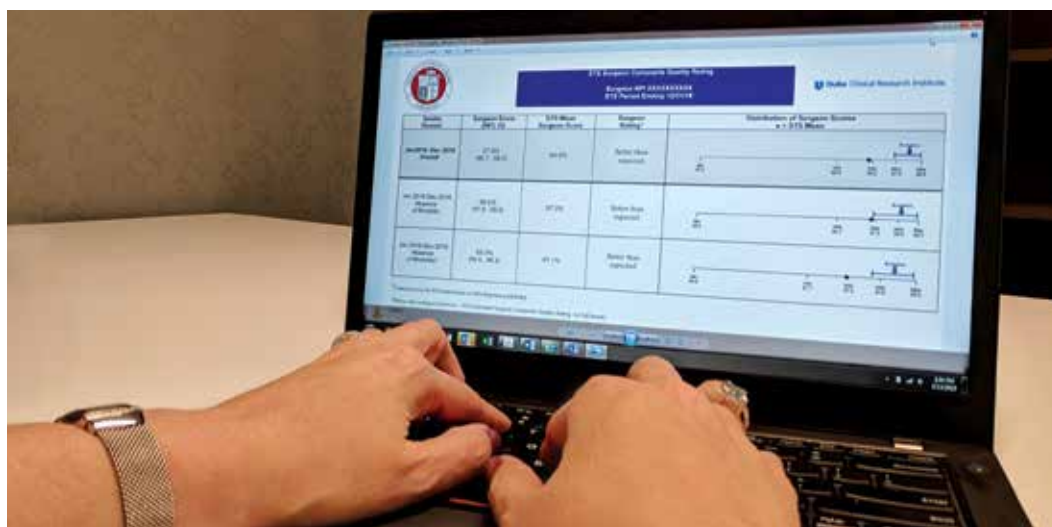


Cardiac Surgeons Can Request Personal Performance Data from STS



The Society is offering a new opportunity for self-assessment and quality improvement in cardiothoracic surgery—surgeon-specific outcomes reports from the Adult Cardiac Surgery Database (ACSD). For those who opt in, these reports will be available beginning in fall 2019 and will include data on coronary artery bypass grafting (CABG), aortic valve replacement (AVR), CABG+AVR, mitral valve repair and replacement (MVRR), and CABG+MVRR.

“We spent several years developing the methodologies that will most accurately reflect surgeon performance,” explained David M. Shahian, MD, Chair of the STS Task Force on Quality Measurement who has been involved with the STS National Database since its launch in 1989 and most recently chaired the STS Council on Quality, Research, and Patient Safety. “The composite measure is very complex and includes

outcomes data from five surgical procedures over a 3-year period, both risk-adjusted mortality and risk-adjusted morbidity. Because of the multiple procedures, multiple endpoints, and multiple years of data, the reliability of this measure is actually the highest we’ve ever had. We feel very comfortable that it is a good reflection of surgeon performance.”

The reliability of this measure is actually the highest we’ve ever had. We feel very comfortable that it is a good reflection of surgeon performance.

—David M. Shahian, MD

To avoid confusion with the hospital or group-level reports, the surgeon-specific feedback reports will not use the term “star ratings”;

instead, overall performance will be categorized descriptively—as expected for the participating surgeon’s case mix during the relevant time period, better than expected for the surgeon’s case mix during the relevant time period, or worse than expected for the surgeon’s case mix during the relevant time period.

continued on page 6 →

New Officers, Directors Elected

New STS officers and directors were elected during the Annual Membership (Business) Meeting on Monday, January 28, at the 55th Annual Meeting in San Diego.

The membership elected **Robert S.D. Higgins, MD, MSHA** as STS President for 2019-2020.

Additionally, **Joseph A. Dearani, MD** was elected First Vice President, and **Sean C. Grondin, MD, MPH, FRCSC** was elected Second Vice President.

The following also were elected or reelected by the STS voting membership at the Annual Meeting:

SECRETARY

Joseph F. Sabik III, MD

TREASURER

Thomas E. MacGillivray, MD

DIRECTORS-AT-LARGE

Leah M. Backhus, MD

Ara A. Vaporciyan, MD

INTERNATIONAL DIRECTOR

Alan D.L. Sihoe, MD, MA, FRCSEd

CANADIAN DIRECTOR

Marc Ruel, MD, MPH

RESIDENT DIRECTOR

Andrew B. Goldstone, MD, PhD

STS Annual Meeting Recap and Photos

See pages 10-13.



An Epoch of Belief

Robert S.D. Higgins, MD, MSHA

“It was the best of times, it was the worst of times ...”

This is the opening line of Charles Dickens's *A Tale of Two Cities*, a celebrated novel about the French Revolution that describes a tumultuous time of highs and lows—not unlike our current time in cardiothoracic medicine.

Notwithstanding this tumult, I am honored to have been elected this year as the Society's 55th President. Words are inadequate to express my appreciation for all of the support I have received from former partners and trainees, mentors, and colleagues. In my career, this certainly is a capstone accomplishment that warrants pride and appreciation for the opportunities to serve STS members. In my opinion, it is the best of times!

The Society is an extraordinary organization that has impacted so many people in the cardiac, general thoracic, and congenital heart communities. Through the efforts of cardiothoracic surgeons as members and leaders of multidisciplinary teams across the world, we have been responsible for treating and often saving millions of lives. Atherosclerotic heart disease and lung cancer are among the most lethal conditions in the western world, and STS members have helped to significantly reduce morbidity and mortality related to these diseases, in part through quality assessment and process improvement from participation in the STS National Database.

Since 1989, the Database—the Society's crown jewel—has evolved into the premier clinical outcomes registry in cardiothoracic surgery and, arguably, in all of medicine. It recently was recognized by The Joint Commission and the National Quality Forum with the John M. Eisenberg Patient Safety and Quality Award for being a champion of quality improvement initiatives to provide safe, high-quality care (see page 9).

