many different countries. STS and the Canadian Association of Thoracic Surgeons have developed a session looking at how approaches to surgery for advanced stage cancer differ between Canada and the United States. In addition, an STS and Canadian Society of Cardiac Surgeons session will outline how coronary surgery can evolve to improve patient outcomes.

Bicuspid aortic valve repair with aortic root aneurysm will be the focus of the STS/European Association for Cardio-Thoracic Surgery session, while "Getting Out of Trouble—Rescue Surgery after Common Nightmare Situations" will be offered in conjunction with the European Society of Thoracic Surgeons.



CONTINUED ON PAGE 16



## Member News



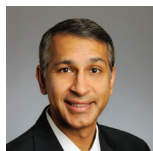
### Moffatt-Bruce Is Royal College CEO

**Susan D. Moffatt-Bruce, MD, PhD, MBA**, is the new chief executive officer of the Royal College of Physicians and Surgeons of Canada in Ottawa. Most recently, she was executive director of the University Hospital at The Ohio State University Wexner Medical Center in Columbus. Dr. Moffatt-Bruce is a member of the STS Standards and Ethics Committee, Workforce on Patient Safety, and *The Annals of Thoracic Surgery* Editorial Board. She has been an STS member since 2006.



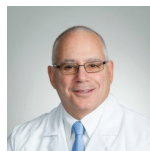
### Freeman Leads Team at Loyola

**Richard K. Freeman, MD, MBA**, is the new regional chief clinical officer of Loyola Medicine in Chicago. He also is a professor in the Department of Thoracic and Cardiovascular Surgery at Loyola University Chicago Stritch School of Medicine. Previously, Dr. Freeman was the system chief medical officer for St. Vincent Health in Indianapolis, Indiana. He serves on the STS Workforce on Media Relations and Communications and has been a member of the Society since 2002.



### Thourani Heads to Atlanta

**Vinod H. Thourani, MD**, has been appointed chief of cardiovascular surgery at Piedmont Healthcare's Marcus Heart and Vascular Center in Atlanta. Previously, he was chair of cardiac surgery at MedStar Heart & Vascular Institute in Washington, DC. Dr. Thourani is a director-at-large on the STS Board of Directors and chairs the Workforce on International Meetings. He has been a member of the Society since 2008.



### Quintessenza Returns to All Children's

In February, **James A. Quintessenza, MD**, will become the chief surgeon and co-director of the Heart Institute at Johns Hopkins All Children's Hospital in St. Petersburg, Florida. Currently, he is a professor of surgery at Cincinnati Children's Hospital Medical Center in Ohio and chief of pediatric cardiothoracic surgery at Kentucky Children's Hospital in Lexington as part of a regional collaborative program; prior to that, he had worked at All Children's for more than 2 decades. Dr. Quintessenza has been an STS member since 1993.



### Nguyen Moves Up at UTHealth

**Tom C. Nguyen, MD**, recently was promoted to chief of cardiac surgery at the McGovern Medical School at UTHealth, part of the Memorial Hermann Heart & Vascular Institute in Houston, Texas. He previously was an associate professor at McGovern. Dr. Nguyen serves on the STS Workforce on Media Relations and Communications and the Workforce on Annual Meeting Program Task Force and has been an STS member since 2013.



### Preventza Achieves Tenure at BCM

**Ourania A. Preventza, MD, MBA**, has been promoted to full professor of surgery with tenure at Baylor College of Medicine in Houston, Texas. She joined Baylor in September 2008. Dr. Preventza serves on the STS Workforce on Diversity and Inclusion, Workforce on Annual Meeting Program Task Force, and the STS/AATS Workforce on Health Policy, Reform, and Advocacy. She has been an STS member since 2005.



### Colditz Appointed to NIH Council

**Graham A. Colditz, MD, DrPH, MPH**, has been named to the National Institutes of Health (NIH) Council of Councils. The group advises the NIH director on emerging scientific opportunities, rising public health challenges, and knowledge gaps that deserve special emphasis. Dr. Colditz is the Niess-Gain Professor of Surgery and director of the Division of Public Health Sciences at Washington University School of Medicine in St. Louis. He serves as deputy editor for biostatistics for *The Annals of Thoracic Surgery* and has been an STS member since 2015.



### Bajona Directs Cardiac Surgery

**Pietro Bajona, MD, PhD**, is now the director of the hypertrophic cardiomyopathy center at Allegheny Health Network (AHN) in Pittsburgh, Pennsylvania, as well as director of the cardiac surgery division at AHN Forbes Hospital in Monroeville, Pennsylvania. Prior to this role, Dr. Bajona was surgical director of the hypertrophic cardiomyopathy program at The University of Texas Southwestern Medical Center in Dallas. He has been an STS member since 2015.



Additional Member News items are available online at [sts.org/membernews](https://sts.org/membernews).



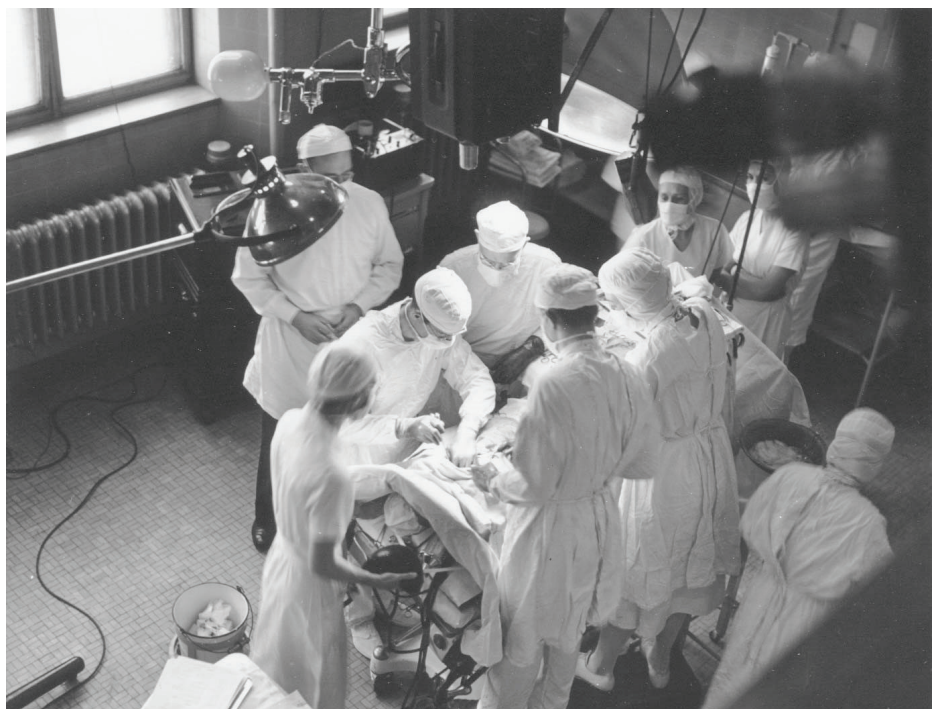
Send news about yourself or a colleague to [stsnews@sts.org](mailto:stsnews@sts.org). Submissions will be printed based on content, membership status, and space available.



