# STSNews



THE SOCIETY OF THORACIC SURGEONS

Vol. 18, Issue 2 Spring 2013



STS President Douglas E. Wood, MD (center, holding microphone) answers a question during the *Choosing Wisely* press conference.

## STS Participates in Choosing Wisely Campaign

On February 21, the Society released a list of "Five Things Physicians and Patients Should Question" in cardiothoracic surgery as part of the Choosing Wisely® campaign, led by the American Board of Internal Medicine Foundation. The list identifies five evidence-based recommendations that can support physicians and patients in making wise choices about their health care. STS President Douglas E. Wood, MD participated in a press conference that day in Washington, DC, along with representatives from 16 other medical specialty societies that also released lists.

Choosing Wisely is an initiative focused on helping physicians to become better stewards of finite health care resources and encouraging physicians and patients to discuss appropriate medical decision making. With its five recommendations, STS hopes to challenge common medical practice—practice that may be embedded in tradition, routine, or defensive medicine, but may not have good justification.

"STS has long been a leader in data-driven and patient-centered health care," Dr. Wood said. "Choosing Wisely allows the Society to continue that leadership alongside like-minded specialty societies to empower the physician-patient dialogue so as to help avoid unnecessary procedures that may harm patients while driving up health care costs."

STS worked on its list for several months. The process started with 17 recommendations from the Workforce on Adult Cardiac and Vascular Surgery and the Workforce on General Thoracic Surgery. After the recommendations were narrowed to eight by the Workforce chairs and Dr. Wood, US-based STS members were asked their opinions in an online survey. Additionally, members of the Workforce on Evidence Based Surgery were assigned to search the literature and see whether the available scientific evidence supported the draft recommendations.

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# New Officers, Directors Elected

New STS officers and directors were elected during the Annual Membership (Business) Meeting on Monday, January 28, at the 49th Annual Meeting in Los Angeles.

The membership posthumously elected Carolyn E. Reed, MD as President to honor her exceptional service to the Society and the specialty, including 5 years as STS Treasurer. After an acknowledgment of her inability to serve, Douglas E. Wood, MD was then elected STS President for 2013-2014.

Additionally, David A. Fullerton, MD was elected First Vice President and Mark S. Allen, MD was elected Second Vice President. In view of Dr. Allen's election, David R. Jones, MD was elected to fill the remainder of Dr. Allen's term as Director-at-Large.

A second International Director position was added to the Board, and Shinichi Takamoto, MD, PhD was elected to fill it.

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

#### **Secretary**

Keith S. Naunheim, MD

#### **Treasurer**

Robert S. D. Higgins, MD

## **Resident Director**

Cameron T. Stock Jr., MD

#### **Directors-at-Large**

Emile Bacha, MD Joseph E. Bavaria, MD



# Let's Celebrate the First 50 Years and Set a Foundation for the Next 50

Douglas E. Wood, MD, President

It is an honor and a privilege for me to serve as STS President in this landmark 50th anniversary year. A half century ago, pioneers and visionaries in our specialty dreamed of a specialty society that represented all of cardiothoracic surgery, and all cardiothoracic surgeons. They dreamed of a "home for the specialty" that was both comprehensive and inclusive. Those leaders—Paul Samson, Robert Ellison, J. Maxwell Chamberlain, Ralph Alley, and others—organized and led that first STS "Founders Meeting" in 1963. Now, just 50 years later, we are a vibrant specialty and a dynamic and growing society. STS is the largest cardiothoracic society in the world, with more than 6,600 members, and has broad international involvement. with members from 85 countries and partnerships with many of our international "sister societies." The breadth and scope of STS activities in 2013 is a tribute to our founders and past leaders, and I am humbled when I think of how their contributions have brought us to where we are today.

This past year has been a seminal year under Jeff Rich's leadership as President. The National Coverage Determination (NCD) for TAVR has simultaneously secured reliable decision making and technical expertise to help assure high quality care for our patients undergoing percutaneous valve procedures, while solidifying the principles of the "Heart Team" in the care of patients with heart disease and a spectrum of therapeutic choices. This effort has also further expanded the collaboration and partnership between STS and the American College of Cardiology, who worked together on securing the NCD, and now have developed an important

registry for transcatheter valve therapy (TVT Registry<sup>™</sup>) that provides physicians, payers, and regulators with a tool for monitoring outcomes and helping us provide the highest quality of care to our patients.

I am lucky to have "learned the ropes" of being the STS President this year under the tutelage of Jeff Rich who has been instrumental in effecting many of these changes. And the Executive Committee will severely miss the daily contributions and ongoing leadership as Past President Mike Mack rotates off the leadership team. Other changes at the senior leadership level see Walter Merrill and Richard Shemin completing terms as Directors-at-Large, and Jennifer Nelson complete her term as the first Resident Director on the STS Board. But we are lucky to have impressive new talent filling those roles, with Emile Bacha, Joe Bavaria, and David Jones stepping into Director-at-Large positions, and Cameron Stock taking on the responsibility of the Resident Director. We also are fortunate to have Shinichi Takamoto joining the Board to fill the second International Director seat that the membership created at the 2013 Annual Meeting. The most important leadership change this year is the election of Mark Allen as the new Second Vice President. Mark has provided STS with thoughtful and experienced leadership over many years and through a large number of positions, most recently as a Directorat-Large on the Board. Mark's knowledge, engagement, and strong leadership help assure us that the Society is in very good hands for the next several years.