Despite these remarkable accomplishments and accolades, we recognize that there are opportunities to enhance and optimize the current Database experience for our participants.

Our goal is to continue assessing the foundations of appropriate risk-adjusted performance measurement while enhancing participant satisfaction, reducing data entry burden, and maximizing Database utilization and ease of use.

We anticipate data element reduction (without eliminating important data components), engagement with EHR platforms to facilitate the automation of data extraction, and the creation of readily accessible dashboards for easy access and “real-time reporting.” We know that these efforts can happen only with concerted efforts using new “natural language processing” to facilitate extraction from state-of-the-art, cloud-based technologies. We are actively exploring an enhanced data warehousing relationship and recruitment of a staff informatics manager to guide these activities.

“It was the age of wisdom, it was the age of foolishness ...”

In his 2002 STS Presidential Address, Dr. Mark Orringer described the contributions of the STS National Database to improving patient care. He also focused on the value that the Database provides when the Relative Value Unit Committee (RUC) evaluates fee structures and decides on reimbursement. He provided an example of how data helped positively influence financial decisions in a time of budget constraints: “Our STS representatives, armed with credible ‘compelling evidence’ ... recommended increasing cardiac surgery fees ... [and] substantial reimbursement for pulmonary and esophageal resections and other general thoracic operations. ... These data ‘won the day’ for the entire specialty.”

That was then and this is now, but—without fail—data derived from Database participation continue to save lives and help lawmakers make decisions that favor cardiothoracic surgeons.

But we can't do this without the undivided support of the membership and our national cardiothoracic surgical leadership.

We recognize that there are opportunities to enhance and optimize the current Database experience for our members.

It would be “foolish” for another database initiative by any organization to compete with our current highly regarded efforts. We welcome and encourage those who are not

satisfied with our current database to join our efforts in improving and optimizing it. We need every hand on deck – join the effort!

“It was the epoch of belief ...”

I am optimistic as we move forward into this new year. There is much to appreciate and be thankful for. Since the decision to become a self-managed organization, STS has enjoyed unparalleled success in part because of the conviction and efforts of our volunteer leaders and staff. Our profession has been fortunate to have had outstanding administrative leadership for nearly 2 decades from Executive Director & General Counsel Rob Wynbrandt. We thank Rob for his leadership and commitment.

And now we herald the start of a new era with the selection of Elaine Weiss as CEO/Executive Director (see page 4). With her extremely impressive background and experience, she will make a real contribution to the Society, and we look forward to her arrival on April 15.

We have many important mission critical issues on our plate—optimization of the Database, public reporting, onboarding a new executive director, and so many other important opportunities. Please join us in this renaissance journey as we honor our illustrious past and create a new and sustainable future!

With our membership, volunteer leaders, and staff engaged to direct our future, I am optimistic that it will be the best of times! ■

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

IN THIS ISSUE

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One of the first concepts that a newly minted cardiothoracic surgeon learns from experience is that excellent patient care in our field is a "team sport".

In this installment of STS News, Dr. Walter Merrill nicely outlines how we can lead by example to improve the function of our patient care teams.

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

A Systems Approach Can Improve Surgical Outcomes and Patient Safety

Walter H. Merrill, MD

Senior Associate Chief of Staff, Vanderbilt University Hospital, Nashville, Tenn.

Good surgical skills combined with a high level of team performance are key to achieving low mortality rates. In order to achieve that high performance, you need to take a systems approach—optimizing the working environment, paying attention to equipment design and function, understanding the subtleties of decision-making in a dynamic and often fluid situation, and enhancing team communication.

WHY DO TEAMS MATTER?

The typical approach to health care safety focuses almost exclusively on ensuring that individuals do not make mistakes. This places most, if not all, of the blame for a less-than-perfect result on an individual; however, the latent conditions for failure reside in the work environment. Thus, the burden of responsibility ultimately lies within the entire system—not on the individual practitioner.

Our current system of fragmented care and gaps in continuity cannot be overcome simply by working harder. We must introduce systems of care that align and coordinate the efforts of everyone involved, doing so in such a manner that facilitates the personal aspects of patient care rather than separating us from them.

HOW SURGEONS CAN ENACT CHANGE

Most busy surgeons do not have sufficient discretionary time that can be devoted to major systems design in their hospitals. We can, however, "lead from behind" by setting an example in our own practices and sharing what we learn with others.

The strategies that I have learned to incorporate include:

- Identifying and correcting all errors, even the near-misses.
- Using task reminders or checklists for routine, repetitive procedures. Team training and checklist usage decrease delayed starts, case length, and turnaround times.
- Insisting on formal sign-outs of patients at shift changes.
- Including and improving upon formal briefings and debriefings for every operation. Preoperative briefings have been shown to increase job satisfaction.
- Encouraging "stop the line" communication in which every member of the team is empowered to speak up if they see something that appears out of the ordinary. This is one of the most effective tools that I have learned to incorporate.

These steps help to ensure that team members are confident about what is expected of them. In addition, surgeons who encourage communication in the operating room and elsewhere can gain knowledge and experience unique vantage points, which are critical for good decision-making.

I encourage you to start implementing these systems-based strategies today for better results in the near future. ■

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

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Elaine Weiss Named CEO/Executive Director of The Society of Thoracic Surgeons

Since 2002, this column has been used to feature thoughts and insights from the STS Executive Director on recent Society accomplishments, current activities, and plans for the future. In this issue, the column is dedicated to a changing of the guard.

STS has hired Elaine Weiss, JD as its Chief Executive Officer/Executive Director effective April 15, 2019. She replaces Robert A. Wynbrandt, JD, who retired on March 15 after more than 30 years with the Society—17 years as Executive Director & General Counsel and 15 years as outside legal counsel before STS became a self-managed organization in 2002.