# The Value and Impact of Collaboration

Robert S.D. Higgins, MD, MSHA

Collaborating on innovative and potentially lifesaving clinical interventions will amplify the impact of these efforts and create a lasting legacy.



► A courageous partnership between Vivien Thomas, a black carpenter's apprentice with a genius for surgery, and Alfred Blalock, a visionary white surgeon, made it possible to perform the first "blue baby operation" in 1944.

On November 29, 1944, Dr. Alfred Blalock and his associates, guided by the watchful eye of his steadfast laboratory assistant Vivien Thomas, performed the first “blue baby operation” on a tiny child named Eileen Saxon.

This frail 18-month-old with Tetralogy of Fallot benefited from an extraordinary team effort that included legends in surgery named William Longmire, Denton Cooley, and Helen Taussig, who collaborated and successfully created a shunt that increased blood flow to the lungs and initiated the dawn of a new era in cardiovascular care.

I recently had the good fortune to meet Hugh M. Edenburn, a 74-year-old patient of Drs. Blalock and Taussig who underwent the lifesaving Blalock-Taussig shunt procedure in 1945. Edenburn continues to thrive and demonstrate the extraordinary benefits from the surgical care that was born out of a remarkable collaboration between professionals dedicated to saving lives of those with heart disease.

Today, 75 years later, we have the opportunity to bask in the reflected glow of these extraordinary pioneers and watch millions of patients who have benefited from these groundbreaking efforts.

But it might not have happened if it were not for the courageous partnership between Thomas, a black carpenter's apprentice with a genius for surgery, and Dr. Blalock, a visionary white surgeon who chaired the Department of Surgery at Johns Hopkins. Blalock and Thomas played a key role in the innovation and pioneering efforts in these early years.

Thomas remained in the teaching laboratories to train residents, although he never attended medical school. After 30 years, he was honored with the title of Instructor Emeritus in Surgery at The Johns Hopkins Medical School. But it was Thomas's collaborative efforts with Dr. Blalock that unlocked the future of cardiovascular surgery. We recognize these efforts with pride and respect for what can be accomplished in even the most challenging of times.

### “Rough seas make strong sailors...”

It has been a privilege to serve STS members despite the many challenges we have faced—the transition to the IQVIA data warehouse, congenital heart surgery public reporting concerns, and 8% Medicare reimbursement cuts proposed for 2021. Yet, we are encouraged by the resolve of our surgeon leaders and senior staff and emboldened by the conviction to our mission and core values—Quality, Innovation, Professionalism, Inclusiveness, and Teamwork.

Over the past few months, STS has sponsored and directed several critically successful programs, including the Multidisciplinary Cardiovascular and Thoracic Critical Care Conference (September), a state-of-the-art forum to advance knowledge and bring expertise in critical care to participants; Advances in Quality & Outcomes: A Data Managers Meeting (October), enhanced training for our data managers; and the STS/EACTS Latin America Cardiovascular Surgery Conference (November) in Cancun, Mexico. This extraordinary collaborative effort with our valued colleagues from Europe addressed the latest developments and best practices in adult and congenital heart diseases. More than 300 participants benefited from an exciting program featuring a world-class international faculty. These programs have been directed towards improving patient care and preparing our cardiothoracic surgical workforce for the future.

We have now entered into a 5-year strategic partnership with EACTS focused on expanding our collaborative educational offerings and leveraging the power of our respective clinical data registries for quality improvement and research (see page 9).

### The Future of STS Is Our Next Generation

Critical to the success of our Society and our specialty will be a forward-looking approach to patient care and innovation as we work together to tackle the next big challenges. We must collaborate in the face of evolving patient care paradigms like transcatheter aortic and mitral valve procedures (TAVR and TMVR) and in fighting major reimbursement cuts proposed by CMS. We must continually modernize our STS National Database, embrace new



► STS President Robert S.D. Higgins, MD, MSHA (right), and EACTS Secretary General Domenico Pagano, MD, FRCS(C-Th), FESC, discussed future collaboration between the two associations at the STS/EACTS Latin America Cardiovascular Surgery Conference in Cancun.

educational and training approaches, and invest in the next generation of cardiothoracic surgery leaders.

On January 24, we will sponsor a new leadership course designed to help develop the next generation of leaders. Leadership Beyond the Operating Room for Early Career Surgeons will focus on core skills—managing people, managing finances, and managing yourself—with a business school-like curriculum for cardiothoracic surgeons in their first 8 years of practice.

We are hopeful that our collaborative investments in developing the next generation of surgeon leaders will pay extraordinary dividends, now and in the near future. It is clear that our horizons are brighter because collaborating on innovative and potentially lifesaving clinical interventions will amplify the impact of these efforts and create a lasting legacy.

It is the dawn of a New Era in Cardiothoracic Surgery at STS. We welcome your support, as the **Future Is Now!** ■

# “We’ve designed these dashboards to work the way that data managers and surgeons do.”

Jonathan Morris, MD

## Your Next Generation STS National Database Is Almost Here



CONTINUED FROM COVER

“Sometimes technology is imposed externally and you have to change everything to work with it. That’s the opposite of our approach,” said Jonathan Morris, MD, vice president and chief medical informatics officer, GM Healthcare Solutions, at IQVIA. “We’ve designed these dashboards to work the way that data managers and surgeons do.”