I am always amazed and impressed by the dedication, breadth, and depth of the STS volunteer leaders, now filling 280

positions on committees and workforces. and selected from an enthusiastic and engaged "bench" of over 500 nominees (including 161 self-nominees). This degree of member involvement is a major reason for the continued growth and success of our Society, with expanding programs in education, research, and advocacy. But the other half of that success is the amazing staff of dedicated professionals running our Society and fulfilling our mission every day under the direction of Rob Wynbrandt. Their expertise and partnership with our physician volunteers is truly the engine that drives the STS mission "to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy."

As we celebrate our 50th anniversary year, this is an opportunity to recognize and revere the leaders that had the vision to create STS and then gave much of their professional lives to making it the home for cardiothoracic surgery in the United States. Those of us who have been entrusted by the membership to lead the Society in 2013 are lucky to stand on the shoulders of these giants who pushed and guided us to where we are today. But 50 years is also an opportunity to look forward—1 year, 20 years, or even another 50 years. Let's not just celebrate this year, but set a foundation for the specialty and the Society for the years and decades to come. We live in great times of change, and with those changes are opportunities for us to evolve and grow. We are in the right place and with the right people to make those changes for the betterment of our patients, our specialty, and our health care system.

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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What do you think of our new look? Send your thoughts to stsnews@sts.org.

A recent STS Member Needs-Assessment Survey shows that nearly three-quarters of us are employed in some form by a hospital, university, or health system. Negotiation is often necessary for employment; however, our newest members often have minimal to no experience negotiating contracts.

In this column, Dr. Frank Fazzalari of the University of Michigan outlines some general principles on the art of negotiation that hopefully will benefit all members of the Society in our future endeavors.

Vinay Badhwar, MD | Chair, STS Workforce on Practice Management

## Gain a Power Position in Negotiation

Frank L. Fazzalari, MD, MBA, FACS | Ann Arbor, MI

Many practicing cardiothoracic surgeons have entered into or will be entering into some type of contractual employment model. This process often begins with a negotiation. Examining a few basic concepts of negotiation theory may help you better achieve your goals.

Positional bargaining is a strategy that is sometimes used in negotiations, especially when the negotiation involves a single issue, such as money. Positional bargaining is often a contest of will and determination. It is either a game where one party wins and the other party loses, or they split the difference. The latter outcome is often sub-optimal and neither party is happy.

This traditional model of positional bargaining has been evolving to focus more on joint problem solving, with a goal of mutual satisfaction and cooperation rather than unilateral victory. This more complex approach can produce better results for both sides, reduce or eliminate posturing, save time and money, and lead to better working relationships and mutual future benefit.

## DO YOUR HOMEWORK

Well before the actual discussions start, a skilled negotiator will gather information, define his/ her interests, and identify ways he/she differs from the other party. Your goal should be to develop your Best Alternative to a Negotiated Agreement (BATNA). Your BATNA is the standard by which you will evaluate the proposed agreement and represents where you move if no agreement is reached. Power in negotiation revolves around truly understanding your BATNA, as well as assessing the other party's BATNA. For example, being unemployed or having to relocate may not really be your best alternative to a negotiated agreement.

In negotiation, one should seek to elicit cooperation without becoming vulnerable. It's important to

separate the people and their personalities from their issues and interests. The focus should be on the interests of the parties involved, as opposed to any individual's specific position. Looking for mutually motivating interests can often uncover solutions that not only meet your interests, but also meet theirs.

#### **FOLLOW THESE FIVE STEPS**

William Ury synthesized decades of research in game theory and negotiation into five simple steps when negotiating:

- 1. **Go to the balcony.** People react to difficult situations by either striking back, giving in, or disengaging. Attempt to unilaterally break this cycle of emotion by not reacting and distancing yourself from the details of the situation, including your own impulses and emotions. Imagine you are looking down on the scene from a balcony. Take time to think.
- 2. **Step to their side.** Listen actively, acknowledging the other party's point and feelings. Agree whenever you can. Acknowledge their authority and competence. Express your views without provoking, but be sure to stand up for yourself and acknowledge your differences with optimism.
- 3. **Reframe.** Redirect the other side's attention away from positions and onto shared interests and creative options for mutual satisfaction.
- 4. Build them a golden bridge. Ask for and build on the other side's ideas as opposed to dismissing the ideas as irrational. Help the other person save face and back away without appearing to back down.
- 5. **Use power to educate.** Use your power to bring others to their senses, not to their knees.

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## STS Gears Up for Its 50th Anniversary

Robert A. Wynbrandt, Executive Director & General Counsel Natalie Boden, Director of Marketing & Communications

With this spring edition of STS News, we return this space to other members of the Society's management team for insights and developments within their respective areas of activity. Here, Natalie Boden, our Director of Marketing & Communications, addresses the Society's 50th Anniversary celebration that will culminate at our Annual Meeting in Orlando this coming January. Natalie is celebrating an anniversary of her own this spring, completing her first year of service with the Society; she previously served as Director of Communications and Public Relations at The University of Chicago Comprehensive Cancer Center and as Director of Marketing and Member Communications at the Radiological Society of North America.

The year 1964 holds an important place in history. The Beatles came to the US for the first time, President Lyndon B. Johnson signed the Civil Rights Act, students staged the first of many major demonstrations against the Vietnam War, and a group of general thoracic surgeons met in Montreal to sign documents that would officially create The Society of Thoracic Surgeons.

