The North American view: the perspective of the American Association for Thoracic Surgeons

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Summary

The American Association for Thoracic Surgeons (AATS) is a small, selective organization focused on scholarship in thoracic surgery, complementing the Society of Thoracic Surgeons (STS) will be expertly presented by Dr Rich. As a member of that organization, I am proud of our political efforts in dealing with our government and commercial payers, and our steadily expanding database. My personal perspective is influenced by my local environment, and in some respects Columbia University Medical Center and New York City may not be representative of the rest of North America. We are still busy and getting busier, our residency is doing well, and the commercial insurance market offers somewhat better revenue opportunities than in many other parts of North America, at least for the present. I am constantly being warned that all of that is about to disappear, but I have been hearing that warning for 30 years.

Whatever the specifics of my personal situation might be, all North American surgeons face a similar set of challenges. New technologies like transcatheter aortic valve implantation (TAVI) are considered ‘disruptive’ by many surgeons and are indeed changing the landscape in the treatment of aortic stenosis. The popularity of our specialty appears to be declining, at least as measured by the National Institutes of Health funding for thoracic surgeons. We need to embrace new technologies and incorporate them into our training programmes, and to cultivate the creativity necessary for innovation. It is necessary to make residents and medical students more aware of the virtues of a career in our specialty and focus less on making the training process more attractive for its own sake.

Keywords: Surgery • Innovation • Scholarship • Education

When I present the North American view of our present and future challenges, it is important to note that I am representing several possible points of view. My perspective as a member of the Society of Thoracic Surgeons (STS) will be expertly presented by Dr Rich. As a member of that organization, I am proud of our political efforts in dealing with our government and commercial payers, and our steadily expanding database. My personal perspective is influenced by my local environment, and in some respects Columbia University Medical Center and New York City may not be representative of the rest of North America. We are still busy and getting busier, our residency is doing well, and the commercial insurance market offers somewhat better revenue opportunities than in many other parts of North America, at least for the present. I am constantly being warned that all of that is about to disappear, but I have been hearing that warning for 30 years.

Whatever the specifics of my personal situation might be, all North American surgeons face a similar set of challenges. New technologies like transcatheter aortic valve implantation (TAVI) are considered ‘disruptive’ by many surgeons and are indeed changing the landscape in the treatment of aortic stenosis. The popularity of our specialty appears to be declining, at least as measured by the number and quality of residents applying for traditional 2- or 3-year training programmes. We have faced relentless downward pressure on reimbursement for more than 15 years—today, I am reimbursed one-third to one-sixth of what I was paid for the same procedures when I started in practice in 1984. At the same time, increasing regulation and complexity of the reimbursement environment have steadily increased administrative cost. Although the rate of rise in malpractice cost has decreased, it remains an enormous expense, and defending oneself in the inevitable lawsuits is a huge waste of time and effort. Funding from industry has declined markedly as industry adapts to new regulations. Government support for research has declined and has become almost prohibitively competitive for surgeons. Another kind of challenge, in my opinion, is seen in the proliferation of meetings, courses and symposia that crowd the calendar with duplicative content, competing for a limited audience and limited industry support.

It is my task to focus specifically on the perspective of the American Association for Thoracic Surgeons (AATS). To those outside North America, the existence of two organizations representing our specialty can be a source of confusion. I will try to clarify our respective missions. As a large, inclusive organization, it is logical that the STS focuses primarily on issues impacting all cardiothoracic surgeons in North America, including clinical practice standards, coding and reimbursement and government relations. The STS also manages a highly regarded clinical database. As a long-standing member of STS, I take pride in these contributions. In contrast, AATS is small and exclusive, and it is logical for its focus to be in other areas, specifically scholarship in Thoracic Surgery. A focus on scholarship is expressed through emphasis on a competitive, academically rigorous Annual Meeting, through our Journals, and through academically rigorous co-sponsored meetings and Symposia in North America, and increasingly around the world. Through our Graham Foundation, we support academic career development, and through the AATS Academy we encourage the development of leadership skills. Our two North American organizations fill discrete, important and complementary roles.

I mentioned the challenge of ‘disruptive’ new technologies. The key is to recognize that what is ‘disruptive’ to one might be
transformative to another, and AATS always aspires to be the other. The best current example is TAVI. Even though we short-sightedly sat out the early phase of invention, we can adapt our practice, our collaborations and our training paradigms in ways that will transform our role in the treatment of valve disease.

I mentioned concern that our specialty is losing appeal to talented young residents and medical students. While this concern is widely shared, since the year 2000, average grade point average and medical college admission test scores for matriculants to US Medical Schools have steadily increased, now sitting at 3.67 and 31.1, respectively—they certainly have not decreased. I conclude that we have a relatively stable pool of bright, motivated undergraduate and post-baccalaureate students gravitating towards medicine [1]. The key is to restore belief that the practice of our specialty is a goal, worth achieving, rather than focusing all of our efforts on making the training process more politically correct. As one small example of an effort aimed at exposing the attractions of the goal, AATS has been providing summer scholarships for medical students that support clinical and research experience in thoracic surgery.

I mentioned the challenges presented by decreasing funding from government and industry to support research and other scholarly activities that are central to the AATS mission. Research funding is not a critical issue for all practicing thoracic surgeons, but because it is so important to scholarship in thoracic surgery, AATS independently funds a lobbying effort directed at National Institutes of Health and National Heart, Lung, and Blood Institute. AATS is also expanding and redefining the role of its Graham Foundation to better support research activities by thoracic surgeons. We expect that the activities of the Graham Foundation will help sustain support from industry and philanthropy that has faltered during the financial unwinding of the Thoracic Surgery Foundation for Research and Education. An important part of the curriculum in the AATS Academy aims to prepare leaders in our specialty for the challenges related to supporting research.

I mentioned the proliferation of meetings and symposia. When the Education Committee of AATS was formed 9 years ago, one important goal, at their urgent request, was to help industry focus support on fewer, higher-quality events. It has proven to be equally difficult for industry to regulate funding, and for our organizations to regulate faculty participation by our members, based strictly on quality and academic value. In retrospect, those may be unrealistic goals. We think that endorsing and co-sponsoring events we consider to be the highest quality have made them more successful than competing events of lesser quality. Importantly, successful co-sponsorship requires variable levels of content oversight and direct involvement in marketing.

Finally, as this meeting makes very clear, AATS and all other parts of North American thoracic surgery are just one piece of a thriving international enterprise in which we are privileged to share participation. AATS sees the increasing internationalization of everything we do as inevitable and invaluable.

REFERENCE