“When we formed the search committee last year, we knew we had some big shoes to fill, given the success of our organization under Rob Wynbrandt,” said STS President Robert S.D. Higgins, MD, MSHA, 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. “We unanimously chose Elaine Weiss for her experience, intelligence, dynamic personality, and exceptional track record in the health care arena. We are honored and privileged that she will help lead STS into the future.”

Weiss joins the Society’s staff after many years in the professional association space. Most recently, she was the Executive Director and CEO of the American Academy of Dermatology; she previously served as the CEO of the Illinois CPA Society and as an Associate Executive Director of the American Bar Association.

“I am honored to inherit this position after Rob’s long and successful tenure,” said Weiss. “The health care environment is undergoing seismic changes. I am excited to work with STS surgeon leaders and staff to understand how these changes impact



cardiothoracic surgeons and the patients they serve. My professional background in health care policy and association management provides me with the interest, experience, and enthusiasm to ensure that STS continues helping members navigate the rapidly changing health care landscape.”

Weiss has a deep understanding of health care from both the clinical and administrative perspectives. In 1993, she was appointed by President Bill Clinton to serve as Midwest Regional Director for the United States Department of Health & Human Services. In this position, Weiss represented the Administration on all health care policy matters

and liaised with Midwest governors, mayors, congressional delegations, special interest groups, and the public.

This experience will be important as STS continues its work promoting better patient access to lung cancer screening, addressing the impact of electronic health records on the specialty, and easing a projected shortage of cardiothoracic surgeons. She also will be valuable as the Society enhances the STS National Database—already considered the gold standard among clinical outcomes registries—and supports legislative and regulatory efforts that will allow data from

clinical registries and Medicare claims to be combined for outcomes-based research that may lead to improved health care quality and cost-effectiveness.

“Elaine has been a successful and respected leader throughout her career, and she has made positive contributions to every organization in which she has served,” added Dr. Higgins. “Her health advocacy, administrative experience, and legal background will be instrumental in helping STS advance the cardiothoracic surgery profession and improve care for our patients.”

Weiss holds a bachelor of science degree from Northwestern University’s Medill School of Journalism and a juris doctorate from the National Law Center at George Washington University.

She is passionate both inside and outside the office. Weiss is a news junkie, a diehard Cubs fan, loves cooking and entertaining, and is an exuberant dog lover, caring for two 80-pound goldendoodles.

She and her husband, Larry Greenberg, have a blended family with five sons ranging in age from 22 to 31.

To contact Elaine Weiss, email her at eweiss@sts.org. ■

My professional background in health care policy and association management provides me with the interest, experience, and enthusiasm to ensure that STS continues helping members navigate the rapidly changing health care landscape.

—Elaine Weiss, JD

Member News



COLSON SELECTED AS CHIEF

Yolonda L. Colson, MD, PhD has been named Chief of Thoracic Surgery at Massachusetts General Hospital in Boston. Previously, she was the Associate Administrative Chief for Thoracic Surgery at Brigham and Women's Hospital, also in Boston. Dr. Colson has been an STS member since 2003.



YOUDELMAN APPOINTED DIRECTOR

Benjamin A. Youdelman, MD is now the Director of Thoracic Aortic Surgery at Maimonides Medical Center in Brooklyn, New York, as well as Co-Director of the Heart and Vascular Institute's Aortic Center. Previously, he was in private practice in Neptune City, New Jersey. Dr. Youdelman has been an STS member since 2004.



LAMELAS HEADS TO MIAMI

Joseph Lamelas, MD has been appointed Chief of Cardiothoracic Surgery, Professor of Surgery, and Director of the Residency Program at the University of Miami Health System. Previously, he was Associate Chief of the Division of Cardiac Surgery at the Texas Heart Institute in Houston. Dr. Lamelas has been an STS member since 1995.



SHARMA IS CONGENITAL HEART SURGERY CHIEF

Mahesh S. Sharma, MD has been named Chief of Congenital Cardiac Surgery and Director of Pediatric Heart Transplantation and Mechanical Circulatory Support at the University of North Carolina-Chapel Hill, as well as Co-Director of the North Carolina

Children's Heart Center. Previously, he was Director of Pediatric Mechanical Circulatory Support and Artificial Heart Technology at the Children's Hospital of Pittsburgh. Dr. Sharma has been an STS member since 2011.



STELLA NAMED DIRECTOR AT GEISINGER

Joseph J. Stella, DO, MBA is now the Director of Cardiothoracic Surgery at Geisinger Community Medical Center in Scranton, Pennsylvania. Previously, he was Program Director of the General Surgery Residency Program at Geisinger Wyoming Valley Medical Center in Wilkes-Barre, Pennsylvania. Dr. Stella has been an STS member since 2005. ■

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

STS Engages the General Public via Press Release Program

As part of its continuing effort to raise public awareness about the Society, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, STS issued nine press releases from January 18 to March 21, 2019. Brief recaps can be found below. To read the full press releases, visit sts.org/media.

January 18: **"Dr. Frederick L. Grover Receives Prestigious John P. McGovern Compleat Physician Award"** described the national award presented to Dr. Grover, an STS Past President, in recognition of his remarkable career both inside and outside the operating room (see page 7).

January 28: **"Reusing Patient's Own Blood During Heart Surgery May Improve Outcomes"** featured an Annual Meeting abstract showing that patients whose own red blood cells are recycled and given back to them during heart surgery may experience

shorter hospital stays and fewer complications than patients who receive donated blood.

January 28: **"Lung Cancer Surgery Patients May Reap Benefits of Larger, More Centralized Hospitals"** highlighted an Annual Meeting abstract that explained how regionalizing lung cancer surgery is not only feasible, it's also effective for patients, resulting in shorter hospital stays and fewer complications.