STS Founders had a vision. They wanted a society that could serve as a forum for all practicing thoracic surgeons to gather, share experiences, and exchange ideas. STS has evolved over the past 50 years from its humble beginnings with a few hundred members in seven countries, to its current 6.600 members in 85 countries.

To honor the Founders and the Society's five decades of accomplishments, STS has embarked on a yearlong celebration that began at the 49th Annual Meeting in Los Angeles and will culminate at the 50th Annual Meeting in Orlando.

You may have noticed the commemorative logo that was unveiled in Los Angeles. The logo is now on the STS website and appears in communications and publications, including this issue of STS News. A countdown clock has been added to the website so you can know exactly how many days, hours, and minutes until the big event begins in Orlando. The Society also has launched a series of flashback columns in STS News (see page 13) and video snapshots from Founders, Past Presidents, and others. The videos will be released every few weeks on the STS YouTube Channel with links offered in STS Weekly.

To heighten anticipation, news about some of the celebratory events will not be unveiled until right before the Annual Meeting, January 25-29. We do, however, want you to watch your mailbox in late December for a special 50th Anniversary supplement to The Annals of Thoracic Surgery that will be mailed with the January 2014 issue. Chapters will highlight remembrances from Founders, Past Presidents, and current STS leaders, including W. Gerald Rainer, Thomas B. Ferguson, Nicholas T. Kouchoukos, and Douglas E. Wood.

We welcome your old STS photos, documents, and anecdotes to add to our collection. Society Historians have amassed a treasure trove of memorabilia, but not all years are represented—especially the earliest years. Please e-mail your STS history contributions to nboden@sts.org or mail your information to Natalie Boden, STS, 633 N. Saint Clair St., Floor 23, Chicago, IL 60611-3658. Please make sure photos are accompanied by a description about whom or what the photo depicts and what year the photo was taken.

Along with all of you, the STS staff is looking forward to a fun year and a very memorable 50th Annual Meeting! Please plan to be there for this once-in-a-lifetime event.

## Gain a Power Position in Negotiation

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Make sure they fully understand the consequences; be prepared to deploy your BATNA but without provoking. Let them have a choice; give them a way out.

## BE AWARE OF PITFALLS

Of course, things are not always simple. In fact, strict adherence to the "win-win" or joint problem solving/cooperative philosophy can often be misleading and risky. This is because

the major disadvantage of the cooperative strategy is its vulnerability to exploitation. For example, if a true believer of cooperative philosophy is up against a tough, noncooperative opponent, the true believer has a tendency to ignore the lack of cooperation and continue unilaterally with his/her cooperative strategy. This allows the tough negotiator to profit from the offerings of the cooperative side without giving anything in return.

Finally, it is critical to note that educated and experienced negotiators will usually get the best of amateurs every time. Therefore, sometimes the best strategy is simply to ensure that you have an experienced, dispassionate negotiator sitting on your side of the table.

To read an extended version of this article, visit www.sts.org/education-meetings/ practice-management.

## STS Participates in Choosing Wisely Campaign

→ continued from cover

Based on the membership survey, evidentiary support, and final discussion by the STS Executive Committee, the following five recommendations were selected:

- 1. Patients who have no cardiac history and good functional status do not require pre-operative stress testing prior to non-cardiac thoracic surgery.
- 2. Don't initiate routine evaluation of carotid artery disease prior to cardiac surgery in the absence of symptoms or other high-risk criteria.
- 3. Do not perform a routine pre-discharge echocardiogram after cardiac valve replacement surgery.
- 4. Patients with suspected or biopsy-proven Stage I non-small cell lung cancer do not require brain imaging prior to definitive care in the absence of neurological symptoms.
- 5. Prior to cardiac surgery, there is no need for pulmonary function testing in the absence of respiratory symptoms.

Learn more about Choosing Wiselv, watch an archived webcast of the February 21 event featuring Dr. Wood, and read all 27 lists released to date at www.choosingwisely.org. You can also read more about the Society's process in determining these recommendations, as well as in-depth descriptions and citations for each recommendation, in the March issue of The Annals of Thoracic Surgery.

## AVR Scores and Star Ratings Now Available Online



Aortic valve replacement (AVR) overall scores and star ratings for Adult Cardiac Surgery Database participants and their corresponding

hospitals are now available on STS Public Reporting Online, which you can access at www.sts.org/publicreporting. The new AVR scores are in addition to the coronary artery bypass grafting (CABG) surgery scores that have been available for STS Adult Cardiac Surgery Database participants since January 2011. With the provision of information for both CABG and AVR procedures, the overall performance of a cardiac surgical practice is more comprehensively represented. These scores and ratings will be updated semi-annually. To learn more about the Society's public reporting initiatives, contact Bianca Reyes, Manager of Database Development, at breyes@sts.org or (312) 202-5839. ■

## STS, SCA Partner on Anesthesiology Data Module



STS President Douglas E. Wood, MD (left) and Society of Cardiovascular Anesthesiologists President Solomon Aronson, MD recently signed an agreement between the two societies to implement an anesthesiology data module for the Adult Cardiac Surgery Database (ACSD) component of the STS National Database. Also pictured (standing

from left to right): STS First Vice President David A. Fullerton, MD, STS Director of Quality DeLaine Schmitz, and STS Executive Director & General Counsel Robert A. Wynbrandt.

Module development is under way and data collection will begin on July 1. The anesthesiology module is optional for ACSD participants.