The new Database launch and subsequent updates will be an iterative process, so participants are encouraged to provide feedback at [STSDB@sts.org](mailto:STSDB@sts.org).

“Through engagement with surgeons and data managers, STS will be responsive to the needs of dashboard users,” Dr. Fernandez said. “A major strength of the IQVIA platform is that it provides a robust substrate for easily implementing enhancements to the dashboard reporting and other Database functions as they become available.”

### What’s Next?

The upcoming release of these dashboards is just the first milestone in the Database’s evolution.

This spring, ACSD participants will be able to access risk-adjusted outcomes data in their dashboards, while GTSD and CHSD participants will be able to do so in July. Also in July, the new specification upgrade for the ACSD will go live, with approximately 30% fewer data entry variables.

Work also is progressing on a project to dramatically expand the Database’s quality improvement and research capabilities. In November, the Society obtained socioeconomic data from the US Census and American Community Survey corresponding to records in the ACSD, GTSD, and CHSD. The data include information on income classification, education level, household crowding, deprivation score, and other details.

In addition, reoperation follow-up data have been derived by internally linking procedure records corresponding to the same patient within the entire Database. The Society also has been working with the Centers for Disease Control and Prevention to obtain National Death Index data.

These supplemental datasets should be available later in 2020 for research inquiries. ■



Find more details on the next generation Database at [sts.org/database](https://sts.org/database).



# STS National Database™

Trusted.  
Transformed.  
Real-Time.

In addition to the new look, feel, and functionality that you will experience with the next generation STS National Database, the Database logo also has a new look and tagline to match the excitement and significance of these improvements.

The tagline is a simple, powerful, and credible statement that quickly conveys the importance of the Database. Trusted, Transformed, Real-Time: trusted because it's built on a 30-year legacy of credibility; transformed because the advanced IQVIA platform gives the Database never-before-seen features, including customizable dashboards; and real-time because you will have highly secure, interactive, web-based access to your outcomes data.

To keep the excitement building and ensure that the message about the new Database breaks through the noise, updates about the phased-in launch and user stories will be shared in every way possible, including on our website ([sts.org/database](http://sts.org/database)), in our newsletters, and on our social media platforms.

We also are producing a video that will tell you more about the dramatic, practice-changing Database improvements coming throughout 2020. The full video will premiere at the STS Annual Meeting in New Orleans, but you can see a preview at [sts.org/database](http://sts.org/database).

▶▶  
See page 16 to learn more about  
the Annual Meeting.

## What Do You Think of the STS News Redesign?

The Society's flagship newsletter has a fresh new look. *STS News* has been revamped to provide an exciting reading experience, with a clean, modern design and an emphasis on visual content.

Each issue is now 20 pages, and important news stories, the President's Column, and Washington Scene have been given more prominence. New features have been added; look for arrows at the end of certain articles to find out how you can obtain more information online.

STS staff will continue modifying the design throughout the year, and your feedback is welcomed. Please share your thoughts at [stsnews@sts.org](mailto:stsnews@sts.org).



▶ *STS News* has undergone  
multiple redesigns in its  
25-year history.

## STS Invests in the Future of the Specialty



► The 2019 Looking to the Future Scholarship recipients enjoyed a full slate of educational sessions and networking events at the Annual Meeting in San Diego.

To ensure the specialty's continued success, those considering careers in cardiothoracic surgery should be identified early and nurtured through mentorship and education.

That's the rationale behind the Society's Looking to the Future (LTF) Scholarship Program, which provides funding for medical students and general surgery residents to attend the STS Annual Meeting. Sixty scholarships have been awarded for the 2020 meeting in New Orleans—bringing the grand total of scholarships provided since the program's inception in 2006 to more than 600.

"It seems that each year, our applicants are more intelligent, accomplished, and diverse than the previous year, and I think that reflects very well for the future of our specialty," said LTF Task Force Chair Elizabeth A. David, MD.

Scholarship recipients will attend specialized sessions covering the clinical and non-clinical aspects of cardiothoracic surgical careers, as well as other sessions of interest. Each scholarship winner also is paired with a surgeon mentor who can share insights on what it's like to be a cardiothoracic surgeon and advice for how to carve a path in the field.

"The dedicated time that the scholarship recipients spend with their mentors frequently results in lifelong relationships and can be helpful in residency applications, career planning, and counseling down the line," Dr. David said.

The program not only is beneficial for the recipients, but also for the future of cardiothoracic surgery as a whole.

"The LTF program has been a valuable means of increasing diversity in our specialty by recruiting the best and brightest students and residents, regardless of their current learning environment," Dr. David said.

## Database Professionals Gain Tools for Optimizing Data Collection

The 2019 Advances in Quality & Outcomes: A Data Managers Meeting, held in October in New Orleans, provided more than 500 attendees with strategies for improving data collection and, ultimately, patient outcomes. Speakers discussed all four components of the STS National Database, sharing details on coding and abstraction for specific procedures, results of the 2018 audits, best practices for presenting data to physicians and executives, and more.



► Attendees were able to test the new reporting dashboards under development.

In addition, attendees received a preview of the next generation Database. Representatives from the Society's new data warehouse, IQVIA, gave detailed presentations, answered questions, and provided hands-on demos of the new dashboards.

### SAVE THE DATE

The 2020 AQO meeting is scheduled for September 30–October 2 in Providence, Rhode Island.



View a list of the 2020 scholarship recipients at [sts.org/LTTF](https://sts.org/LTTF).



View more photos from the meeting at [sts.org/AQO2019](https://sts.org/AQO2019).

## Studies on Infective Endocarditis, Lung Cancer Surgery for the ‘Oldest Old’ Create Media Buzz

Research into the impact of substance use disorder on the risk of dying after valve surgery and the chances of 5-year survival for nonagenarians with early stage lung cancer were the subjects of two press releases issued by STS in the last quarter of 2019. The studies were published in *The Annals of Thoracic Surgery*.



Find more details on these important studies at [sts.org/media](https://sts.org/media).

