Dear Colleagues,

I hope this finds everyone well and getting ready for a wonderful fall and winter. I wanted to take this opportunity to update you on a number of activities going on with your KY-ACC chapter.

First, we recently had our annual meeting, and I feel sorry for those of you that could not attend! The meeting was fantastic. We had a record amount of support and space, and near-record turnout. You’ll find further information on the specifics of the meeting in this newsletter, but the quality of the presentations was very high, and everyone that I have talked with felt that it was a great investment in time. Forgive me for a shameless plug, but we will be having our KY-ACC 2015 annual meeting September 26th in Lexington at the Convention Center. We already have an impressive faculty that is confirmed, including Kim Williams, MD, FACC (incoming President of the ACC), Valentine Fuster, MD FACC (Editor, Journal of the American College of Cardiology), Allan Jaffe, MD, FACC, Sunil Makad, MD, FACC, and Michael Ackerman, MD, FACC. Please mark your calendars and make plans to attend. We’ll certainly be sending further information out as that date gets closer.

It’s a very exciting time with the KY-ACC. While I will have the privilege to serve as governor until March 2016, as this newsletter is being prepared we are having elections for the governor-elect for KY. They will serve as governor elect until March 2016 and assume the role of governor at that time. We have three wonderful candidates selected by the nominating committee who have been very active with the KY-ACC. Each have proven time and again their enthusiasm and leadership capabilities. Alison Bailey, FACC, Rita Coram, FACC, and John Johnstone, FACC have all been nominated; one will be elected directly by a ballot of all voting members of the KY-ACC. Additionally, we will be electing a new Cardiovascular Team Member Liaison to the Board, and the nominating committee has selected Rosa Langley to stand for this position- this position will also be filled by a state-wide ballot. Also, we will be having positions that will become available on the Board of Councilors next year, so if you are interested in becoming more involved with your state chapter please let me know.

I must mention the actions that the ACC are taking as regards the Maintenance of Certification (MOC) changes promulgated by the American Board of Internal Medicine (ABIM). As has been said before but bears repeating, the changes to the MOC program were put in place by the ABIM. The ACC does not agree with all of these changes and is working to help. Basically the actions of the ACC fall into two areas. First, the ACC has rolled out a significant number of items to help meet the increased requirements imposed by the ABIM. The best way to access these offerings is to visit the MOC Information Hub on CardioSource at http://www.cardiosource.org/Lifelong-Learning-and-MOC/MOC-Information-Hub.aspx. Secondly, the ACC is advocating strongly for fundamental changes to the MOC program. These changes will take time, but the ACC is pushing hard for improvements as quickly as possible. An additional new offering is the recently started ACC journal club that also provides MOC points (up to ten/year). This new project is run by past BOG-chair and ACC secretary Dipti Itchhaporia and details are also available through CardioSource at www.cardiosource.org/Lifelong-Learning-and-MOC/Journal-Club.aspx.

And CardioSource will be retired next year, to be replaced by a new digital platform for the ACC. The new site-ACC.ORG- represents a major user-centered redesign of CardioSource. This should enable heightened and intuitive access to clinical content while also allowing a personalized experience. This will also work across all digital platforms- phone, tablet, laptop and tabletop computers to improve the user experience. I’ve seen the preliminary version and I like what I see; I think this is going to be a major improvement.

On the advocacy front, we had a very successful Legislative conference in Washington DC this year- please see the articles included in this newsletter. We will also be back in Frankfort this year pushing for CPR education in schools as well as SmokeFree KY (no smoking in enclosed public spaces). We’ll be sending out an invitation to join us during the 2015 Legislative session in Frankfort. And on the subject of schools, please take a close look at the article written by Dr. Melissa Walton-Shirley MD FACC in this newsletter.

Governor’s Message continues on page 3
For the first time in history the Kentucky Chapter American College of Cardiology celebrated the 10th Annual Meeting and Scientific Session at the International Convention Center in Louisville. There was record attendance of about 200, and for the first time we had sessions for cardiovascular associates including nurses and cardiovascular pharmacists. We also had a special EP session with Dr. Andrea Natale as our distinguished lecturer. The faculty consisted of 25 national and local speakers including Dr. Blase Carabello, Dr. Michael Mack, Dr. Michael Brook, Dr. Norman Silverman, Dr. Julio Perez, Dr. Stephen Sanders and Dr. Hartzell Schaff. The main sessions were on aortic valve stenosis and the mitral valve. It included transcatheter techniques as well as advanced cardiac imaging. There were also two live echo sessions.

This year we had a record of posters and abstracts presented by fellows in training from UK, UL and nearby states including Cincinnati and Indianapolis. The recipients of the Young Investigator Awards were Dr. Charles Chung, Dr. Shahab Ghaﬁghazi and Dr. Dennis Bruemmer.

Dr. Laman Gray received the Honorable Maestro award which was presented by our Governor, Dr. Jesse Adams. There was also a very exciting session on Jeopardy in which fellows and faculty members from the University of Kentucky and University of Louisville debated which one had the final say.

Our special thanks to the scientific committee, Dr. Jesse E Adams III, Dr. Alison L Bailey, Sarah D Brouse, Dr. Rita Coram, Dr. Harsh Golwala, Patricia L. Horvat, Lindsay M. Lewis, Dr. Mike Mikola, Leesa Schwarz and Dr. Susan Smyth who spent countless hours, along with our Board members, in putting together an outstanding scientific session. We would also like to thank our chapter staff Sandy Kaye and Jennifer Rzepka in creating an app for mobile devices with a guidebook including information about the scientific sessions.

We had a record participation of local and national exhibitors which made this meeting possible. See page 5 for full details.

