The Society’s Management Evolution

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The Early Years (1963–1969)

The initial management activities associated with the founding of The Society of Thoracic Surgeons (STS) were conducted from the office of J. Maxwell Chamberlain, MD, in New York. The office became the headquarters for the movement to establish STS as a professional society (see Chapter 1). Letters inviting more than 500 thoracic surgeons to become STS Founder Members were issued from Dr Chamberlain’s office.

The first meeting of the newly formed STS Executive Committee was held in Saint Louis in December 1963. At that meeting, the second draft of the Constitution and Bylaws was approved, and the Editorial Board for the proposed new journal, The Annals of Thoracic Surgery, was appointed (see Chapter 4). Francis X. Byron, MD, was appointed Secretary, and all official Society business was conducted from Dr Byron’s California office until his untimely death in 1968.

By 1969, membership in the Society had grown to approximately 700, and it became apparent that management activities could no longer be handled by the staffs of Society officers. A committee was appointed to obtain the services of a professional management organization. The committee consisted of Ralph D. Alley, MD (Chair), John N. Briggs, MD, Robert G. Ellison, MD, and Herbert Sloan, MD. With the assistance of Hiram T. Langston, MD, a member of the STS Council, the Chicago firm of Smith, Bucklin and Associates (SBA) was selected. Walter G. Purcell, an SBA Vice-President, was appointed as the Society’s Business Manager (Fig 1).

The SBA Years (1969–2002)

At the time of its selection, SBA was providing management services to 37 national associations. All but two of these were industrial or commercial enterprises. Before joining SBA, Purcell had been an instructor in the School of Communication Arts at the University of Notre Dame and an executive at the NBC-affiliated television and radio stations that were owned by the university. During his tenure (1969–1995), Purcell provided exceptional support to physician–leaders and virtually all committees in existence during that interval. Betty Perkins, Purcell’s executive assistant, also provided significant support in the early years of SBA management.

In 1995, SBA’s Michael G. Thompson, PhD (Fig 2), was appointed as Purcell’s successor, with the title of Executive Director, and served in this capacity until 2002.

Several other SBA employees devoted a substantial portion of their time and energy to Society activities. Most notable was Joyce Gambino, who served STS with distinction for more than 20 years in meeting and convention planning. Gambino retired from STS as its Director of Meetings and Conventions in 2012 and was succeeded by Courtney Miller Donovan. Gambino was one of seven SBA employees who transitioned into the Society’s reorganized management structure in 2002. Also among the SBA employees joining the STS staff were Director of Quality Assurance and Patient Advocacy Mary C. Eiken, RN, MS, and Director of Education and Member Services Christine C. Eme.

It was during the SBA years that the Society established a nationally prominent peer review program, the STS National Database, the STS Education and Research Foundation (now the Thoracic Surgery Foundation for Research and Education), CTSNet, and the STS Political Action Committee, all significant initiatives for the organization. It was also during these years that the Society conducted two major strategic planning exercises. The first was a groundbreaking effort to address topics ranging from the definition of thoracic surgery to the “managed care revolution” under the direction of President John R. Benfield, MD, in 1995–1996. The second was under the direction of President Jack M. Matloff, MD, in 2000–2001 and was especially noteworthy in the history of the Society because it ultimately yielded a comprehensive set of Bylaws amendments that, among other things, entirely revamped the organization’s governance structure; these amendments were adopted by the membership at its 2002 Annual Meeting.

Self-Management (2002–Present)

In the later years of the SBA era, there was a growing sense among the Society’s leadership that the recent flood of new initiatives and activities had created a need for the Society to consider other options for carrying out the day-to-day business of the Society. The Executive Committee hired the Chicago consulting firm of Henrichs & Associates to help it assess these options, including self-management.

The STS Council voted in late 2001 to negotiate a separation agreement with SBA, hire a staff of dedicated STS employees, and establish a permanent headquarters office in Chicago. An ambitious transition plan was then formulated within a very short period of time.

The transition to self-management was successfully implemented under the direction of Mark B. Orringer, MD (Fig 3), who was completing his term as the STS
President, and William A. Baumgartner, MD, his successor as President. After an extensive search, Robert A. Wynbrandt, JD, a partner in the Chicago-based law firm of Jenner & Block who had served as outside legal counsel to the Society for the previous 15 years, was appointed Executive Director & General Counsel, a position he still holds today (Fig 4). He joined STS, along with Cheryl D. Wilson, his former secretary at Jenner & Block and the Society’s new Administrative Manager and Executive Assistant, on June 1, 2002, the official date on which STS self-management began. As of that date, nearly all of the Society’s operations were under one roof at 633 N Saint Clair St in Chicago, where they remain today.

The transition to self-management was truly a critical turning point for the Society. During the subsequent 11-plus years, there has been enormous growth in virtually every area of STS activity. With regard to the physical
premises, a lease was signed with the American College of Surgeons for 25% of one floor in the office building at 633 N Saint Clair. By the end of 2008, the Society occupied the entire floor and sublet a small portion of its space to the American Board of Thoracic Surgery. In 2004, a dedicated STS office in Washington, DC, was established, and in 2010, the Society’s Government Relations staff moved to space in the College’s new Washington office building at 20 F St. The Society also uses space at the University of Pennsylvania in Philadelphia for The Annals of Thoracic Surgery editorial staff.