January 28: **"Transplanting Pig Hearts into Sick Babies May Be Promising Temporary Treatment Option"** described an Annual Meeting abstract showing a high probability that a genetically engineered pig heart could be implanted in an infant to keep the baby alive until a human heart becomes available, without concern for early rejection.

February 6: **"Elaine Weiss Named Executive Director of The Society of Thoracic Surgeons"** announced that American Academy of

Dermatology CEO and Executive Director Elaine Weiss would be taking the reins from retiring Executive Director & General Counsel Robert A. Wynbrandt, effective April 15 (see page 4).

March 21: **"Early Valve Surgery May Be Better than Watchful Waiting in Patients with Severe Aortic Stenosis"** featured a study from *The Annals of Thoracic Surgery* showing that in patients with severe, asymptomatic aortic stenosis, undergoing aortic valve replacement was more beneficial than a conservative "watch and wait" approach.

Three additional press releases were issued recognizing the Society's new President and the recipients of the Earl Bakken Scientific Achievement and STS Distinguished Service Awards. See page 11 for more information. ■

Cardiac Surgeons Can Request Personal Performance Data from STS

→ continued from cover

This voluntary surgeon-specific feedback represents a natural evolution of the Database as a tool to help surgeons assess and analyze how they work.

“The roles of the intensivist, hospitalist, and other consultants have become more important within the care delivery module,” said Alan M. Speir, MD, Chair of the STS Council on Health Policy and Relationships. “But, at the end of the day, the surgeon is still primarily involved in the direction of patient care. This is reflected in the composite [score], and these reports will give us a better understanding of how we are performing at an individual level.”

Those surgeons participating in the ACSD who want their feedback will need to affirmatively opt in by submitting an election form, which is available at sts.org/surgeonspecific. The first report will reflect outcomes data from January 2016 through December 2018.

Many surgeons are expected to take advantage of this new service. A recent survey found that a clear majority of surgeons participating in the ACSD (88%) thought it would be valuable for them to have an accurate measure of their own personal performance on a core set of procedures.

“The results were striking,” said Dr. Shahian. “I thought most surgeons would want to see these data, but often it takes a while for a new program to gain acceptance. To their credit, the members of our community want to have credible, reliable estimates of their performance, especially since there are so many inaccurate measures of physician performance on the web and elsewhere.”

STS Past President Richard L. Prager, MD, who participates in a statewide quality collaborative, said that he also was pleasantly surprised by the survey results. “Socialization of data is the norm in states like Michigan and Virginia. Within our quality collaborative in Michigan, surgeons are accustomed to seeing data and all wished for their individual composite feedback reports; while I was hopeful, I was not certain that would be the case elsewhere and I am very pleased.”

Before members of the STS Board of Directors decided to make surgeon-specific feedback reports available on an opt-in basis, they discussed this topic at length during two successive meetings. It was extremely important to surgeon leaders that the initiative be used to further the interests of surgeon self-assessment and quality improvement—not for marketing or other publication. Consequently, and as a matter of STS policy enforceable under the Society’s existing disciplinary procedures, the surgeon-specific feedback is not for public or other external release. It is important to note, however, that because many surgeons participate in the ACSD jointly with their hospitals and are both signatories to the contract, some hospitals may seek the reports. As a result, STS cannot guarantee that surgeon-level reports will not be accessed by hospital administrators.

“At the end of the day, this initiative is about finding ways to deliver better care for our patients. Surgeons should be empowered to not only isolate areas that need improvement, but also—and more importantly—identify best practices to drive greater improvement,” added STS International Director Domenico Pagano, MD. “We can only do that through objective feedback.”

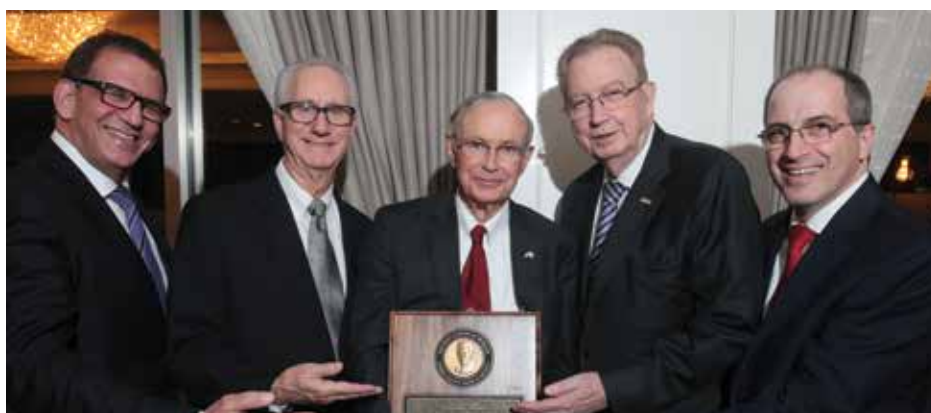
Although these new surgeon-specific feedback reports will be available on a periodic basis, both Drs. Shahian and Prager said that it is their hope the reports would one day be available on a continuous basis in real time with much more granular feedback.

Drs. Shahian, Speir, Prager, and Pagano participated in a recent roundtable discussion about surgeon-specific feedback. The video of this discussion is available on the Society’s YouTube Channel at sts.org/surgeonspecificvideo; the audio is available as an STS Surgical Hot Topics podcast at sts.org/surgeonspecificpodcast. ■

If you have questions or comments about the surgeon-specific feedback initiative, please email surgeonspecific@sts.org.