### Substance Use Disorder Significantly Increases Risk of Death from Heart Infection

#### ► Researchers

Alyse G. Wurcel, MD, MS, and colleagues from Tufts Medical Center and Tufts University in Boston

#### ► Main finding

Patients who suffer from infective endocarditis (IE) and struggle with substance use disorder have a 240% increased risk of dying within 6 months to 5 years after valve surgery compared to other IE patients.

#### ► Featured in

Cardiology Today, HealthDay News, and Infectious Disease Advisor

### Surgery Provides ‘Oldest Old’ Lung Cancer Patients with Excellent 5-Year Survival

#### ► Researchers

Chi-Fu Jeffrey Yang, MD, and colleagues from Stanford University in California, Duke University Medical Center in Durham, North Carolina, and the VA Palo Alto Health Care System in California

#### ► Main finding

Many nonagenarians with stages I-IV non-small cell lung cancer do not receive therapy, but surgery in this population often is associated with better overall survival.

#### ► Featured in

Medical Xpress, Physicians Weekly, and Drugs.com

## STS, EACTS Launch New Strategic Collaboration



### 5-Year Strategic Partnership

STS and the European Association for Cardio-Thoracic Surgery (EACTS) have announced a 5-year strategic partnership focused on expanding collaborative educational offerings and leveraging the power of both organizations' respective clinical data registries for quality improvement and research.

The two associations share a commitment to professional excellence and improving the lives of patients with cardiothoracic diseases. In addition, STS and EACTS have a long history of collaboration. The extremely well-received 3rd Annual STS/EACTS Latin America Cardiovascular Surgery Conference brought together 300 people from 33 countries to participate in innovative educational sessions, lively discussions, and hands-on activities in Cancun, Mexico (see pages 12-13 for more details).

In 2020, the organizations are planning additional joint conferences in Latin America (Santiago, Chile and Rio de Janeiro, Brazil), as well as other collaborative programs. More information will be shared in the coming months.

## Ruel Honored by AHA



► (From left) Chair of the STS Workforce on Adult Cardiac and Vascular Surgery Pavan Atluri, MD, STS Canadian Director Marc Ruel, MD, MPH, and STS member Michael P. Fischbein, MD

At the American Heart Association Scientific Sessions 2019 in Philadelphia, STS Canadian Director Marc Ruel, MD, MPH, received the Distinguished Achievement Award from the AHA Council on Cardiovascular Surgery and Anesthesia. The award, which is given only once every 3 years, recognizes individuals who have made substantial professional contributions to the field.

## Highlights from ACS Clinical Congress

The Society and the specialty were well represented at the 2019 American College of Surgeons Clinical Congress. On Sunday, October 27, longtime STS member Valerie W. Rusch, MD, was installed as the College's 100th president. STS Past President Michael J. Mack, MD, gave the prestigious John H. Gibbon Jr. Lecture on Monday, October 28, presented in honor of the pioneering cardiothoracic surgeon who invented the heart-lung machine. Later that evening, the Society held a hands-on education course, Cardiothoracic Surgery in Your Future, to introduce medical students and general surgery residents to the specialty.

Finally, on Tuesday, October 29, STS member Devendra S. Saksena, MBBS, was presented with the ACS/Pfizer Surgical Humanitarian Award for his pioneering work establishing cardiothoracic surgery services in India and Africa.



► The cardiothoracic surgery programs launched by Devendra S. Saksena, MBBS (center), have reached millions of people who previously did not have access to cardiac operations.



► New ACS President Valerie W. Rusch, MD, is the vice chair of clinical research and holds the Miner Family Chair in Intrathoracic Cancers at Memorial Sloan Kettering Cancer Center in New York City.



► In his lecture, "Innovation: A Surgical Imperative," Michael J. Mack, MD, described several moments during his career when he had epiphanies about innovation—most recently with the advent of transcatheter aortic valve replacement.



► More than 90 Cardiothoracic Surgery in Your Future attendees received hands-on instruction in both cardiac (aortic valve replacement, vessel suturing, and mitral valve repair) and general thoracic (VATS lobectomy, esophageal anastomosis, and chest wall reconstruction/rib fixation) procedures and techniques.

# What Surgeons Need to Know about Financial Arrangements with Hospitals

**Frank L. Fazzalari, MD, MBA**

Chair, STS Workforce on Practice Management

Practicing cardiothoracic surgeons have multiple pathways for entering into formal financial arrangements with hospitals or health systems. The most common include physician employment agreements, medical directorships/co-management agreements, and professional service agreements. Understanding the intricacies of each pathway can help surgeons choose what will be most beneficial for their careers.

## Physician Employment

The most common situation in current cardiothoracic surgery practice in the United States is a physician employment agreement, or PEA. A majority of cardiothoracic surgeons today are hospital employed, whether it be in an academic setting, a community hospital, or a large, multi-hospital health system. In this scenario, individual surgeons enter into a contract with the hospital or, more specifically, a multi-specialty group that is part of the hospital system.

The major components of a PEA include the length of term, compensation methodology, provision of support personnel, responsibilities (clinical, administrative, teaching, research), restrictive covenants, and coverage of malpractice and practice expenses.

Contracts typically last from 1 to 5 years, and there often are provisions for automatic renewal based on satisfactory performance. It should be noted, however, that most contracts also have the ability for either party to withdraw with 90-day notice, generally without cause.

Compensation can be complicated, and there is no perfect method. Most contracts have a base salary, plus a bonus component related to productivity (such as Relative Value Units) and/or other benchmarks such as quality outcomes and administrative or academic performance. Restrictive covenants (also known as noncompete clauses) are almost always present and enforceable, so care must be taken to understand these upfront.

Although it can be expensive, surgeons may want to consult an experienced health care

attorney when negotiating a PEA. Good attorneys are skilled at understanding and negotiating the various subtleties of these contracts. Also, it may be useful to have someone on board early if issues should arise years later.

## Co-Management Arrangement

In a co-management arrangement, one physician out of a practice is hired and paid by the hospital to serve as a medical director of a particular service line. For example, a senior cardiologist from a private practice would serve as the cath lab director at a hospital and receive a stipend for that service. Typically, the individual will maintain a private clinical practice as well.