Seeking to improve patient outcomes and experiences through the delivery of high quality, cost effective care? Attend the ACC’s Cardiovascular Summit: Solutions for Thriving in a Time of Change, Jan. 22 – 24, 2015 in Orlando, FL, to develop a customized plan of action and learn about value-based care strategies and tactics, optimization of health care data, and effective leadership skills to ensure your practice thrives during these rapidly changing times. A course for the entire cardiovascular team, the Cardiovascular Summit will utilize dynamic teaching methods and feature small group workshops for all skill levels and practices. Read a recent post on the ACC in Touch Blog by C. Michael Valentine, MD, FACC, co-director of the Cardiovascular Summit on the value of attending. Register today.

Register Now for the CV Summit: Let the ACC Help You Navigate the Changing Practice Landscape
I am happy to be reporting on the proceedings from the Cardiovascular Pharmacists Session at the KY-ACC 10th Annual Meeting & Scientific Session. This was the second year that Kentucky Cardiology Pharmacist Collaborative was able to develop educational programming and share our perspectives with other members of the cardiovascular team.

This year I was fortunate to have the opportunity to Co-Chair the Cardiovascular Pharmacists Session with Dr. Sara Brouse, Clinical Pharmacist Specialist in Cardiology at UK Health Care who handled much of the program development and session promotion. This broad session focused on clinical controversies and answered key questions in the pharmacologic management of pulmonary hypertension, hyperlipidemia, hypertension, and stroke prevention in atrial fibrillation.

In the first discussion I assessed the existing literature on the use of Non-Vitamin K antagonist oral anticoagulants (NOACs) in patients with atrial fibrillation to determine if a diminished role for warfarin could be supported. I attempted to highlight the nuances of the ARISTOLE, RE-LY, and ROCKET-AF trials, and their subsequent subpopulations analyses, to show where data exists for safe utilization of the NOACs and where it is absent. Finally, we explored the pharmacokinetics and pharmacodynamics of these agents as an avenue to provide clinical decision support where data was deficient.

In the second talk Dr. Terri Cook, Cardiovascular Clinical Pharmacist at UK Health Care delivered a case based discussion on the recent changes in the management hypertension and hyperlipidemia following the late 2013 release of JNC8 and ATP4. Dr. Cook’s hypertension discussion focused on the simplified treatment goals of JNC8 and underscored the evidence of the last 11 years that brought about the substantive changes seen in the guideline. In her lipid discussion Dr. Cook illustrated the controversies surrounding the ASCVD risk calculation, the movement away from LDL-C goals, and the movement towards fixed dose statin therapy.

In the final lecture of the session Dr. Rachel Swope, Critical Care Clinical Specialist at Norton Audubon Hospital, evaluated the existing literature on new oral agents in the treatment of pulmonary hypertension. She examined the SERAPHIN trial and explained that macitentan can improve WHO functional class, 6-minute walk time, and delay the time to clinical worsening. She evaluated the PATENT-1 trial and described how riociguat can also improve WHO functional class and 6-minute walk distance. She also discussed the mixed results of the FREEDOM studies, but revealed how treprostinil ER was able to improve 6-minute walk distance in the FREEDOM-M. Finally, Dr. Swope explained how the 2014 CHEST Guideline on Pharmacologic Therapy for Pulmonary Arterial Hypertension in Adults could be utilized to determine in which patients to initiate therapy with macitentan or riociguat.

Moving ahead our group looks forward to collaborating in interprofessional education sessions with other members of the cardiovascular team and exploring modalities for shared research with the ultimate goal of improving the heart health of our patients within the Commonwealth and beyond.

**Governor’s Message continued from cover**

She has spearheaded a questionnaire administered to high school students to assess their level of health literacy. Take a look at the questions and then the number of students that knew the correct answer. These results are sobering, especially given the state of health of our fellow citizens and children here in the Commonwealth. Truly we have much work to do, but these data will prove instrumental as we work with our representative as well as school boards to try to improve the health of Kentuckians.

So take a close look at the enclosed information. And if I can help you at any time, please feel free to contact me directly at jadams@kentuckyacc.org.

Sincerely,

Jesse Adams III, MD, FACC
Governor
Kentucky Chapter - American College of Cardiology

**The latest advances in heart care in a healing environment**

The cardiovascular medicine program at UK HealthCare has a distinguished 50-year history, a flourishing present, and a promising future. With our state-of-the-art facilities and the most advanced and appropriate care, the UK Gill Heart Institute is improving outcomes and setting the standard for clinical care.

For more information, visit [ukhealthcare.uky.edu/gill](http://ukhealthcare.uky.edu/gill).
Members of the Kentucky Chapter of the American College of Cardiology gathered at Jewish Hospital for the annual American College of Cardiology (ACC) KY Chapter dinner on October 9, 2014. The dinner preceded the annual scientific meeting held at Louisville’s International Convention Center on Oct. 10, 2014. There were several esteemed speakers present at the dinner, including Drs. Blasé Carabello from Mount Sinai, Beth Israel Medical Center, NY; Jesse Adams, Baptist Health Associates, KY; Melissa Wharton-Shirley, Glasgow Associates, KY and Shalom Jacobovitz, CEO, National ACC, Washington, D.C.