Grover Receives Prestigious Award



From left: HCMS Past President Russell W.H. Kridel, MD, HCMS President Bernard M. Gerber, MD, STS Past President Frederick L. Grover, MD, HCMS Past President and STS Member Kenneth L. Mattox, MD, and STS Director-at-Large Ara A. Vaporciyan, MD

STS Past President Frederick L. Grover, MD was awarded the 2019 John P. McGovern Compleat Physician Award from the Houston Academy of Medicine and Harris County Medical Society (HCMS). This award recognizes multi-accomplished physicians who have enriched the field of medicine with excellence and humaneness. Dr. Grover served as Chair of the University of Colorado's Department of Surgery from 2002 to 2012 and has been a leader in clinical outcomes measurement, clinical research, and heart and lung transplantation. He has been an STS member since 1974 and served as the Society's President from 2006 to 2007. ■

REFER A COLLEAGUE TO STS MEMBERSHIP

Urge your partners and staff who have not yet joined the Society to submit an application for membership. As STS members, they'll receive many valuable benefits such as a free subscription to *The Annals of Thoracic Surgery*, reduced rates for educational events and activities, and networking opportunities with the most influential cardiothoracic surgeons in the world.

The STS Board of Directors votes on pending applications for Active and International Membership three times per year (January, Spring, and Fall). The remaining application deadlines for 2019 and corresponding Board of Directors meetings are outlined in the chart below. Associate, Candidate, and Pre-Candidate Members are admitted on a rolling basis throughout the year.

Potential members can find more information and an application at sts.org/membership. Contact membership@sts.org with any questions. ■

APPLICATION DEADLINE	BOARD OF DIRECTORS MEETING
SEPTEMBER 16, 2019 DECEMBER 5, 2019	OCTOBER 27, 2019 JANUARY 26, 2020



STS President Robert S.D. Higgins, MD, MSHA (right) and Malcolm V. Brock, MD, from Johns Hopkins Medicine

COLLEAGUES NETWORK AT GTSC MEETING

The recent General Thoracic Surgical Club Meeting (GTSC) in Naples, Florida, provided surgeons with an opportunity to hear about new research and health policy information, as well as time to network with colleagues and friends. The 2020 GTSC Meeting will be March 12-15 in Tucson. ■

Shortened Grace Period for Dues Payments

The due date for annual membership dues payment is January 1 of the current year. In the past, a grace period of up to 1 year was provided; however, STS membership recently approved a Bylaws change that reduces the grace period from 1 year to 6 months. This means that in order to avoid the termination of your membership, you must pay your dues by June 30, 2019. If you have an outstanding balance, you can make your payment today at sts.org/dues (you will need your STS username and password to log in). If you have any questions regarding dues payments or have trouble logging in, contact membership@sts.org or call 312-202-5800. ■

TSF Announces \$916,500 in Funding for Cardiothoracic Surgery Grants

The Thoracic Surgery Foundation (TSF) distributed 24 grants totaling \$916,500 as part of its 2019 awards program supporting research, education, and surgical volunteerism in cardiothoracic surgery. These grants will help advance treatment options for patients with heart, lung, and other chest diseases and offer much-needed assistance to underserved patients. You can view a list of the grant recipients at sts.org/TSF2019Awards.

In 2018, the Foundation offered its first International Medical Volunteer Scholarship. Cardio-thoracic surgery resident Kellianne Kleeman, MD used the award to participate in a charitable medical mission to Nepal with STS Past President Fred Grover, MD and his team. The first part of the mission included working alongside cardiothoracic surgery teams in two different hospitals in Nepal; the second part of the trip involved patients at rural outreach clinics.

“What impressed me most was the gratitude of the patients. Many of them had traveled for hours or even days. Once they arrived, they waited for many more hours to be seen,” wrote Dr. Kleeman in her



report to the Foundation. “It was heart wrenching to see so many young patients affected by rheumatic heart disease. There are ongoing efforts to improve early intervention and outreach to prevent the disease, but still to see so many children and patients my own age who were in heart failure needing a valve replaced or who had already suffered a crippling stroke (from a disease that is preventable) was awful. The clinics were very successful at screening patients and hundreds of patients were referred for ongoing follow-up or scheduled for surgery.”

To see more about Dr. Kleeman’s experience, a video is available at sts.org/nepal.

Applications for most 2020 TSF awards will be available on July 15, 2019; submissions are due by September 15, 2019. Visit thoracicsurgeryfoundation.org/awards for more information. ■

SOCIETY HAS PRESENCE AT INTERNATIONAL MEETINGS



(Left photo) In February, STS Secretary Joseph F. Sabik III, MD and Director-at-Large Shanda H. Blackmon, MD, MPH (center) represented the Society at the 27th International Conference of the Asian Society for Cardiovascular and Thoracic Surgery and the 65th Indian Association of Cardiovascular – Thoracic Surgeons Congress in Chennai, India. Also pictured are STS members Byung C. Moon, MD (left) and Marc R. Moon, MD (right).



(Right photo) In March, STS Immediate Past President Keith S. Naunheim, MD (right) attended the Society for Cardiothoracic Surgery in Great Britain & Ireland Gala Dinner at the Globe Theater in London, along with SCTS President Richard Page. ■

Career Tips Offered on Building a Digital Presence

Mara B. Antonoff, MD will host the Society’s next career TweetChat on Wednesday, May 22. The TweetChat will focus on why surgeons should build a digital presence, the pitfalls that should be avoided, best practices in social media, and getting scholarly credit for online activity. The TweetChat begins at 8:00 p.m. ET and will include the hashtag #CTCareers.

A new article on achieving work-life integration recently was added to the STS Career Development Blog (sts.org/career-developmentblog). Previous articles include negotiating your second contract, finding a first job, and developing a career niche.