Enlist your anesthesiology colleagues to join you in using data to drive quality improvement for your cardiothoracic surgery patients. For more information, contact Donna McDonald, Senior Manager, STS National Database and Patient Safety, at dmcdonald@sts.org.

## **Annual Meeting Online Products** Now Available



Earn up to 104.5 AMA PRA Category 1 Credits<sup>™</sup> while at home, in the office, or on the go with STS 49th Annual Meeting Online products.

Whether you made it to LA or were unable to attend, you can experience the exceptional meeting content throughout 2013. These web-based video presentations are compatible with desktop and laptop computers, as well as iPad, iPhone, and Android mobile devices. Four products are available: STS 49th Annual Meeting Online, STS/AATS Tech-Con 2013 Online, STS/SCA 2013 Online (Intraoperative Echocardiography and Decision Making in Cardiovascular Surgery), and STS/ACCP 2013 Online (Primer on Advanced and Therapeutic Bronchoscopy).

Experience presenter slide animation, cursor movement, and full audio from the vast majority of sessions. For more information, visit www.sts.org/amonline.

## STS and ACC to Study Alternative Access for TAVR

STS and the American College of Cardiology have received an historic investigational device exemption (IDE) from the U.S. Food and Drug Administration to sponsor a study on "alternative access" approaches for transcatheter aortic valve replacement using the STS/ACC TVT Registry<sup>™</sup>.

This joint STS/ACC sponsorship of an IDE is believed to be a first for any medical specialty society and represents a unique collaboration among STS, the ACC, FDA, and the Centers for Medicare & Medicaid Services.

"The goal of this study is controlled off-label use of an approved device," said Michael J. Mack, MD, STS Past President and Chair of the STS/ACC TVT Registry Steering Committee. "Specifically, we hope to gain complete and accurate information regarding off-label use that may ultimately lead to label expansion."

Currently, only the transfemoral approach to TAVR using the Edwards SAPIEN valve has been approved for inoperable patients. Both the transfemoral and transapical approaches have been approved for high-risk patients, but an estimated 1 in 4 patients is ineligible for these procedures because of inadequate vessel size, vessel disease, or other structural considerations.

As approved by CMS, the STS/ACC study protocol through the IDE will allow Medicare reimbursement for alternative access to the aortic valve through the transapical or transaortic approach in inoperable patients involved in the study.

Once funding has been secured, the trial will be conducted within the TVT Registry, and all 187 sites currently enrolled in the registry will have the opportunity to participate. The IDE allows for an alternative access approach to be considered for 1,000 inoperable, evaluable patients—ie, patients unsuitable for transfemoral TAVR—through the end of 2018.

The IDE approval represents the next step in the collaboration among professional societies, government, and medical device manufacturers. "The process required all parties to be flexible and innovative while navigating these 'uncharted waters.' This is an iterative process that we hope will allow the safe and timely introduction of new medical device technology to our patients," said Dr. Mack.

Last year, STS and the ACC worked collaboratively with the FDA and CMS to streamline the approach required for device approval and subsequent Medicare coverage for TAVR through a National Coverage Determination (NCD). The NCD helps to ensure the best care for patients because the pre-operative evaluation, inter-operative deployment of the valve, and post-operative care must be jointly shared by cardiologists and cardiothoracic surgeons, utilizing the heart team approach.

## Editor-Elect Search for The Annals of Thoracic Surgery

The Society of Thoracic Surgeons has initiated its search for the next Editor-Elect of The Annals of Thoracic Surgery, a premier journal with the highest impact factor among cardiothoracic surgery journals worldwide. The new Editor-Elect will assume this position after his or her election at the Society's 50th Annual Meeting in late January 2014. It is expected that the Editor-Elect will become Editor of The Annals at the Society's 51st Annual Meeting in late January 2015.

The Editor is responsible for overseeing the timely and unbiased solicitation, evaluation, selection, and editing of the scientific articles and other editorial materials published in The Annals; the review and development of editorial policies and processes to help ensure that the journal operates in accordance with the

highest standards of scientific integrity; keeping the journal current with publishing industry standards and at the forefront of innovations, including electronic publishing initiatives; and working cooperatively with the Society's Board of Directors and STS management with respect to the business affairs of the journal.

The Editor is expected to spend a minimum of 60% of his or her time on The Annals, and must be willing to commit to the position for a period of at least 5 years. Editor-Elect candidates may have clinical backgrounds in any of the cardiothoracic surgery subspecialties, but must have certain critical attributes, including the highest standards of integrity, vision, attention to detail, familiarity with online technology and, above all, a commitment to the continued growth and success of The Annals.

An Editor-Elect Search Committee has been formed to assist the STS Nominating Committee in the selection process. The Search Committee members are STS President Douglas E. Wood, MD (Chair), William A. Baumgartner, MD, Robert A. Guyton, MD, David R. Jones, MD, John E. Mayer Jr., MD, Keith S. Naunheim, MD, and Valerie W. Rusch, MD.

Interested surgeons are invited to send their curricula vitae, with cover letters, in confidence to:

## **Grahame Rush**

**Director of Information Services** The Society of Thoracic Surgeons 633 N. Saint Clair St., Floor 23 Chicago, IL 60611-3658

The deadline for receipt of applications is June 1, 2013.