The evening began with a brief introduction from Dr. Jesse Adams focusing on the importance of member’s participation in chapter activities as well as advocacy early in their career. In addition, Dr. Adams encouraged engagement in ACC-Political Action Committee (PAC), through which the college is able to support members of Congress and candidates who are supporters of the cardiovascular community. Involvement in ACC PAC will allow ACC to have a seat at the table in congress and participate and voice concerns on hot button issues like health information technology, quality and appropriate use and potentially harmful cuts in Medicare reimbursement. Dr. Adams was followed by Dr. Blasé Carabello’s overview of valvular heart disease, which was supplemented by his vast experiences at multiple academic centers. Furthermore, he stressed the idea that “guidelines are useful in the management of the population at large, but individualized decisions must be made when the patient is sitting in front of you in your office.” He also encouraged early career professionals to pursue their passion and goals without concentrating on the ups and downs relating to individual sub-specialties of cardiology. The microphone was then passed to Dr. Mellissa Wharton Shirley, who used her 20 years in private practice experience to give the fellows in attendance a very different outlook on cardiology. Her presentation focused on patient advocacy amidst common pressures from hospital administration. She also encouraged the importance of family, scheduled days off, and vacations in the prevention of burnout in private practice. Upon my discussion with various fellows, Dr. Shirley’s presentation provided helpful insights on tips and tricks to balance professional and personal life. Finally, Mr. Shalom Jacobovitz spoke on the multiple opportunities to participate in ACC advocacy available to all professionals, ranging from fellows in training to early career professionals. He also gave us perspectives on how the Heart House in Washington, DC looks at the future of cardiology in terms of reimbursements through Center of Medicare and Medicaid Services (CMS). He reiterated National Cardiovascular Database Registry as one of the key developments of ACC in last decade. He consolidated on the fact that ACC’s NCDR has made considerable contributions toward improving the quality of cardiac care in the U.S., and there is tremendous potential internationally to use registries to inform clinical research, identify global gaps in care and help providers develop global best practices related to cardiovascular outcomes.

The evening concluded with a question and answer session involving fellows. They were given the chance to discuss career plans and goals with the dinner’s esteemed guests. Upon their departure from Jewish Hospital, each attendee was provided with a souvenir gift from the ACC, to be up and ready for the next day’s annual meeting.

The FIT Dinner would not have been possible without the following supporters. Thank you!

Friends of Kentucky ACC

CGS Medicare (OH and KY) Incorrectly Denies In-Office SPECT-MPI Tests, Working on Fix

By Henry McCants, Payer Advocacy, ACC

Your ACC has confirmed with CGS Medicare, Part B contractor for Ohio and Kentucky, that the payer incorrectly denied SPECT-MPI claims with a place of service (POS) of 11-Office since May 1, 2014. CGS has identified the error and is currently working to correct it. The affected nuclear cardiology claims were denied with EOB reason code CO-58. Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. CGS will provide corrective instructions to all providers impacted by the error. It should only apply to the physician office setting and not to hospital based providers. The ACC is strongly encouraging office-based providers to review their SPECT-MPI claims for the denial code (CO-58) to ensure the affected claims are properly reimbursed. Once the claims processing error is fixed, we will share the corrective instructions.
Thank You to Our Exhibitors

**Gold Level**

AstraZeneca  
Boehringer Ingelheim  
Janssen

**Silver Level**

arbor  
AtriCure  
BAPTIST HEALTH  
Biosense Webster  
Cardinal Health

**Unrestricted Educational Grant**

St. Jude Medical

Exhibits are promotional events and these companies had no influence on the selection of speakers, topics or other components of the CME activity. Their acceptance of the offer to exhibit in no way created an expectation or obligation to purchase or recommend the companies products or services.
Legislative Conference Recap

A number of the delegates to the 2014 ACC Legislative Conference contributed a report of their experiences to this recap.

Jon M. Bergset MD

In September I was again honored to attend the ACC Legislative Conference as a Fellow-In-Training along with other delegates representing the Kentucky Chapter of the ACC.

The Conference included a full day of presentations to a diverse audience. We were told it was the highest attended Legislative Conference to date! Over the course of the day during other sessions we discussed legislative issues and ongoing reform efforts in preparation for meeting with our legislators.

The following day the conference attendees descended on Capitol Hill to discuss our positions on key legislative issues in the offices of our Senators and Representatives. Issues we focused on for discussion were the repeal and replacement of the sustainable growth rate (SGR) formula used to compensate physicians with an alternative formula, for protection of the In-Office Ancillary Services Exception (IOASE) to continue to facilitate quality, coordinated care, and for protection of GME funding in the federal budget. We shared personal experiences of how each of these issues affects the practice of Cardiology.

I feel very fortunate to have received support from the ACC and from my fellowship program at the University of Louisville to allow me to attend the conference. I aspire to better understand the legislative process with respect to healthcare reform and this experience allowed me to make progress towards that goal. After our meetings in our congressmen’s offices I believe we made a positive impact with regard to our issues.

Rakesh Gopinathannair, MBBS, FACC

This September, I had a great opportunity to attend the Annual ACC Legislative conference, held at Washington, DC, as a member of the Kentucky ACC delegation. This was my first time and it was remarkable experience to be a part of an endeavor that is perhaps as important to Cardiologists as their obligation to provide the best care to their patients.

There were several highlights to the conference including the wonderful dinner headlined by political power couple James Carville and Mary Matalin, discussion with FDA director Margaret Hamburg regarding the future directions and regulatory responsibilities of the FDA, and sessions that ranged from “A View from the Hill” to “How to Meet with a Congressional Office”. The best for me, however, was the visit to Capitol Hill.

It was with a mixture of trepidation and excitement that I looked forward to the senate and congressional office visits on day two. Our strategy for the KY lawmakers was to be consistent in our message and hammer home the two points that would be most relevant to KY: a) “Practice Stability” and preserving the in-office exemption for ancillary services and b) “Securing the Future” through funding for research and graduate medical education. The major highlight for me during the congressional office visits was the opportunity to meet with Senator Rand Paul, MD, himself an Ophthalmologist, who took time off of his busy schedule to sit down with us to discuss our concerns, ask great questions about the issues at hand, and review the next steps. For me, this productive discussion underlined the need for continued advocacy and to engage your lawmakers and convinced me that you will be heard if you keep working at it.

Looking back, it was a great experience and I was fortunate to be a part of it. The biggest transformation for me from this conference was the realization of how important it is to get involved in advocacy.