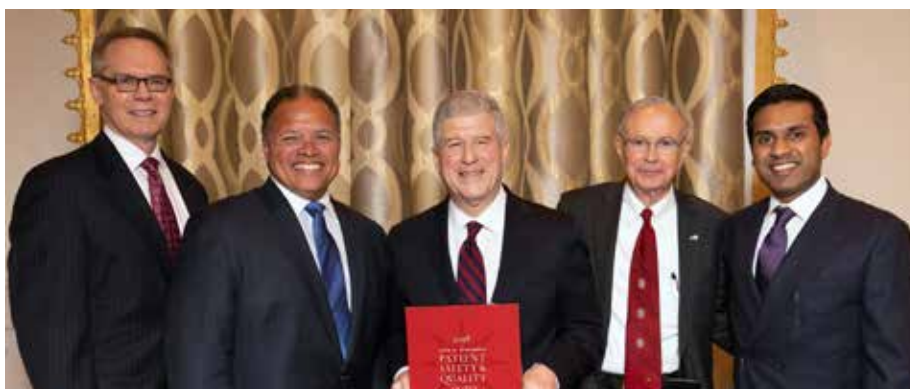
If you have topics that you would like addressed in future TweetChats or blog articles, contact Kristin Schukar, Senior Marketing Manager, at kschukar@sts.org. ■

STS RECEIVES ESTEEMED EISENBERG AWARD

The Joint Commission and the National Quality Forum (NQF) have awarded STS the prestigious John M. Eisenberg Patient Safety and Quality Award, which recognizes individuals and organizations who undertake groundbreaking initiatives that support “better care, healthy people and communities, and smarter spending.”

The Society was honored for its quality programs, including the STS National Database, NQF-endorsed composite performance measures, and the STS Public Reporting initiative.

The award was presented on March 25 during the NQF Annual Conference in Washington, DC. ■



From left: The Joint Commission EVP David W. Baker, MD, MPH, STS President Robert S.D. Higgins, MD, MSHA, STS National Database Founder and Task Force on Quality Measurement Chair David M. Shahian, MD, STS National Database Founder and Past President Frederick L. Grover, MD, and Shantanu Agrawal, MD, MPhil, NQF President and CEO.



STS Past President Joseph E. Bavaria, MD (center) led a roundtable discussion on “TAVR and the Value of the STS/ACC TVT Registry.” He was joined by (from left) Thomas G. Gleason, MD, Richard J. Shemin, MD, Vinod H Thourani, MD, and G. Michael Deeb, MD.

Watch or Listen to STS Roundtable Discussions

Visit the Society’s YouTube channel at youtube.com/thoracicsurgeons to view several roundtable discussions filmed at the STS 55th Annual Meeting. Leading experts discuss a wide range of topics, including advances in lung cancer early detection and therapy, pain management in cardiothoracic surgery, and how artificial intelligence can benefit cardiothoracic surgery. You also can listen to the audio at sts.org/podcast or subscribe to Surgical Hot Topics podcast on iTunes, Google Play, or where ever you access your favorite podcasts. ■

SYMPOSIUM FILLS A VOID IN ROBOTICS EDUCATION

To address patient desires for minimally invasive valve surgery, STS held a Workshop on Robotic Cardiac Surgery, March 29-30 near Atlanta. Specially designed for surgical teams—a surgeon and a bedside assistant or other surgical team member—the Workshop provided participants with a realistic cardiac robotics simulation environment where they could hone their skills in mitral valve repair, coronary bypass, and other cardiac surgery procedures. View more photos at sts.org/2019roboticcardiacphotos. ■



HIGHLIGHTS OF THE 55TH ANNUAL MEETING

More than 4,300 people, including 2,317 cardiothoracic surgeons and allied health care professionals, gathered in San Diego, January 27-29, for the STS 55th Annual Meeting. To view meeting photos, program content, and daily editions of the *STS Meeting Bulletin*, visit sts.org/annual-meeting-archive.



Access STS 55th Annual Meeting Online

STS Annual Meeting Online provides access to more than 100 hours of recorded sessions. Access to Annual Meeting Online was included with Annual Meeting registration. Non-attendees can purchase the online product at sts.org/AMonline.

Naunheim Points to Resilience as Key to Survival

Cardiothoracic surgery has faced adversity for several decades. The specialty has been hit by reduced reimbursement, lower patient volume, and a shrinking workforce. Instead of getting angry, cardiothoracic surgeons became resilient. They worked to influence federal policy, used data to change practice patterns, improved medical guidelines, and began to change the face of the specialty, said Keith S. Naunheim, MD during his Presidential Address at the STS 55th Annual Meeting.

He described how the change began in the mid-1990s when Robert Replogle, MD was STS President and CMS proposed a 45% reimbursement cut to move nurse practitioners, physician assistants, and surgical assistants out of surgical practices and into hospitals.

“He resolved to address this in a strong but constructive fashion,” Dr. Naunheim said. “He restrained his anger, reassessed the situation, and responded to the threat. These days, the word for that kind of reaction is resilience—the capacity to recover quickly from difficulties with the ability to spring back or rebound. Resilience means you bend but you do not break. And STS does just that.”

Dr. Naunheim’s address was titled “Anger Management 101: Why Am I Angry? Let Me Count the Ways.” In retrospect, he said, it should have been called “Resilience 101: How Can We Fight Back Against Those SOB’s?”

For Dr. Replogle, fighting back meant a \$1,000 special assessment from each STS member. The Society put together an aggressive, \$6 million lobbying campaign in Washington, DC. The campaign resulted in a \$1.6 billion reimbursement increase over 10 years for



cardiothoracic surgeons compared to the original proposals, a 26:1 return on investment.

Another hit to the specialty came in the 1990s when balloon dilation and coronary stent implantation were introduced, and interventional cardiologists began to insert stents broadly. Percutaneous coronary intervention became the go-to therapy for coronary circulation issues.

PCI rates soared; CABG numbers fell.

“The wide application to PCI in the absence of evidence appeared inappropriate, and it fell to us, the cardiothoracic surgery community, to affirmatively address this misguided practice,” Dr. Naunheim said.

STS and the American College of Cardiology (ACC) used data from both organization’s databases to compare long-term outcomes of CABG and PCI. The ASCERT Trial, published in 2012, demonstrated long-term survival benefits for CABG in multiple subgroups.