## Member News



#### **ROBBINS JOINS TMC**

Robert C. Robbins, MD is the new President and Chief Executive Officer of Texas Medical Center in Houston. He previously worked at Stanford University, where he was Professor and Chairman of the Department of Cardiothoracic Surgery, as well as Director of the Stanford Cardiovascular Institute. Dr. Robbins has been an STS member since 1998 and has served on the Workforce on Adult Cardiac and Vascular Surgery; the Quality, Research, and Patient Safety Council Operating Board; and the Workforce on Media Relations and Communications.



## NOVICK HONORED FOR IMPROVING CHILD HEALTH

In January, William M. Novick, MD was honored with the prestigious REAL Award, which recognizes health care workers who make a difference in children's lives. The REAL Award is given by Save the Children, along with the Bill & Melinda Gates Foundation and the Frontline Health Workers Coalition. An STS member since 1997, Dr. Novick is the Founder and Medical Director of the International Children's Heart Foundation. He is a Professor of Surgery and Pediatrics, as well as the Paul Nemir Ir. Endowed Professor of International Child Health at The University of Tennessee Health Science Center in Memphis.



#### LEE TO LEAD RWJ SURGERY

Leonard Y. Lee, MD has been named Chief of the Division of Cardiothoracic Surgery at Robert Wood Johnson University Hospital and Associate Professor of Surgery at Robert Wood Johnson Medical School, both in New Jersey. An STS member since 2003, Dr. Lee was previously Chief of the Division of Cardiothoracic Surgery at Hackensack University Medical Center and Surgical Director of the Heart & Vascular Hospital. While there, Dr. Lee developed new programs involving minimally invasive surgical approaches to heart disease and repairs of complex thoracic aortic aneurysms of all types.



#### **BEDI NAMED CHIEF**

Harinder Singh Bedi, MD has been selected to head the Cardiothoracic and Vascular Surgery Department of the Christian Medical College & Hospital in Ludhiana, Punjab, India. An STS member since 1999, Dr. Bedi has a special interest in off-pump CABG, myocardial preservation, valve replacement and repair, and minimally invasive surgery.

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

## Staff Updates

**Armando Juarez** joined STS on January 7 as the Society's IT Coordinator. He is responsible for handling technical support issues and other system administration tasks. Most recently, Armando served as the Technical Services Specialist at the Institute of Real Estate Management. Prior to that, he worked as an Associate Technical Artist at Midway Games. Armando has a bachelor's degree in film and video with a concentration in computer animation from Columbia College Chicago. To contact him, e-mail ajuarez@sts.org.

Rachel Pebworth joined the Society on January 14 as Senior Coordinator, Affiliate Organizations. She is responsible for providing support for STSmanaged organizations. Most recently, Rachel served as Client Services Administrator at the American College of Surgeons. Rachel received her bachelor's degree in English literature from the University of Wisconsin-Madison. To contact her, e-mail rpebworth@sts.org.

Cassie Brasseur joined STS on January 23 as the Society's Media Relations Manager. She is responsible for securing media coverage of the Society's initiatives, as well as articles from The Annals of Thoracic Surgery. Cassie comes to STS from the American Medical Association. Currently pursuing a Master of Public Policy and Administration degree at Northwestern University, Cassie holds a bachelor's degree in journalism and communication studies from the University of Iowa. To contact her, e-mail cbrasseur@sts.org.

Jasmine Romaine joined the Society on March 11 as its Membership Assistant. In this role, she is responsible for providing support to STS members. Most recently, Jasmine worked in the communications industry, specifically with clients in the publishing arena. Jasmine received her bachelor's degree in communications from the University of West Florida and master's degree in entertainment business from Full Sail University. To contact her, e-mail jromaine@sts.org.

## 49th Annual Meeting Highlights

Nearly 2,300 cardiothoracic surgeons and allied health care professionals gathered in Los Angeles January 26-30 for 5 days of exciting debates, important research presentations, and networking opportunities at the STS 49th Annual Meeting.

Many attendees arrived early to participate in STS/AATS Tech-Con, special courses held in collaboration with the Society of Cardiovascular Anesthesiologists and the American College of Chest Physicians, and a variety of symposia covering topics such as practice management, rheumatic mitral valve disease, and interprofessional collaboration in the operating room.

The meeting kicked into high gear on Monday and Tuesday, January 28–29, with insightful lectures and dozens of scientific sessions. Attendees got their hands dirty at STS University on Wednesday, January 30, which featured 12 courses on everything from mitral valve repair to chest wall reconstruction.

For more details on this year's Annual Meeting events, visit www.sts.org/AMarchive to peruse PDF copies of the STS Meeting Bulletin, the onsite meeting newspaper. And stay tuned for more information on the Society's 50th anniversary meeting in Orlando, January 25-29, 2014, which will continue to feature outstanding scientific research and discussion, but with special celebratory events. Abstract submissions will open soon; keep an eye on your e-mail inbox for an announcement.

## **Presidential Address Focuses on Quality**



Dr. Rich urged STS members to lead the way in improving health care quality.

Jeffrey B. Rich, MD delivered his Presidential Address to a packed room on Monday morning, January 28. His talk, "The Passions and Actions of Our Lives: Changing the World Around Us," focused on the importance of quality in health

care—an area in which he said STS has been and must continue to be an influential force.

Dr. Rich cited the Society's successes in improving health care quality, such as the STS National Database, the National Coverage Determination for TAVR, and the STS/ACC TVT Registry™. STS must continue to expand its leadership in this field and embrace the power of collaboration to maximize the "heart team" concept, he said. He also encouraged further development of multistakeholder databases modeled after the TVT Registry and stressed that cost data should be incorporated as a key facet of these databases.