This is beneficial for the hospital because it automatically establishes a level of expertise in the management of the service line. Co-management arrangements are particularly useful for new service line development such as establishment of a transcatheter aortic valve replacement program or a minimally invasive surgery program. The medical director can assist in strategic planning and budgeting, value purchasing, and clinical protocol/pathway development.

## A majority of cardiothoracic surgeons today are hospital employed.

The stipend for this service (like all payments to physicians from hospitals) must be of fair market value, and work hours are usually formally documented. This is to ensure that neither party is violating federal regulations prohibiting the exchange of anything of value for referrals to a hospital that receives US taxpayer funding through the Centers for Medicare & Medicaid Services.

## Professional Service Arrangement

In a professional service arrangement (PSA), a group of private practice cardiothoracic surgeons would provide the spectrum of

cardiac and thoracic surgical care at a given hospital or health system. This would include 24/7 clinical coverage, medical directorship duties, and quality assurance. That group may or may not be the only group at that hospital, but it usually is exclusive.

The group still remains an independent private practice and may have arrangements with other independent hospitals in the area, depending on geography and terms of the agreement. The main advantage for the hospital is that the facility has stable quality coverage for a service line that it can then use to attract other high-quality physicians such as interventional cardiologists or pulmonary oncologists.

Usually in the PSA, the hospital will pay a management fee to the group, and then either the group will collect their own professional fees or the hospital bills for the professional services. Although the group still remains in private practice—with all the associated overhead costs—the PSA allows for a lot of freedom and flexibility without the restrictions of complete hospital employment. Since the group often represents the entire service line, it has significant bargaining power with the hospital. Terms of the arrangement typically are 1 year.

Regardless of the specific type of agreement, all hospitals generally want the same things: to be profitable, be the local market share leader, and boast a high-quality program. Hospitals also want to encourage a positive culture that attracts and retains the most talented physicians, nurses, and technicians—and therefore also attract the most patients for care. Cardiothoracic surgeons who can help deliver these goals will be the most successful. ■



View more practice management columns at [sts.org/practicemanagement](https://sts.org/practicemanagement).

# LatAm Conference Engages, Enlightens, Challenges

“I do believe that there will be innovation in transcatheter mitral valve repair. There will be a transcatheter recreation of the surgical tools we have for mitral repair, and mitral repair will remain the gold standard.”

Steven Bolling, MD



► (From left) Panelists Steven Bolling, MD, and Vinod H. Thourani, MD, shared their perspectives on how clinical practice may change going forward.

The third annual STS/EACTS Latin America Cardiovascular Surgery Conference attracted its largest audience yet—more than 300 cardiac surgeons, scholarship recipients, and industry representatives from 33 countries—to Cancun, Mexico, in late November.

The international faculty explored new developments and best practices in treating cardiac and congenital heart diseases and encouraged audience members to challenge the science and use the best treatment options possible for their patients.

One of the most engaging sessions of the 2.5-day conference was a rapid-fire presentation of recent trial data that had the potential to change clinical practice.

Program Director Joseph E. Bavaria, MD, moderated the session that explored more than a half-dozen studies, including the Tendyne Early Feasibility trial.

When Dr. Bavaria asked if Tendyne would change the gold standard from mitral valve repair to mitral valve replacement, panelist Steven Bolling, MD, replied: “Our fear was that as soon as we get a transcatheter mitral valve replacement that works well, we’ll get rid of the concept of mitral repair. If you remember 5 years ago, some believed that these transcatheter mitral replacement devices were going to suddenly take off. But they didn’t. However, I do believe that there will be innovation in transcatheter mitral valve repair. There will be a transcatheter recreation of the surgical tools we have for mitral repair, and mitral repair will remain the gold standard.”

Joseph F. Sabik III, MD, provided context for the ISCHEMIA trial, which concluded that watchful waiting combined with medical management was better than percutaneous coronary intervention or coronary artery bypass grafting for patients with stable angina.



► A session featuring rapid-fire presentation of recent trial data proved very popular.

“Despite the hundreds of millions of dollars that were spent on this study, it means very little for cardiac surgeons. The devil is in the details, and this trial included very few patients who were even eligible for surgery,” Dr. Sabik explained.

Panelists and audience members also discussed the MOMENTUM 3, PARTNER 3, RECOVERY, EVEREST II, and Evolut Low-Risk TAVR trials.

The final day of the conference featured hands-on activities, where the experts worked very closely with the attendees. Many of the participants were scholarship recipients. The Society’s charitable arm, The Thoracic Surgery Foundation, provided travel scholarships to 65 individuals who wouldn’t otherwise have been able to attend.

Dr. Bavaria, who was the impetus behind the Latin America conference along with Juan P. Umana, MD, said he was thrilled that the meeting continues to grow and provide knowledge to surgeons throughout Latin America. The first two conferences were held in Cartagena, Colombia. The fourth annual conference will be held in November 2020 in Santiago, Chile. ■



Photos from the conference are available in the Society’s flickr album at [sts.org/LatAmPhotos](https://sts.org/LatAmPhotos).

Videos of two keynote addresses are available on the STS Facebook page @[societyofthoracicsurgeons](https://www.facebook.com/societyofthoracicsurgeons).

## Fellowship Aims to Advance Women Surgeons

Through its charitable arm, The Thoracic Surgery Foundation (TSF), the Society provides awards that enable cardiothoracic surgeons to become better clinicians and researchers. Several of these awards are named in honor of cardiothoracic surgery leaders whose accomplishments significantly improved patient care.

One such honoree is Carolyn E. Reed, MD, who became the first woman to serve as STS treasurer, chair of the American Board of Thoracic Surgery, and president of the Southern Thoracic Surgical Association. She died in 2012 and was posthumously elected as STS's first female president.