Michael Mikolaj, MD

This past September, I had the pleasure of attending the ACC legislative conference in Washington DC. This three day event featured over 400 physicians representing all 50 states including 90+ fellows in training. The first two days were filled with workshops to discuss current challenges facing the field of cardiology and examples of how the college is involved in leading the transformation of care. On the third day, attendees headed to Capitol Hill to meet with their legislators. I would like to thank Senators Mitch McConnell and Rand Paul, and Representatives Andy Barr and John Yarmuth as well as their staff for taking time out of their day to meet with us. Specific topics we discussed with each of their offices including incentivizing the use of clin-

Legislative Conference Recap continues on next page
Legislative Conference Recap continues from previous page

cal data registries, In-Office Ancillary Services Exception preservation, and graduate medical education funding.

My biggest take home message from the conference is to get involved. We all know there are many problems with the US health care system, and that change is inevitable. As physicians, we should be leading this movement. Frequent discussion with our legislators is vital to communicate how policies, both current and future, affect our patients and our ability to deliver high quality care.

Anthony Voelkel, MD

I had the pleasure of traveling to Washington DC for the ACC Legislative Conference from September 14-16, 2014. As a first time attendee, I found the legislative conference to be a great experience and a great opportunity to gain first-hand knowledge of the legislative process. It provided a great education about the issues that cardiology is facing as they relate to regulation, reimbursement and the future of patient care. The first day included several speakers who helped us all understand these issues, which we would be asked to discuss with our Senators and Congressmen on the second day of the conference.

Day two of the conference began early with a departure from our hotel and a trip to Capitol Hill. Our group was able to meet with the staff of our two Kentucky Senators as well as with Representatives Andy Barr and John Yarmuth. I feel that we delivered a powerful “pro-patient” message to the congressional leaders. We advocated to preserve the in-office ancillary services exception (IOASE) and highlighted how keeping our IOASE would help with easier accessibility of care especially in a rural state like Kentucky. We also highlighted the ACC’s leadership and commitment in the development and operation of clinical data registries, quality measurement and appropriate use criteria and how these could help identify best practices in an effort to provide high-quality evidence based cost conscious care to our patients. Finally, we reminded the congressmen of the dedication and commitment as well as the financial hardships which so many of us accumulate during the course of our medical training, and encouraged them to help to fund GME, loan restructuring, and loan forgiveness.

As a first time attendee, I can see why there are so many repeat attendees. If you have never participated, I would encourage you to do so next year. For far too long we have avoided the legislative process, however it is now clear that to favorably impact our health care environment and our profession we must participate in governance and make our voices, and those of our patients, heard. The ACC Legislative Conference is a great opportunity to help ensure that we can all continue to provide the best possible care for our patients with cardiovascular disease.

Ryan Wilson, MD

As a fellow in training I spend most of my time in the hospital taking care of patients, attending conferences, reading medical journals and textbooks, teaching residents and med students and learning everything I can about treating heart disease. One of the commonly overlooked aspects of medicine is the political side that most physicians completely ignore until a piece of legislation drastically changes the way we practice as it did in 2009. We are so consumed with the patients in front of us that we forget to step back and take a look at the big picture of health care which ultimately has a tremendous impact on those very patients that we work so hard for.

In September I was given the opportunity to take part in the 2014 ACC Legislative Conference in Washington, DC and it truly opened my eyes to the importance of physician participation in healthcare policy in America. We spent an entire day learning about the importance of research and innovation in Cardiology, various legislative issues that the ACC were supporting, how committees such as the Senate Finance Committee, the Committee on Ways and Means and the Committee of Energy and Commerce have a big impact on medicine, how the FDA plays a key role in the future of medicine and how governing bodies such as MEDPAC’s play a role in our day to day lives. We also had specific instruction on the ins and outs of meeting with a congressional office for those of us that were first time attendees. The next day we were able to put all that new found information to work as we met with Senators, Congressman and key Legislative Assistants to encourage our representatives to push the delivery of medicine in the Unites States in a positive direction that would benefit our patient and physicians.

This was an incredible and eye opening experience that I am very thankful for. Knowledge is power and I feel that I have gained a great deal of both by becoming more aware and active in health care policy. I will continue to stay active within the ACC in order to better the care we deliver to our patients from here on out and I look forward to participating in the ACC Legislative Conference in years to come.
Kentucky ranks near the top of nearly every category of premature and preventable illness in our nation. It is no secret that we are writhen with the ravages of smoking, obesity, congestive heart failure, diabetes, hypertension, atrial fibrillation, and stroke. Until we implement true health care reform in our nation that decreases the number of ER visits, emergency procedures, ICU admissions and hospitalizations we will continue to drain the system of resources that are necessary to treat the traditional “no fault” illnesses of aging, accidents and genetics. As health care providers, it is imperative that we network with our state education systems to push much of what we know as healers into the 12 years of primary and secondary schooling expected of all students. It is telling that the word “cardiology”, the specialty keeper of the most expensive DRG on the planet, congestive heart failure, was completely omitted from the 1800 page document known as the Health Care Reform Act. Similarly, the information necessary to prevent and detect illnesses that attack the very power source that drives our existence has been omitted from our 12-year curriculum. Consequently, the lack of capabilities for self-preservation is global and is costly to our work force, costly in life years, negatively impacts the quality of life and drains our monetary resources as well.

Real health care reform does not begin and end with insurance coverage. It begins with conveying the rules of life that govern our best opportunities for a healthy longevity. If we embrace the capability of a young child to absorb and understand the rules of soccer, bitty ball and football at age 6, shouldn’t we also embrace their capacity for learning concrete facts about their health? If our children are expected to know how to behave themselves in a sports arena, shouldn’t they learn how to behave themselves when a menu is before them? If teens can navigate a face book page in their leisure time or memorize a driver’s manual in order to earn the privilege of driving a car, can’t they also learn how to fuel their bodies, boost their immune system and avoid becoming a type II diabetic through diet and exercise? Just as we teach them about contraception, shouldn’t they know in equal measure the definition a normal blood pressure, basic nutrition, and the signs of a stroke or heart attack by the time they graduate high school? Since many of them will go on to care for aging parents, won’t this information also translate at the other end of the aging spectrum? Won’t it help them to understand when to seek medical attention for their parents or to recognize the signs and symptoms of cardiovascular illness in time to prevent disaster and increased expenditures?