He emphasized that the road to improving the country's health care system is not one that STS must walk alone. "We must be willing to teach other specialties these principles. That should be part of our passion and our moral compass. We alone cannot save health care," Dr. Rich said.

Dr. Rich urged STS members to take action and cited several ways to start, such as developing a new care delivery model at their institution or participating in a CMS demonstration project. "Let us not have leaders in the society, but let us be a society of leaders," he said.

## Annual Meeting by the Numbers

2.283

professional registrants



countries represented by attendees

155 exhibiting companies 42,100

square feet of exhibit space in the STS Exhibit Hall



361 meeting speakers



pig hearts purchased for STS University

the new polling feature

questions asked using

2.947

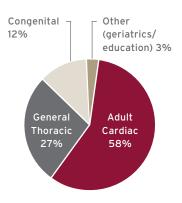
responses from the new polling feature



56°F

average temperature in Los Angeles during the meeting

## SUBMITTED ABSTRACTS BY SUBSPECIALTY (921 TOTAL)



## **Award Winners Honored**



D. Craig Miller, MD accepts the 2013 Bakken Award.

In addition to sharing knowledge about cutting-edge science, state-of-the-art technology, and data-driven quality improvements in health care, the STS Annual Meeting also offers the opportunity to recognize those who are making an impact in the field of cardiothoracic surgery. The following were honored by the Society in Los Angeles:

## DISTINGUISHED SERVICE **AWARDS**

STS presented the Distinguished Service Award to Michael J. Mack, MD and Carolyn E.

Reed, MD (posthumously). This award recognizes those who have made significant and far-reaching contributions to the Society and the specialty. Dr. Mack, an STS Past President and current Chair of the STS/ACC TVT Registry<sup>™</sup> Steering Committee, is the Medical Director of Cardiovascular Surgery for the Baylor Health Care System and Chair of The Heart Hospital Baylor Plano Research Center. Prior to her death in November 2012, Dr. Reed held several positions at the Medical University of South Carolina, including Professor of Surgery; Alice Ruth Reeves Folk Endowed Chair of Clinical Oncology; Chief, Section of General Thoracic Surgery; and Deputy Director of Clinical Affairs at the Hollings Cancer Center. She served as STS Treasurer from 2007-2012 and was elected STS President (posthumously) at the meeting.

## EARL BAKKEN SCIENTIFIC ACHIEVEMENT AWARD

The Earl Bakken Scientific Achievement Award was presented to D. Craig Miller, MD, the Thelma and Henry Doelger Professor of Cardiovascular Surgery and Director of the Cardiovascular Surgical Physiology Research Laboratories at Stanford University. The Bakken Award honors individuals who have made outstanding scientific contributions that have enhanced the practice of cardiothoracic surgery and patients' quality of life. In his acceptance speech, Dr. Miller encouraged the audience to "always keep that quest to satisfy your intellectual curiosity at the top of your priority list."

#### PRESIDENT'S AWARD

The President's Award was presented to Matthew L. Williams, MD, an Assistant Professor in the Department of Cardiovascular and Thoracic Surgery at the University of Louisville School of Medicine, for his paper, "Preoperative Hematocrit Is a Powerful Predictor of Adverse Outcomes in CABG Surgery: A Report from the STS Adult Cardiac Surgery Database." Selected by the STS President, the recipient of this award is recognized for

> submitting an outstanding scientific abstract to the Annual Meeting Program by a lead author who is either a resident or a young investigator who has completed his or her training within the last 5

years. In presenting the award, Jeffrey B. Rich, MD said that Dr. Williams "did a phenomenal job in using the Database to bring forward a clinical indicator for contemplation."

## POSTER AWARDS

The STS Annual Meeting offers

those who are making an impact.

the opportunity to recognize

### **Adult Cardiac Surgery**

Twenty-Year Analysis of Autologous Support of the Pulmonary Autograft in the Ross Procedure Using a Variant Inclusion Cylinder Method in Adults Less Than 60 Years (lead author Peter Skillington, MD)

## **General Thoracic Surgery**

The Effect of Lung Size Mismatch on Survival after Single and Bilateral Lung Transplantation (lead author Michael Eberlein, MD, PhD)

## **Congenital Heart Surgery**

Creating a Value Index: A Method to Compare Regional Programs Performing Congenital Heart Surgery (lead author S. Adil Husain, MD)

## THANK YOU!

The Society of Thoracic Surgeons gratefully acknowledges the following sponsors for their support of the STS 49th Annual Meeting.