The Society also led the creation of appropriate use guidelines for PCI in cooperation with ACC, the Society of Cardiovascular Angiography and Interventions, the American

Association for Thoracic Surgery, and the American Heart Association. By 2015, the chance of PCI being appropriately used rose from 30% to nearly 50%, while the inappropriate use of PCI fell by half and CABG volume increased.

“The good guys are winning,” Dr. Naunheim said.

Good women are winning, too, as more women become cardiothoracic surgeons.

To help spur this growth of women cardiothoracic surgeons, STS leaders again collaborated with others to promote and strengthen the specialty. This time it was with a focus on the development of transcatheter aortic valve replacement, minimally invasive surgery, and robotics, all attractive, cutting-edge procedures for

young surgeons. And the Society worked with Women in Thoracic Surgery to develop and present role models for female medical students and residents.

“I am convinced that we can and will meet those future challenges and prevail.”

—Keith S. Naunheim, MD

“We’ve come a long way, but there is still much improvement possible,” Dr. Naunheim said. “Our specialty has been and continues to be under assault from multiple directions, and we have to respond on every front. I am convinced that we can and will meet those future challenges and prevail.” ■

This article was adapted from the Tuesday edition of the 2019 STS Meeting Bulletin.

The entire Presidential Address is available as a video at sts.org/naunheimaddress.

Award Winners Honored

The recent STS Annual Meeting offered the opportunity to recognize those who are making an impact on the organization and the specialty. The following were honored by the Society in San Diego:

DISTINGUISHED SERVICE AWARD

Distinguished Service Awards recognize those who have made significant and far-reaching contributions to the Society. The 2019 recipients were James M. Levett, MD (left) and Douglas E. Wood, MD (right), with Keith Naunheim, MD.



EARL BAKKEN SCIENTIFIC ACHIEVEMENT AWARD

The Earl Bakken Scientific Achievement Award was presented to Valerie W. Rusch, MD, who is one of the world's top experts on the management of lung cancer and mesothelioma. The Bakken Award honors individuals who have made outstanding scientific contributions that have enhanced the practice of cardiothoracic surgery and patients' quality of life.



(left to right) Robert S.D. Higgins, MD, MSHA, Dr. Rusch, Dr. Naunheim, and A. Pieter Kappetein, MD, PhD

PRESIDENT'S AWARD

The President's Award was presented to Tara Semenkovich, MD, MPH from Washington University School of Medicine in St. Louis for her paper, "Adjuvant Treatment for Node-Positive Esophageal Cancer After Induction Therapy and Surgery Improves Survival: A Multisite Study." Selected by the STS President, this award recognizes an outstanding scientific abstract by a lead author who is either a resident or a surgeon 5 years or less in practice.

POSTER AWARDS

ADULT CARDIAC SURGERY: STS Overall Composite Scores: A Better Measure of High-Quality Cardiac Surgery (Julia Coughlin, MD)

CONGENITAL HEART SURGERY: More Than 25 Years of Experience With the Ross Procedure in Children: A Single-Center Experience (Elisabeth Martin, MD, MPH, FRCSC)

CRITICAL CARE: Platelet Nadir Following Cardiopulmonary Bypass Is Independently Associated With Postoperative Mortality, Infection, Acute Kidney Injury, and Prolonged Intensive Care Unit Stay (Benjamin Griffin, MD)

GENERAL THORACIC SURGERY: A Tumor-Specific Staging System for Neuroendocrine Tumors of the Lung Needs to Incorporate Histological Grade: An Analysis of the National Cancer Database (Anee Sophia Jackson, MD)

QUALITY IMPROVEMENT: Outcomes of Nonelective Coronary Artery Bypass Grafting Performed on Weekends (Jared P. Beller, MD)

Annual Meeting by the Numbers



3 days of education



90+ educational sessions



130+ oral scientific abstracts



2,317 professional registrants



150 exhibiting companies and organizations

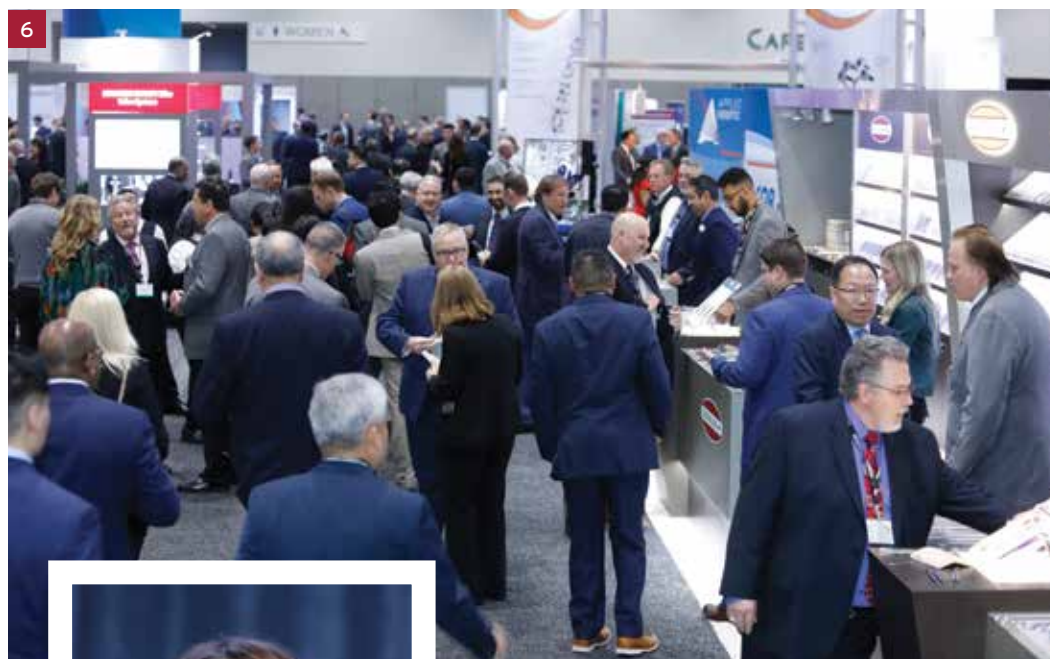


58 countries represented by registrants. Countries with the most registrants: United States, Japan, Canada, South Korea, Mexico

THANK YOU

STS gratefully acknowledges **Abbott** and **Medtronic** for providing educational grants of \$50,000 or more for the 55th Annual Meeting.