To prove the point that we are lacking in specific knowledge of basic cardiovascular disease, an exam consisting of 22 questions was administered to 272 Kentucky high school students’ grades 9-12. The questions were structured to ascertain their understanding of the basic pathophysiology of clot and plaque rupture as the root cause of heart attack, their knowledge of a normal blood pressure range, general nutritional requirements and the annual cost of one pack per day smoking. Disappointingly, the average score on the examination was 41%. (To review the exam results, visit kentuckyacc.org/CVHealthTest2014.pdf).

Typical questions are the following:

Which of the following is a fat? (29% scored correctly)
a. Coconut oil
b. Broccoli
c. Cola
d. Water melon

Excessive salt intake is related to: (5% scored correctly)
a. Dehydration
b. Fluid accumulation in the lungs
c. Low blood pressure
d. Cancer risk

The death rate of a heart attack can be improved with: (20% scored correctly)
a. A CT scan of the chest
b. Blood clotting agents
c. Water pills]
d. Aspirin
e. B and D

The implementation of a progressive curriculum will be required to avoid graduating high school seniors who lack basic knowledge about prevention, detection and treatment. Kindergarten level children should advance with basic facts like, “How many rooms are there in your heart? What is blood? What does the heart do? How does the heart get blood?” As a student progresses, the level of
sophistication of their understanding should increase to encompass basic pathophysiology, the negative effects of high blood pressure, and nearly all forms of acquired heart disease. The task force necessary to help make these changes is “ready-made”. It could consist of retired physicians, nurses, PAs, and RNP’s who could assist educators with a massive overhaul of our health education curriculum. We should make the point that heart disease is a bipartisan and national issue and should insist upon support from all aspects of the political arena.

We can continue our incessant conversation about the cost of caring for people who are difficult, non-compliant, psychiatrically unstable, addicted, or mentally handicapped but this conversation is NOT about people we cannot easily help. This movement should focus on those that we can easily help. With the delivery of repetitive progressive information and access to education tools, we can graduate a generation of students who possess enough knowledge to become elite health advocates.

High school seniors can easily recite the pledge of allegiance for the rest of their lives. With the development of a strong health curriculum, they could be equipped to prevent and detect the basic pathologies of the very organ that beats beneath their hand during that recitation. In this 12-year odyssey, we should also include basic information on the signs and symptoms of other costly and frequent maladies that would include topics like appendicitis, gall bladder disease, the importance of colon cancer detection, lung cancer prevention, hip fracture prevention, and breast cancer screening. Basic prescription and over the counter pharmacology should be included. With a revamping of our education curriculum, starting with Kindergarten and for the duration of their 12-year pilgrimage, we could become #1 in health literacy. The time to build the most worthwhile legacy of our generation of health care providers is now.

Nursing Session Recap

By Leesa Schwarz, APRN, NP-C, ACNS-BC

October 2014 marks the inaugural year of a simultaneous nursing session in conjunction with the Annual KY ACC meeting. The KY ACC planning committee was very excited about the opportunity to include nursing with the annual event. Presentations at the nursing session included: Peri-operative Management of TAVR Patients by Vicky Turner ACNP-BC & Larissa Spurgeon RN; Biventricular Devices in Heart Failure by Stephanie Lusher ACNP-BC; The Impact of Cardiac Rehab by Jo Carol Stephens MSN, RN and Atrial Fibrillation Clinical Considerations by Rakesh Gopinathan M.D., MA, FACC, FHRS. All presentations were excellent in quality and content. The KY-ACC would like to thank the presenters for their dedication and willingness to participate in the inaugural nursing sessions.

Although the nursing sessions were not as well attended as hoped, the ACC remains committed to sponsoring a concurrent session next year in hopes of increasing nursing’s involvement during the KY ACC Annual meetings. Next year’s 2015 KY-ACC annual meeting in Lexington, Kentucky will include a concurrent nursing session.

The benefit of attending a state level nursing event offers the opportunity to network, collaborate, and exchange new ideas and information. The KY-ACC is working hard at keeping the cost of this nursing session at the lowest possible amount while maintaining quality and the award of CEU’s.

At the present time, Lindsay Lewis RN (Louisville Area Co-Chair) and Leesa Schwarz ARPN (Lexington Area Co-Chair) are already busy planning next year’s event! The 2015 nursing sessions is entitled “Great Topics in Cardiology.” Recommendations for lectures and presenters are welcome.

So mark your calendar’s and for September 26, 2015 and plan to attend! If you are interested in becoming involved and promoting this spectacular annual event, please contact Lindsay Lewis@kentuckyOneHealth.org or leessa.schwarz@uky.edu.
Global CVD in the Spotlight: World Heart Day
With the United Nations poised to debate and decide its Sustainable Development Goals for 2015 and beyond, the cardiovascular diseases community has a rare opportunity over the next few months to convince international bodies to devote appropriate resources to curb the rise of non-communicable diseases, including cardiovascular disease and stroke, according to a statement published recently from the Global Cardiovascular Disease Taskforce. The statement, published in the Journal of the American College of Cardiology (JACC), was released just before the cardiovascular community came together to build awareness of heart disease as part of World Heart Day. Given that the majority of cardiovascular disease is caused by food intake, physical activity levels and living environment, this year’s World Heart Day was focused on promoting heart healthy environments where people live, work and play. See posts from the ACC on World Heart Day on ACC’s Facebook page and Twitter feed.