#### **Patron Sponsors**

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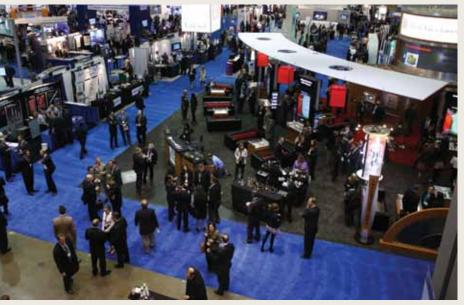












- 1 Douglas E. Wood, MD (left) was elected President during the STS Annual Meeting. He received the President's gavel from Jeffrey B. Rich, MD, now Immediate Past President.
- 2 An exhibitor demonstrates her company's product to an Annual Meeting attendee.
- 3 On Tuesday morning, January 29, Carolyn M. Clancy, MD delivered the C. Walton Lillehei lecture on "Making Science Count: Overcoming the Challenge to Patient-Centered Care."
- 4 STS held a press conference, moderated by Keith S. Naunheim, MD (left) showcasing research on lung transplants, lung cancer genetics, and CABG surgery. The presenters were Sharven Taghavi, MD, Johannes Kratz, MD, and Fred H. Edwards, MD.
- 5 Visiting the STS Exhibit Hall provided opportunities to learn about the latest technology in the field.
- 6 STS University offered 12 hands-on courses, ranging from mitral valve repair to chest wall reconstruction.
- 7 The Scientific Posters & Wine session gave attendees a chance to discuss research with study authors.
- 8 Mark B. McClellan, MD, PhD presented the Thomas B. Ferguson lecture, "Real Health Care Reform and STS Leadership," on Monday morning, January 28.





View more Annual Meeting photos on the STS Facebook page at facebook.com/ societyofthoracicsurgeons (login not required).

## STS Members Value Scientific Research, Clinical Guidelines

A new STS Member Needs-Assessment Survey shows that The Annals of Thoracic Surgery is the most valued STS membership benefit, followed by in-person educational opportunities such as the STS Annual Meeting, and the STS National Database.

The survey also found that STS members value clinical practice guidelines, and nearly 84% of members said they use STS evidencebased guidelines in their practice.

"The Society's mission is to 'enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy,' and this survey is helping us get a better understanding about what we are doing right, where we need a course correction, and what new opportunities we can create to accomplish our mission," said Rob Wynbrandt, STS Executive Director & General Counsel.

Last fall, STS distributed a 25-question online survey to its 5,448 members with e-mail addresses on file. The response rate was 21.6% (1,237 members).

#### WHO ARE STS MEMBERS?

The survey gave a snapshot of STS member characteristics. A large majority of respondents (81.8%) described their primary professional focus as clinical. Many (38.2%)

also said they were employed in academic medicine. Hospital employment (28.1%) was the next most common, followed by group private practice (13.7%). Respondents were also more likely to focus their practices on adult cardiac procedures than on general thoracic or congenital procedures, and nearly threequarters of Active Members (72.6%) were also members of the American College of Surgeons.

#### **GUIDELINES A PRACTICE PRIORITY**

More than three-quarters of respondents (83.9%) said they utilize STS evidence-based clinical practice guidelines, which are intended to assist physicians and other health care providers in clinical decision making by describing a range of generally acceptable approaches for the diagnosis, management, or prevention of specific diseases or conditions. Currently, 15 clinical practice guidelines are available at www.sts.org/ guidelines, with others in the pipeline.

Many members (52.5%) also said they were interested in participating in webinars on newly released guidelines. The possibility of CME credit for clinical practice guideline education appealed to the majority of respondents (76.2%).

Research has been a growing area of activity for the Society, as evidenced in the burgeoning STS Research Center and the

FDA's recently issued investigational device exemption (see page 6). The survey showed that STS members want more information regarding participation in clinical trials, as well as research resources.

#### IN-PERSON EDUCATION EMPHASIZED

There are many reasons why members attend the STS Annual Meeting, and the wealth of scientific research presented is most important, according to the members surveyed. The ability to earn CME credit and the abundant networking opportunities at the meeting were also top incentives.

And while online educational programming is growing, survey respondents ranked face-toface interaction afforded by in-person courses as their preferred educational format. The STS/ ACCF Transcatheter Heart Valve Symposium, to be held April 25-26 in Dallas, is one upcoming opportunity that all members are encouraged to attend. At least 94 comments indicated that the Society should focus its educational efforts on minimally invasive procedures over the next 5 years.

"STS leaders and senior staff will now take a deeper dive into the survey results and determine how to best prioritize and evolve member benefits in order to help our CT surgeon members provide the best quality patient care," said Wynbrandt.

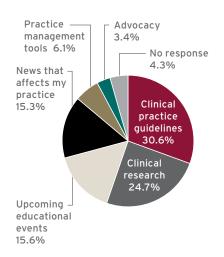
## SATISFACTION WITH MEMBERSHIP **BENEFITS (RANK)**

- 1 The Annals of Thoracic Surgery
- 2 In-person educational courses + STS National Database (tie)
- 4 Web-based educational courses
- 5 Advocacy efforts + networking opportunities (tie)

## PREFERRED EDUCATION FORMAT (RANK)

- 1 In-person courses
- 2 Online resources
- **3** Webinars

### MOST USEFUL INFORMATION FROM STS



## MOST IMPORTANT ADVOCACY TOPICS (check all that apply)

Practice management/regulations impacting practice 49%

Medicare payment reform 43.1%

Coding and reimbursement 41%

Approval for medical devices/procedures 37.9%

Medical liability reform 32.2%

Facilitation of research opportunities 32.2%

As we count down to the Society's 50th Anniversary celebration at the STS Annual Meeting in Orlando, January 25–29, 2014, each issue of STS News will feature a different flashback. Also, regularly check www.sts.org for special videos commemorating the Society's rich history.