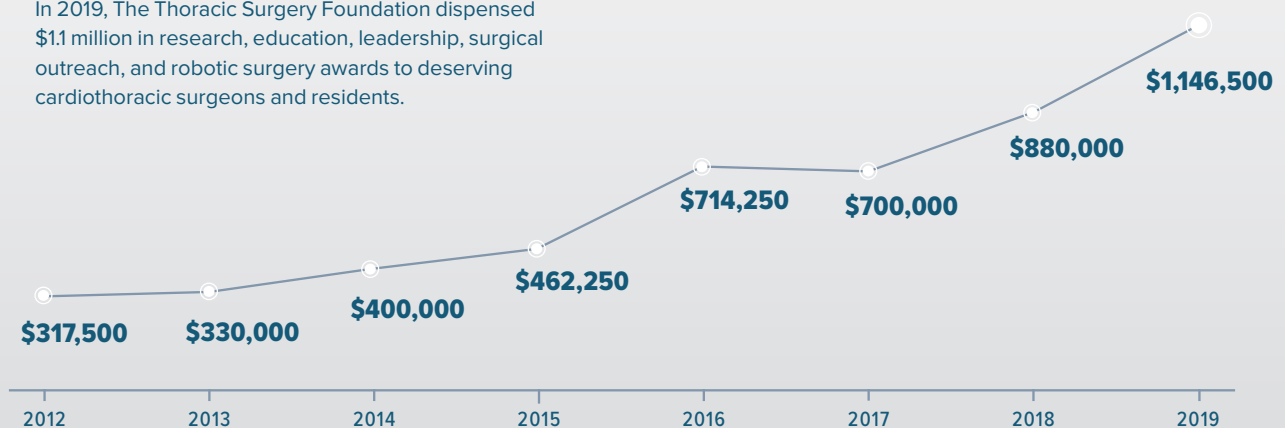
In 2013, TSF and Women in Thoracic Surgery jointly established the Carolyn E. Reed Traveling Fellowship. The award provides female cardiothoracic surgeons or residents with up to \$10,000 for visiting another institution and learning a new skill or technology.



► During her fellowship, Monisha Sudarshan, MD, MPH, FRCS, received a tour of the Nobel house on the Karolinska Institute campus.

### TSF Distributes \$1.1 Million in Awards

In 2019, The Thoracic Surgery Foundation dispensed \$1.1 million in research, education, leadership, surgical outreach, and robotic surgery awards to deserving cardiothoracic surgeons and residents.



Learn more about what TSF does and how you can donate at [thoracicsurgeryfoundation.org](https://thoracicsurgeryfoundation.org).

A dozen Reed fellowships have since been awarded, and recipients have traveled throughout the world to study esophageal disease, pectus excavatum, and more.

## Esophageal Disease Research

2019 fellowship recipient Monisha Sudarshan, MD, MPH, FRCSC, a thoracic surgeon at the Cleveland Clinic in Ohio, spent 3 weeks at the Karolinska Institute's Esophageal Disease Research Center in Stockholm, Sweden. She applied for the Reed fellowship with the goal of developing the skills necessary to assemble her own clinical epidemiology research group and conduct population health studies on esophageal disease.

While at the Karolinska Institute, Dr. Sudarshan worked with Jesper Lagergren, MD, PhD, who leads the Center, to assess her research ideas and strengthen her methodology. Dr. Sudarshan learned about assembling the right group of people, securing funding, writing successful research grants, the limitations of population studies, and developing a strong focus for her research group.

**“This experience will enable me to increase my productivity and impact as a surgeon-scientist in esophageal disease.”**

**Monisha Sudarshan, MD, MPH, FRCSC**

She also attended a database management course that provided tips on how to be an organized researcher, including how to effectively structure a database, minimize errors, and save time.

“I learned not only how to conduct a productive research team, but also formed opportunities for collaboration in the future,” Dr. Sudarshan said. “This experience will enable me to increase my productivity and impact as a surgeon-scientist in esophageal disease.”



► Fellowship recipient Crystal J. Erickson, MD (left center), with mentor Dawn Jaroszewski, MD, MBA (far left), and two fellow observing surgeons

## Pectus Excavatum Repair

Another 2019 fellowship recipient, Crystal J. Erickson, MD, spent a week training with Dawn Jaroszewski, MD, MBA, in pectus excavatum repair at the Mayo Clinic in Phoenix, Arizona.

“During my first 2 years of practice, I have seen a fair number of adult patients with pectus excavatum,” said Dr. Erickson, who is a cardiothoracic surgeon at UCHealth Memorial Hospital in Colorado Springs, Colorado.

“There is no one in my local community outside my own group who performs pectus repair in this patient population, so while I had some familiarity with this procedure from my fellowship training, I wanted to maximize my exposure of the entire evaluation and treatment process.”

She spent 2 days in the OR observing pectus cases, including Nuss bar removal, bar placement, and redo pectus repair, and then attended an educational course focusing on the Nuss procedure.

Dr. Erickson said the lessons learned during her Reed fellowship have already proved valuable for her practice.

“I’ve incorporated several of Dr. Jaroszewski’s techniques, including sternal elevation, bar sizing and bending, and bar stabilization,” she added.

Drs. Sudarshan and Erickson both encouraged their fellow women surgeons to apply for the Reed fellowship and advance their careers.

“The Reed award is an incredible opportunity to learn a new skill, meet a leader in cardiothoracic surgery, and spend meaningful time immersed in another environment to further one’s academic and clinical career path,” Dr. Sudarshan said. ■

## NEW ORLEANS CONTINUED FROM PAGE 2



► When the day's educational sessions are complete, enjoy a mix of history, adventure, and culture found only in New Orleans.

### Explore NOLA

Although the main reason you'll be in New Orleans is for the education, make sure you also take advantage of the history, food, music, and more that the Crescent City has to offer. The city's multicultural heritage is reflected in its architecture—everything from Creole cottages and shotgun houses to Southern mansions and ornate cathedrals. Stroll through the lively French Quarter, stately Garden District, or bohemian Marigny on your own, or book a professional tour. If you're hungry after all that touring, indulge in the area's signature dishes, including jambalaya, crawfish etouffee, gumbo, red beans and rice, po' boy sandwiches, muffulettas, and, of course, beignets. Favorites include Bourbon House, GW Fins, Red Fish Grill, Commander's Palace, Mr. B's Bistro, Central Grocery & Deli, and Café Du Monde.