As of June 1, 2002, the Society had 9.5 full-time employee equivalents (Fig 5). By the end of 2013, STS had 59 budgeted full-time employee positions. A noteworthy recent addition to the STS senior staff is Associate Executive Director William F. Seward, MA, who has assumed various responsibilities for internal Society operations. STS employees provide support to the Board of Directors, five standing Committees, Operating Boards for three Councils, 20 Workforces, and scores of Task Forces, as well as the operations of six affiliated organizations: CTSNet Inc, the Joint Council on Thoracic Surgery Education, the Southern Thoracic Surgical Association, the Thoracic Surgery Directors Association, the Thoracic Surgery Foundation for Research and Education, and Women in Thoracic Surgery.

Society membership numbered about 4,100 in 2002; by late 2013, membership had increased to more than 6,800. Active Membership had increased by 25% and Senior Membership by 50%, while International and Candidate Membership had doubled. In addition, new categories were established for Pre-Candidate Members (medical students and general surgery residents) and Associate Members (physicians not eligible for Active Membership, along with research scientists, perfusionists, nurses, nurse practitioners, practice administrators, data managers, and other health care professionals). Participation in the STS National Database also increased substantially after 2002 (see Chapter 11). By late 2013, the number of participants in the STS Adult Cardiac Surgery Database (surgical groups or individual surgeons, many in conjunction with their hospitals) more than doubled, from 510 to 1,080, representing more than 3,000 individual adult cardiac surgeons. The STS General Thoracic Surgery Database grew during this interval from one participant to 244, representing more than 800 individual general thoracic surgeons, and the STS Congenital Heart Surgery Database increased from 32 to 109 participants, representing 360 individual congenital heart surgeons. Interest in the content of these databases among the federal government, other payers, and the public at large has grown substantially. Since 2011, participants in the Adult Cardiac Surgery Database have had the opportunity to publicly report outcomes on the STS website or the Consumer Reports website, or both.

In 2002, the Society was involved with two research initiatives: a grant from the Agency for Healthcare Research and Quality and a clinical trial. As this area of STS activity grew, it became apparent that a separate division for all of the Society’s research endeavors was needed. The STS Research Center was established in 2011 (see Chapter 12). By late 2013, STS had five active and 12 pending research grants.

The Society’s educational activities have greatly expanded, both within and outside the confines of the Annual Meeting (see Chapter 3). Joint sponsorship of extramural programs in collaboration with other professional specialty societies has increased substantially, and the Society now endorses third-party educational offerings that meet its independent standards.

STS also has become more visible on Capitol Hill. Surgeon leaders and Society staff in Washington and Chicago have collaborated on legislative and regulatory efforts to meet members’ needs and promote the cardiothoracic surgery specialty. STS is widely recognized as a leader in health care advocacy by Congress and government agencies, such as the Food and Drug Administration and the Centers for Medicare & Medicaid Services (see Chapter 8).
Despite periodic downturns in the economy, STS has achieved steady financial growth since 2002. In 2002, net assets equaled less than one-half of the organization’s budgeted annual expenses. Eleven years later, more than 12 months of significantly higher budgeted expenses are held in reserve, while annual membership dues have remained constant since 2002. Many individuals have contributed to the successful stewardship of the Society’s finances since its transition to self-management. Notable among them are Treasurers Douglas J. Mathisen, MD (2002–2007), Carolyn E. Reed, MD (2007–2012), and Robert S.D. Higgins, MD (2012–present), as well as Directors of Finance and Administration Terry S. Sidlow, MBA (2002–2004), and Sylvia L. Novick, MBA, CPA (2004–present).

Responding to the ever-changing landscape of cardiothoracic surgical practice, the Society conducted two additional strategic planning exercises during this era of self-management, addressing the organization’s scope as well as its value to the STS membership and the specialty at large. The first such initiative, under the direction of President Sidney Levitsky, MD, addressed plans and priorities in 2005–2006 and was carried out with the assistance of the research and consulting firm Westat. A strategic planning exercise in 2010–2011 was conducted with the assistance of Henrichs & Associates. This most recent effort, “The Society of Thoracic Surgeons’ Strategy for Leadership and Change,” was conducted under the direction of President Douglas J. Mathisen, MD. It yielded the organization’s current mission statement: “... to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research and advocacy.”

Beyond the wide range of services provided for its members, the Society has contributed generously to the broader thoracic surgical community. It has made substantial financial contributions to the Thoracic Surgery Foundation for Research and Education, the Joint Council on Thoracic Surgical Education, and CTSNet, Inc. Many STS members serve among the leaderships of these organizations and are significantly responsible for their respective successes.

Since its move to independence, the enormous progress achieved by the Society has occurred primarily because of the active involvement of the membership in its various activities, an extremely engaged group of volunteer leaders, and a committed staff who place great emphasis on the overarching shared staff values of professionalism and excellence.