## STS 50th Anniversary Flashback

- In April 1964, the newly formed STS
   Executive Committee and Council
   met during the American Association
   for Thoracic Surgery Annual Meeting
   in Montreal and adopted the first STS
   constitution and bylaws.
- In January 1965, members approved the constitution and bylaws at the Society's 1st Annual Meeting & Exhibition, held at The Chase Park Plaza Hotel in Saint Louis. Meeting attendance included 411 thoracic surgeons.
- At least 19 exhibiting companies
   participated in the Annual Meeting,
   showcasing everything from ventilators
   and pacemakers to journals and teaching
   files. Among the first exhibitors were
   Medtronic and Dennis R. Scanlan (now
   Scanlan International, Inc.), both of
   whom recently exhibited at the STS 49th
   Annual Meeting in Los Angeles.
- The registration fee for the 1st Annual Meeting was \$10; residents and fellows were admitted for free.

- The 1st Annual Meeting offered 26 scientific presentations, ranging from the "Externally Rechargeable Cardiac Pacemaker" to "Ventilatory Improvement Following Decortication in Pulmonary Tuberculosis." The guest lecturer was F. Mason Sones Jr., MD, from the Cleveland Clinic Foundation, who spoke about "Coronary Arteriography."
- The Business Session for Members was held on Tuesday afternoon, and the President's Mixer offered cocktails and a smorgasbord later that evening.
- The 64-page program listed 364 STS Members from seven countries— US (351), Canada (7), India (2), Greece (1), Japan (1), South Africa (1), and Spain (1).
- Also in January 1965, the first issue of The Annals of Thoracic Surgery was published, and the first STS seal was approved.



The first STS seal, approved in 1965, was designed by Lyman A. Brewer III, MD, of Los Angeles, with illustrations by Kurt Smolens, a medical artist at The City of Hope National Medical Center in Duarte, California. Described in his 1988 obituary as a "trailblazing thoracic surgeon of sterling integrity and enormous personal charm," Dr. Brewer was the 1968-1969 STS President and also served as First Vice President of the American College of Surgeons and President of AATS.



## STS Advocacy Helps Fuel Payment Reform Talks

Policymakers are demonstrating

that they understand the

important role registries can

play in health care payment.

STS has long advocated for a Medicare physician payment model that relies on a clinical registry infrastructure to facilitate payment based on quality care. Now, thanks in part to efforts by both the surgeon leadership and STS grassroots advocates, policymakers are demonstrating

that they understand the important role registries can play in health care payment. Notably, a recent Congressional hearing on Sustainable Growth

Rate (SGR) reform focused on how to leverage "data, measures, and models" and develop payment proposals relying on clinical registry data.

The timing for these talks could not be better. The Congressional Budget Office's Budget and Economic Outlook for 2013—2023 shows that expected growth in Medicare spending has slowed. This means that the estimated cost of repealing the SGR payment formula and replacing it with something new is significantly lower than previous estimates. Congress must act in the next few months to take advantage of this lower assessment.

As the reform process moves forward, the Society will continue to demonstrate how evidence-based data, such as through the STS National Database and the STS/ACC TVT Registry™, can reduce costs and improve patient outcomes.

### **CHANGES TO PQRS**

The increasing reliance on health care quality measurement was apparent in the American Taxpayer Relief Act (ATRA), signed into law in early January. Section 601(b) of ATRA encourages the utilization and development of clinical registries.

ATRA also instructs the Government Accountability Office to study how registry data can help improve the quality and efficiency of the Medicare program.

Peter R. Orszag called upon

HHS to "make new registries

for special care a priority."

Many STS members fulfill Physician Quality and Reporting System (PQRS) requirements by electing to have STS report data on their behalf. In the future, ATRA will

allow data reporting to "qualified registries" instead of the arduous PQRS. Because the term "qualified registries" has not yet been

defined, the Centers for Medicare & Medicaid Services has issued a Request for Information that could ultimately lead to a data registry qualification program and alignment of its quality improvement programs.

STS staff recently met with Department of Health and Human Services officials, White House staff, and other physician organizations to discuss the role clinical data registries will play in a new and improved health care system.

### CLINICAL DATA REGISTRIES IN THE MEDIA

The value of clinical data registries has been the topic of several recent newspaper reports, including a January 8 column syndicated by Bloomberg News. In the column, Peter R. Orszag, former Director of the Office of Management and Budget and current executive for Citigroup, called upon HHS to "make new registries for special care a priority."

Orszag also highlighted ATRA as a bipartisan and bicameral effort: "At a time when politics in the United States are hyperpolarized, the Section 601(b)s of this world are few and far between. Yes, there's much more we could be doing to limit cost growth, to continue the low growth rates we've seen over the past few years. But when big changes aren't possible, let's celebrate the baby steps."

## NEW ONLINE LEGISLATIVE ADVOCACY CENTER

All STS members are invited to visit the Society's newly updated advocacy

pages at www.sts.org/advocacy. The STS Legislative Advocacy Center includes links to contact members of Congress, the STS Key Contact Program, and STS-PAC. The pages also include current and archived issues of STS Advocacy Monthly, the STS Health Policy Compendium, other health policy resources, and a new section on coding.

If you have comments or suggestions about our new advocacy pages, contact advocacy@sts.org.

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## MARK YOUR CALENDAR

**Upcoming STS Educational Events** 

April 25-26, 2013

Dallas, Texas

STS/ACCF Transcatheter Heart Valve (THV) Symposium September 26-28, 2013

Boston, Massachusetts

Advances in Quality &

Outcomes: A Data Managers Meeting Orlando, Florida

November 7-9, 2013

Coding Workshop

January 25-29, 2014

Orlando, Florida

STS 50th Annual Meeting