Editor's note

Lawrence H. Cohn, MD

While reflecting on the adoption of the new health care plan of the United States of America, I thought that some of the areas of major cost expenditure are really not guided by the top experts in these specialties, namely cardiovascular medicine/surgery and orthopedics. Some specialties such as neurology and psychiatry have recently reorganized payment and diagnostic codes and it occurred to me that, if cardiovascular medicine/surgery were to take the lead and effectuate a payment guideline for the appropriate diagnosis and treatment and nonpayment guidelines for inappropriate diagnosis and treatment, I think our specialties would be the better for it and enjoy much greater credibility with the payors. I think it would be extremely beneficial if the leaders of our cardiovascular and thoracic surgical and medical specialty organizations came together to formulate guidelines for what should and should not be funded, especially as it relates to excessive utilization of technology for a patient. In fact, some payors in this country have already adopted these kinds of guidelines for those enrolled in their insurance plans. I believe it would clarify many of the misunderstandings of our specialties if our leaders could sit down with the groups in Washington, DC, and clarify the things that should and should not be paid for based on their professional opinion and longtime experience. In other words, “when is enough, enough”?

Discussions with former administrators of Centers for Medicare and Medicaid Services have led me to believe that this would be very helpful in guiding appropriate payment for a particular treatment plan thus eliminating the stigma of inappropriate interventions that raise some eyebrows in the payors' offices as well as in our colleagues' minds. I would certainly enjoy hearing our readership's comments on this area.

We were saddened to learn that one of the icons of thoracic surgery, Carolyn Reed, died this past November. She was an outstanding surgeon, researcher, teacher, leader, and person. Carolyn held very prominent positions throughout the spectrum of thoracic surgery, especially on the American Board of Thoracic Surgery and the Society of Thoracic Surgeons and her presence and contributions to the specialty will be sorely missed. In this issue on pages 1156-7 is an announcement of the establishment of the Thoracic Surgical Foundation for Research and Education (TSFRE) and the Women in Thoracic Surgery (WTS) Carolyn E. Reed Traveling Fellowship. I can think of no better way to honor Carolyn's legacy in thoracic surgery than the establishment of this Fund. Please consider making a donation to carry on some of the great projects that Carolyn initiated during her lifetime.

We thank Carolyn for the enormous impact she made in the field of thoracic surgery and she will be missed.

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Disclosures: Author has nothing to disclose with regard to commercial support.

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J Thorac Cardiovasc Surg 2013;145:905

0022-5223/\$36.00

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<http://dx.doi.org/10.1016/j.jtcvs.2013.02.051>