And while you often can come across outstanding musicians on street corners, check out the Spotted Cat Music Club or Preservation Hall for soulful jazz.

## Add Tech-Con to Your Meeting Itinerary

Prepare yourself for game-changing cardiothoracic surgery technologies by attending Tech-Con on Saturday, January 25 in New Orleans. **New for 2020:** Tech-Con is a ticketed session and will offer the option to claim CME credit. Exciting additions to the program include two Lunch and Learn sessions, during which industry experts and surgeon moderators will discuss the latest products and technology. Tech-Con will conclude with a keynote lecture by innovation expert Mark S. Cohen, MD, the always popular Shark Tank presentations, and a cocktail and networking reception in the exhibit area.

## Hone Your Skills at STS University



► Attendees can practice specific surgical techniques in an intimate environment.

If you want to learn a new surgical procedure or perfect your skills, add an STS University course to your Annual Meeting registration. These ticketed sessions provide hands-on experience that you can take back home and apply in your practice.

"STS University offers an opportunity to interact with internationally known experts and gain confidence with the various techniques," said STS University Task Force Co-Chair Ahmet Kilic, MD.

Each of the courses below will be offered twice on Saturday morning, January 25. View descriptions of each course at [sts.org/stsuniversity](https://sts.org/stsuniversity).

#### COURSE 1

##### VATS Lobectomy

#### COURSE 2

##### Complex Chest Wall Issues for the Thoracic Surgeon: Reconstruction after Tumor Resection, Pectus Deformities, and Rib Fractures

#### COURSE 3

##### Robotic Lobectomy

#### COURSE 4

##### Aortic Root Enlargement Procedures and Aortic Valve Leaflet Reconstruction

#### COURSE 5

##### ECMO Cannulation **NEW!**

#### COURSE 6

##### Essentials of TAVR

#### COURSE 7

##### Mitral Valve Repair

#### COURSE 8

##### Valve-Sparing Aortic Root Replacement—Reimplantation

#### COURSE 9

##### Minimally Invasive Aortic and Mitral Surgery

#### COURSE 10

##### Transseptal Puncture for Surgeons



Don't wait: Join your colleagues in the Big Easy by registering at [sts.org/annualmeeting](https://sts.org/annualmeeting).

## Don't Miss These Inspiring Keynote Lectures

New this year, the Annual Meeting will feature a third keynote lecture to complement the existing Ferguson and Lillehei Lectures. The Vivien T. Thomas Lecture will honor the surgical technician who worked with Alfred Blalock, MD, and pioneered the anastomosis of the subclavian artery to the pulmonary artery, among other accomplishments.



### Vivien T. Thomas Lecture

**Clyde W. Yancy, MD**

Sunday, Jan. 26, 3:30 p.m.



### Thomas B. Ferguson Lecture

**Domenico Pagano, MD, FRCS(C-Th), FETCS**

Monday, Jan. 27, 4:00 p.m.



### C. Walton Lillehei Lecture

**Bartley P. Griffith, MD**

Tuesday, Jan. 28, 9:45 a.m.

## Residents Battle for Jeopardy Championship Title

Don't miss the exciting Jeopardy Championship at the Annual Meeting, modeled after the popular television game show. The competition will feature cardiothoracic surgery residents from the University of Michigan and Deutsches Herzzentrum Berlin showing off their knowledge of the Thoracic Surgical Curriculum. The winners will receive a cash prize and international bragging rights. Stop by the Exhibit Hall at 4:45 p.m. on Sunday, January 26 to cheer on your favorite team.



► STS Jeopardy Task Force Chair Nahush A. Mokadam, MD (far left), and host Robert J. Cerfolio, MD, MBA (far right), with the North American Jeopardy winners Alexander A. Brescia, MD, MSc (left center), and Curtis Bergquist, MD.



► Host A. Pieter Kappetein, MD, PhD (center), with European Jeopardy winners Jaime-Jürgen Eulert-Grehn, MD (left), and Mir Timo Nazari-Shafti, MD.

## Thank You!

The Society of Thoracic Surgeons gratefully acknowledges the following companies for providing educational grants for the STS 56th Annual Meeting.

This list is accurate as of January 3, 2020.

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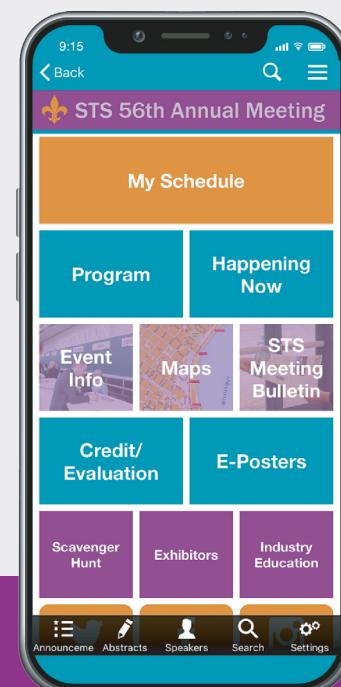
### Features include:

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- Compatible with iOS and Android mobile devices



Download the STS Events app by scanning the QR code to the left or visiting [sts.org/mobileapp](https://sts.org/mobileapp) now.

The 2020 event app is supported by Medtronic.



## STS Members Mobilize to Fight Reimbursement Cuts

The Society is pursuing all possible legal and legislative options to reverse cardiothoracic surgery payment cuts in the Physician Fee Schedule that the Centers for Medicare & Medicaid Services (CMS) finalized for 2021.

The fee schedule calls for reimbursement cuts of up to 8% for cardiothoracic surgery procedures. Cuts of this magnitude represent a very real threat to the financial viability of cardiothoracic surgeons' clinical practices and, more importantly, could limit patient access to care.

**It is critically important that legislators hear from STS members about why reversing these reimbursement cuts is essential to providing high-quality patient care.**

### What's Behind the Cuts

In 2018, CMS began an effort to update the structure and valuation of office/outpatient evaluation and management (E/M) codes. Codes for E/M office visits cover everything from checkups to chronic disease management and typically are billed by primary care providers. A large number of E/M services provided by cardiothoracic surgeons traditionally are embedded in reimbursement for "global" procedures.