1 Robert S.D. Higgins, MD, MSHA (left) was elected STS President during the Annual Membership Meeting. The gavel was presented by Keith S. Naunheim, MD, now Immediate Past President.

2 A new session on career navigation and development provided tips on excelling early in one's career.

3 Twenty-six STS University sessions were held on 13 topics, including thoracic endovascular aortic repair, valve-sparing aortic root replacement, and robotic lobectomy.

4 During the C. Walton Lillehei Lecture, Eric Topol, MD discussed the convergence of artificial intelligence and health care.

5 Many of the Society's living past presidents gathered for a dinner reception at The Marine Room in La Jolla.

6 In the Exhibit Hall, attendees got a glimpse of new products and services from 150 companies and organizations.

7 Laurie H. Glimcher, MD gave the Thomas B. Ferguson Lecture on cancer immunology.

8 STS held press conferences on studies that looked at xenotransplantation, autologous blood donation, and regionalization of lung cancer surgery.

9 Tech-Con prepared attendees for the future of cardiothoracic surgery through invited lectures, debates, and presentations on exciting inventions during the Shark Tank portion of the program.

View more Annual Meeting photos at sts.org/55AMphotos.

Cardiothoracic Surgeons Can—and Should—Lead Change in Washington

Rob Headrick, MD, MBA was inspired to make the leap from the operating room to Capitol Hill so that he could advocate for change that would benefit cardiothoracic surgeons and their patients.

Dr. Headrick's involvement with grassroots advocacy began after he received the STS/American College of Surgeons Health Policy Scholarship in 2017, which enabled him to attend the Executive Leadership Program in Health Policy and Management at Brandeis University in Waltham, Massachusetts.

"The program brought clarity to how our country's chaotic system was formed and the importance of advocacy to fix what's broken," Dr. Headrick said. "Our voices can't be heard if we don't get out of the operating room. My experience with the health policy scholarship empowered me to give advocacy a try."

Dr. Headrick, who is Chief of Thoracic Surgery at CHI Memorial Hospital in Chattanooga, Tennessee, recently received the Society's Key Contact of the Year Award for his extraordinary efforts in advocating for the specialty.

He attended the 2018 STS Legislative Fly-In in Washington, DC, and met with legislators and staff members from nine Congressional offices, including Rep. Chuck Fleischmann (R-TN). He even was able to visit the House floor and take a private tour of the Capitol arranged by Rep. Fleischmann.

"Dr. Headrick is truly a pioneer in the medical field," said Congressman Fleischmann. "I had the privilege of first meeting Dr. Headrick in 2018 and his advocacy on behalf of thoracic surgeons and individuals suffering from lung cancer has been a driving force for increased research funding. We are lucky to



Alan M. Speir, MD, Chair of the STS-PAC Board of Advisors (left) and 2018-2019 STS President Keith S. Naunheim, MD (right) presented Dr. Headrick with the Key Contact of the Year award at the STS-PAC Reception.

have a medical professional of such a high caliber from East Tennessee, and I thank Dr. Headrick for all he has done to increase awareness, spark advocacy, and ultimately save lives."

"Our 'asks' were well-received by both Democrats and Republicans," Dr. Headrick said. "The legislators were sincerely interested in what we had to say."

After attending the Fly-In, he urged his hometown newspaper, the *Chattanooga Times Free Press*, to write a story on the Women and Lung Cancer Research and Preventive Services Act. After the story was published, Rep. Fleischmann became a cosponsor of the legislation.

"Lung cancer is rampant in my community, especially among female nonsmokers," Dr. Headrick said. "We must understand why and how to screen these individuals."

"Our voices can't be heard if we don't get out of the operating room."

—Rob Headrick, MD, MBA

After initially meeting with Rep. Fleischmann in Washington, Dr. Headrick further developed the relationship by hosting the Congressman at his institution in March. Rep. Fleischmann met with hospital team members and lung cancer patients, as well as toured the hospital's new mobile lung screening bus.

"Surgeons' problem-solving skills are needed in Washington and our state governments," Dr. Headrick said. "Change is coming and STS should be leading that change." ■

To learn more about how you can become involved in STS advocacy efforts, visit sts.org/advocacy or contact the STS Government Relations office at advocacy@sts.org.

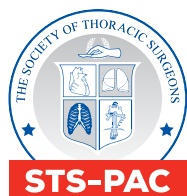


STS Legislative Fly-In

June 24-25, 2019 • Washington, DC • sts.org/fly-in



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Upcoming STS Educational Events

**Workshop on Robotic
Thoracic Surgery**

Atlanta, Georgia
May 16-18, 2019

**First Intercontinental Multi-Society
Symposium on Lung Cancer**

Belo Horizonte, Brazil
May 18, 2019

**Masters in Structural Heart
and Valve Therapy**

Chicago, Illinois
August 23-24, 2019

**16th Annual Multidisciplinary
Cardiovascular and Thoracic
Critical Care Conference**

Baltimore, Maryland
September 26-28, 2019

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

New Orleans, Louisiana
October 23-25, 2019

**ACS/STS Cardiothoracic
Surgery in the Future**

San Francisco, California
October 28, 2019

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

Cancun, Mexico
November 22-24, 2019

**STS 56th Annual Meeting
& Tech-Con 2020**

New Orleans, Louisiana
January 25-28, 2020

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sts.org/meetings/live-courses.

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