New NSTE-ACS Guideline
The ACC and AHA released the new 2014 Guideline for the Management of Patients With Non–ST-Elevation Acute Coronary Syndromes (NSTE-ACS). The guideline has a new name and new terminology that reflect current ways of thinking about this frequent and serious cardiac condition, and is the first full revision since the 2007 ACC/AHA Guideline or the Management of Patients with Unstable Angina and Non–ST-Elevation Myocardial Infarction (NSTEMI) and subsequent focused updates. Read more.

ACC Updates Choosing Wisely Heart Attack Recommendation
In response to new science showing that complete revascularization of all significantly blocked arteries leads to better outcomes in some heart attack patients, the ACC has withdrawn its Choosing Wisely recommendation that patients and caregivers examine whether this practice is truly necessary. As part of its American Board of Internal Medicine Foundation Choosing Wisely list of five things providers and patients should question released in April 2012, the ACC recommended questioning any intervention beyond unblocking just the “culprit” artery responsible for the heart attack in a hemodynamically stable patient. At the time the list was released, there were several nonrandomized studies demonstrating harm to patients when treating all significantly blocked arteries. However, over the past two years, new science has emerged showing potential improvements for some patients in their overall outcomes as a result of complete revascularization. Read more.

ACC/AHA Release Recommendations For Congenital and Genetic Heart Disease Screenings in Youth
Health care professionals should use a 14-element checklist when evaluating healthy, young individuals ages 12-25 for congenital and genetic heart disease vs. initial screening using electrocardiograms (ECGs), according to a new scientific statement released by the ACC and the American Heart Association and published in the Journal of the American College of Cardiology. Read more about the recommendations on CardioSource.org.

Top Advocacy and Health Policy News
State Advocacy in Action: California
California Governor Jerry Brown has signed into law S.B. 906, a measure strongly supported by the ACC’s California Chapter. The law creates the Elective Percutaneous Coronary Intervention (PCI) Program in the California Department of Public Health. It also authorizes certification of general acute care hospitals that provide urgent and emergent cardiac catheterization laboratory service. In order to be certified, a hospital must provide proof that it follows ACC, American Heart Association and Society for Cardiac Angiography and Interventions recommendations for performance of PCI without onsite cardiac surgery, and agree to participate in and provide timely data to the NCDR.

Pulse Oximetry Wins: Rhode Island, Mississippi, Washington
Three states are working toward joining the 40 that have mandated pulse oximetry screening for critical congenital heart disease (CCHD). The Rhode Island Department of Health has completed work on regulations that will become effective July 1, 2015. The Mississippi Department of Health has scheduled a vote on pulse oximetry regulations at its October meeting. According to Thad F. Waites, MD,
FACC, a member of the ACC’s Board of Trustees, the regulations will take effect immediately. Additionally, Washington State Rep. Dawn Morrill, a cardiac nurse, has written a letter to her state’s department of health urging it to consider pulse oximetry regulations at its October meeting. Passing CCHD screening legislation is one of the College’s state advocacy priorities and the ACC is continually working with local ACC Chapters, ACC’s Adult Congenital and Pediatric Cardiology Section, and partners such as Mended Hearts and Mended Little Hearts to ensure the voice of CCHD patients and caregivers is heard on the state level as well as Capitol Hill.

Senate Finance Committee Examines CHIP Expiration
The Senate Finance Health Subcommittee recently held a hearing titled, “The Children’s Health Insurance Program: Protecting America’s Children and Families,” which focused primarily on the pending expiration of the Children’s Health Insurance Program (CHIP). Although the program is authorized through 2019, funding for CHIP expires in 2015. A lapse in funding for this crucial program could lead to significant disruption for state governments, private health plans, hospitals and numerous other stakeholders in addition to the families whose children are enrolled in the program. Panelists at the hearing cited difficulty with planning state budgets for 2016 because of uncertainty that the program would exist beyond its expiration date. Other panelists noted the challenge of a straight reauthorization of the program in a new regulatory environment, particularly those related to the Affordable Care Act. Sen. Jay Rockefeller (D-WV), one of the original architects of the program, and Rep. Henry Waxman (D-CA) have introduced legislation which would extend the program for four additional years, through 2019. In its June report to Congress, the Medicaid and CHIP Payment Access Commission called for the program to be extended for only two additional years.

Voicing Support for Medicaid Payment Parity
The ACC joined with twenty other medical societies to send a letter of support to Sens. Patty Murray (D-WA) and Sherrod Brown (D-OH) for introducing the Ensuring Access to Primary Care for Women and Children Act (S. 2694). This legislation would extend current-law payment rates under Medicaid for certain services to at least the level of Medicare through 2016. The bill ensures that physicians practicing in the specialties of family medicine, pediatrics, and internal medicine as well as related internal medicine and pediatric subspecialists continue to receive Medicare-level reimbursement rates for providing primary care and related subspecialty services to patients enrolled in Medicaid. A House version of the bill has been introduced by Rep. John Lewis (D-GA).

Addressing Impending Medical Isotope Shortage
The ACC signed-on to a coalition letter of support to the Department of Energy (DOE) to address the impending shortage of molybdenum 99 (Mo-99), a critical medical isotope used in over 20 million nuclear medicine procedures per year in the U.S. to help diagnose heart disease and cancer. We are currently two years away from a patient access crisis due to a scheduled stop in the production of Mo-99 at Canada’s National Research Universal reactor in October 2016. With a shelf-life of only 66 hours, Mo-99 cannot be stockpiled, and therefore reliable production is considered critical medical infrastructure. New U.S.-based technologies have demonstrated strong progress toward filling the supply gap, while solving nuclear proliferation issues, but additional support is still needed to get these technologies to the market. The American Medical Isotope Production Act of 2012 calls for the DOE to support commercialization of a reliable domestic source of Mo-99 as soon as possible. The DOE has an existing program with funding to do so and at this point, no new funding or legislation is required. However, changes to how the DOE is operating the current program are necessary to reduce the time it takes for any of the current promising initiatives to reach the commercialization stage and begin to put Mo-99 into the market. Those who signed the letter include organizations of patients, health care providers, medical imaging companies, radiopharmaceutical manufacturers and distributors.