CMS claimed its revisions to the E/M codes would decrease administrative burden and increase reimbursement for physicians who most commonly provide these services. The agency also sought to create add-on codes that would further increase reimbursement for E/M visits that required additional time and complexity for primary care services and other non-procedural specialty care.

In the final Physician Fee Schedule, however, CMS increased reimbursement for E/M office visits *without* applying the same updates to postoperative visits that are bundled into global surgical payments. Because there is a set pool of money for Medicare payments, an increase to one type of service (E/M office visits) mandates cuts for other services—in this case, global surgical payments.

When asked, CMS provided no insight as to how it could justify cuts of up to 8% for cardiothoracic surgery. In fact, CMS indicated that it may further cut payments for cardiothoracic surgery by upwards of 20%, based on reports produced by the research firm RAND Corporation.



Visit [sts.org/globals](https://sts.org/globals) for additional resources and information.

### Cuts Continue Trend of Declining Reimbursement

These current reductions are even more substantial when viewed within the historical perspective of cardiothoracic surgery reimbursement over the past few decades.

Medicare reimbursement for the specialty has dropped precipitously since the late 1980s and institution of the resource-based relative value scale in the early 1990s. The practice of cardiothoracic surgery also has changed considerably since that time; the hospital employment rate among cardiothoracic surgeons is higher, self-reported physician burnout is higher, and recruiting new cardiothoracic surgeons is more challenging. The decline in reimbursement has been blamed, at least partially, for these changes.

CMS has attempted to reduce reimbursement for global surgical payments before. In 2014, when the agency was actively promoting bundled payments across all of medicine, it simultaneously proposed to change all 10- and 90-day global codes to 0-day global codes and require that surgeons bill separately for each individual postoperative visit they perform. CMS argued that surgeons were not actually providing the postoperative visits that are built into the global period.

STS joined with surgical organizations to oppose this change and helped persuade Congress to pass a law prohibiting CMS from changing reimbursement for global surgical services without adequate information on the number and level of postoperative visits being performed.

## How You Can Help

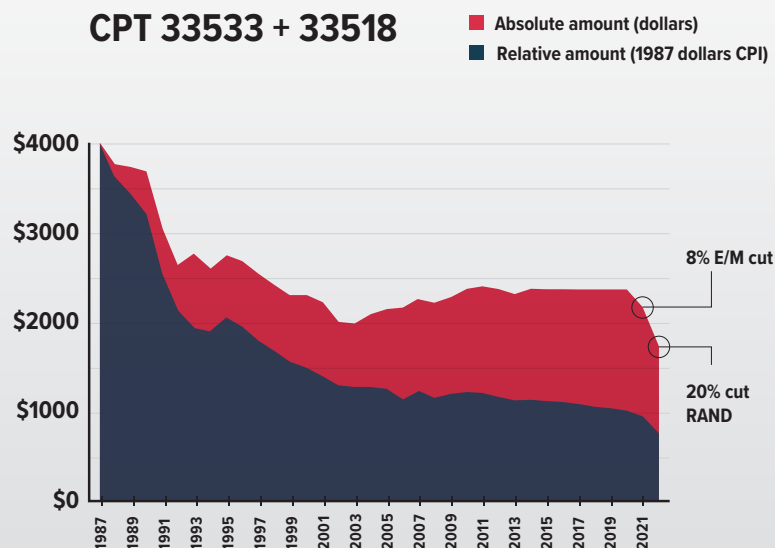
STS is actively communicating with Congressional allies and other medical/surgical specialties impacted by this latest CMS policy. All possible angles will be explored, including legislation that could mandate equitable payment updates or add more money to the Medicare program.

In addition, it is critically important that legislators hear from STS members about why reversing these reimbursement cuts is essential to providing high-quality patient care. See the sidebar for information on how you can become involved. ■

### ► What's at Stake

Under the final Medicare Physician Fee Schedule for 2021, cardiothoracic surgeons would see reimbursement for certain services such as coronary artery bypass grafting surgery fall by up to 8%—continuing a trend of declining reimbursement since the late 1980s. Payments could decline by up to 20% more if changes proposed by the RAND Corporation also are implemented by CMS.

### CPT 33533 + 33518



## Take Action Now

Encourage your legislators to reverse these reimbursement cuts! STS can help you with scheduling and provide briefing materials.



**Schedule** a phone call with your representatives or members of their health care teams to provide details on how these cuts may impact patient care.



**Sit down** with your lawmakers at their district offices and discuss potential legislative solutions that they can support.



**Invite** your legislators to visit your workplace and show them the value of the services that you and your team provide. Once scrubbed in, it's impossible to ignore your message.

Contact [advocacy@sts.org](mailto:advocacy@sts.org) for more information and assistance.

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# Mark Your Calendar

## Upcoming STS Educational Events

### ► Leadership Beyond the Operating Room for Early Career Surgeons

New Orleans, Louisiana · Jan. 24, 2020

### ► STS Coding Workshop

New Orleans, Louisiana · Jan. 24-25, 2020

### ► STS 56th Annual Meeting

New Orleans, Louisiana · Jan. 25-28, 2020

### ► STS/ELSO ECMO Management Symposium

Houston, Texas · Mar. 12-14, 2020

### ► Workshop on Robotic Thoracic Surgery

Atlanta, Georgia · May 13-15, 2020

### ► Workshop on Robotic Cardiac Surgery

Atlanta, Georgia · May 28-29, 2020

### ► Advanced Coronary Surgery Congress

Ottawa, Canada · Jun. 13-14, 2020

### ► 17th Annual Multidisciplinary Cardiovascular and Thoracic Critical Care Conference

Austin, Texas · Sept. 24-26, 2020

### ► Advances in Quality & Outcomes: A Data Managers Meeting

Providence, Rhode Island · Sept. 30-Oct 2, 2020

### ► STS/EACTS/ESTS Latin American Thoracic Surgery Conference

Rio de Janeiro, Brazil · Nov. 13-14, 2020

### ► STS/EACTS Latin American Cardiac Surgery Conference

Santiago, Chile · Nov. 19-21, 2020

► Find out more at [sts.org/meetings](http://sts.org/meetings).

# Thank You, Medtronic!

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