Investing in the Future of Cardiology with ACCPAC
ACC must have a seat at the table as Congress continues to debate and potentially enact laws affecting the practice of cardiovascular medicine. Through the bipartisan ACC Political Action Committee (ACCPAC), ranked among the
top 10 medical specialty PACs in the U.S., the College is able to support members of Congress and candidates who are supporters of the cardiovascular community. Becoming a member of ACCPAC by making a contribution is a direct investment in the future and preservation of our profession. No contribution is too small to further ACCPAC’s efforts. You can make a single contribution or sign-up for a periodic contribution on a monthly, quarterly, semi-annual or annual basis by visiting ACCPACweb.org.

Top Education and Career Growth News

ACC’s MOC Hub
The American Board of Internal Medicine (ABIM) implemented changes to its Maintenance of Certification (MOC) program for board-certified internists on January 1, 2014. The ACC and other members of the internal medicine community received a letter from the ABIM Board of Directors responding to a number of the concerns previously outlined by ACC and other professional organizations regarding the revised requirements for the ABIM Maintenance of Certification (MOC) Program. In this letter ABIM committed to further to changes in the MOC process to address these concerns — read the ACC in Touch blog to learn more. The College is continuing our efforts to educate our members about the new requirements and provide them the tools and resources necessary to help them meet these requirements as efficiently as possible. The ACC has created an MOC Hub with details about ABIM’s current MOC program to inform and help ACC members navigate the changes. Learn more here.

ACC’s International Exchange Database: Building a Resource with Your Help
The ACC Early Career Section Leadership Council’s International Working Group is building a network of international exchange programs. The goal is to provide a resource for ACC members interested in gaining new knowledge and skills in cardiovascular disease that could not be done locally. If you’ve participated in an observership, mini-sabbatical, or similar international opportunity, please take a moment to help us generate this resource by answering a few quick questions here.

Find a Mentor, Be a Mentor: Register for ACC’s New Mentoring Program
The College’s new online mentoring program, developed through the efforts of the Early Career Professionals Leadership Council and Section, is designed to help create and foster mutually beneficial mentor/mentee relationships. The program connects experienced cardiovascular professionals with younger professionals based on areas of interest, specialty and expertise. Register online and find out more at CardioSource.org/Mentoring.

For Your Patients: I Am CardioSmart Contest
CardioSmart is in search of six inspiring individuals who are living well with one of these conditions Heart Attack, High Blood Pressure, Heart Failure, Atrial Fibrillation, Congenital Heart Defect, or Coronary Artery Disease. Share your story with us. If your story is selected, you’ll be featured on our website to inspire others like you to partner with their care team and take charge of their heart health. You’ll also win a $100 Amazon gift card. Excerpts from the winning stories will be posted to CardioSmart’s Facebook page. CardioSmart’s Facebook friends (and yours!) will vote on who will win the grand prize—a trip for two to San Diego, CA in March 2015. Contest entry deadline is October 31, 2014 at 11:59 p.m. See Official Contest Rules for details.

Important Digital ACC Resources
Stay In Touch with the ACC via Social Media
Stay in touch with the ACC and the latest clinical and advocacy news through ACCinTouch. ACCinTouch connects ACC members and those interested in cardiovascular news through popular social networking channels like Facebook, Twitter, LinkedIn and YouTube. Join each of these networks to connect with ACC members and those interested in cardiology. In addition to the ACC’s main Twitter profile @ACCinTouch, the College also has a profile dedicated to advocacy-related news (@Cardiology). CardioSmart, the ACC’s patient education and support program, also has patient-centered cardiovascular news available through Facebook, Twitter (@CardioSmart), and YouTube. For more information about ACC’s social media channels, visit CardioSource.org/ACCinTouch.

ACC Archived Webinars
Did you know that you can find archived webinars from throughout the years from the ACC on CardioSource.org? As a member, you have access to this wealth of information here. To access them, you must have a CardioSource.org
log-in and use the confirmation code and webinar access link emailed to you once you. Questions? Contact ACC’s Resource Center at Phone: 202-375-6000, ext. 5603 or 800-253-4636, ext. 5603 or resource@acc.org.

Download ACC’s New Advocacy Action Mobile App

Be sure to download the new ACC Advocacy Action mobile app to get easy access to ACC’s advocacy priorities and timely talking points to share during congressional visits. The app was designed to help members engage with lawmakers and influence health policy. Download it today on iTunes (iPhone, iPad) and Google Play (Android devices).

ACC Launches Public Hospital Profiles and Hospital Search Tool

The ACC has launched a public-facing hospital database and search tool that enables patients to find and compare hospitals in their area based on the cardiac services they provide and important information related to the care they give. Now, all hospitals participating in the NCDR have a Hospital Profile on CardioSmart.org, the ACC’s patient education and empowerment website. Through these profiles, patients, caregivers and other stakeholders are able to search hospitals based on specific criteria (location, hospital name, services provided) and learn about every participating hospital’s quality measurement efforts through the NCDR. The establishment of Hospital Profiles ensures that patients receive credible information about hospitals participating in the NCDR. For more information about this effort, visit NCDR.com. To find your hospital’s profile, visit CardioSmart.org/FindaHospital.

Women in Cardiology Update

By Alison Bailey, MD, FACC

While women make up an increasing percentage of medical school graduates and internal medicine residents, there is still a huge gender disparity in the field of cardiovascular medicine. Only about 10-15% of practicing cardiologists are women with far fewer in academic medicine—and this number has not changed considerably over the last 20 years. The ACC has a section for Women in Cardiology that is designed to help address this issue. The mission of the Women in Cardiology Section of the ACC is

• To enhance the careers of women cardiologists through the creation of professional development, mentoring and networking programs through the promotion of leadership opportunities within the ACC

• To enhance the appeal of cardiology for women residents by recommending changes in training programs and by promoting effective, efficient and diverse career opportunities

• To encourage young women in high school, college and medical school to pursue a career in cardiology through the creation of mentoring programs and preceptorships

At the KY ACC Annual Meeting in 2014, an informational session was held to educate female trainees about the benefits of the Women in Cardiology Section and the College’s initiative to help address this gender gap. Printed materials were available to direct women to the College’s Women in Cardiology website (http://www.cardiosource.org/wic#Publications) and informal discussions centered around the benefits of membership and networking with other women cardiologists. Of the trainees who attended the KY ACC Annual Meeting, about 25% were female and represented the University of Kentucky, the University of Louisville and Cincinnati Children’s Hospital.

The Kentucky Chapter will continue to support the Women in Cardiology Section and will plan to host a networking event at 2015 Annual Meeting. Any suggestions for additional networking events and/or volunteers would be welcome. Please contact Alison Bailey, MD, FACC if interested in participating (Alison.bailey@uky.edu).
In the next few weeks, the ACC and other societies will randomly distribute an American Medical Association (AMA) Relative Value Scale Update Committee (RUC) survey of myocardial perfusion imaging codes, pacemaker and implantable cardioverter defibrillator programming codes, intravascular ultrasound, and transcatheter pulmonary valve implantation. We need your assistance to ensure the relative value units are accurately and fairly presented to CMS. We need your input since CMS relies on the recommendations from specialty societies and the RUC as a basis for setting payment levels for physician services. The more data we receive, the more compelling our recommendations will be to the RUC and ultimately to Medicare. If you are randomly selected and receive a survey, please take time to complete it. Survey distribution and collection will start in late October and complete in mid-November. The information you provide in this AMA survey will be kept confidential by the ACC. The e-mail will come from noreply@qemailserver.com so please add this address to your e-mail client so that the message does not end up in junk or spam.

Advocacy Wins

ACC Advocacy seeks to advance the College’s mission of improving the cardiovascular wellbeing of the nation through interactions with Congress, federal government agencies, state legislative and regulatory bodies, private insurers, and other policy making groups. By advocating for a quality driven health care system, provider stability, population health and the future of cardiovascular medicine, the ACC is leading the transformation of care. See a snapshot of some of the ways ACC Advocacy has been successful so far this year at kentuckyacc.org/docs/Advocacy%20Successes.pdf

Congratulations to Dr. Juan Villafane, winner of the American Heart Association’s Distinguished Achievement Award

11th Annual MEETING & SCIENTIFIC SESSION

Great Topics in Cardiology 2015

SEPTEMBER 26, 2015

Lexington Convention Center, Lexington, Kentucky

FEATURING PRESENTATIONS BY

ACC President-Elect
Kim Williams, MD, FACC

JACC Editor Valentin Fuster, MD, PhD, MACC

Michael Ackerman, MD, FACC
Allan Jaffe, MD, FACC
Sunil Mankad, MD, FACC

SIMULTANEOUS SESSIONS:
• CARDIOVASCULAR PHARMACISTS
• NURSES AND CV TEAM MEMBERS
• PRACTICE MANAGERS

#KYACCAnnlMtg

www.kentuckyacc.org/annualmeeting
ACC Upcoming Events

For more details on these events visit: www.cardiosource.org/Certified-Education/Courses-and-Conferences/All-Courses-and-Conferences.aspx

DECEMBER

12/05/2014 - 12/06/2014
How To Become a Cardiovascular Investigator
Heart House, Washington, DC
8.75 CME
Valentin Fuster, MD, PhD, MACC
Co-director: Robert A. Harrington, MD, FACC

12/12/2014 - 12/14/2014
47th Annual New York Cardiovascular Symposium
New York Hilton – Midtown, New York
19.25 CE 21.00 CME
Valentin Fuster, MD, PhD, MACC

JANUARY

01/17/2015 - 01/21/2015
46th Annual Cardiovascular Conference at Snowmass
The Westin Snowmass Resort, Snowmass, CO
20.75 CE 23.50 CME
Carole A. Warnes, MD, FACC

01/22/2015 - 01/24/2015
Cardiovascular Summit: Solutions for Thriving in a Time of Change
Hilton Orlando Bonnet Creek/Waldorf Astoria Orlando, FL NEW LOCATION
12.50 CE 17.50 CME
Howard T. Walpole, MD, FACC

01/30/2015 - 02/01/2015
34th Annual Perspectives on New Diagnostic and Therapeutic Techniques in Clinical Cardiology (ACC Co-sponsored)
Lake Buena Vista, FL
Sponsored by: University of Florida College of Medicine
C. Richard Conti, MD, MACC; Jamie B. Conti, MD, FACC

01/30/2015 - 02/01/2015
34th Annual Cardiovascular Conference at Snowshoe (ACC Co-sponsored)
Mountain Lodge Conference Center, Snowshoe, WV
Sponsored by: CAMC Health Education and Research Institute
William H. Carter, MD, FACC; Christopher B. Granger, MD, FACC

FEBRUARY

02/16/2015 - 02/20/2015
37th Annual Cardiology at Big Sky
Huntley Lodge, Big Sky, MT
Kim A. Eagle, MD, MACC; Patrick T. O’Gara, MD, FACC

SEPTEMBER

09/26/2015
11th Kentucky Chapter Annual Meeting
Lexington Convention Center, Lexington, KY
Kim Williams, MD, FACC; Valentin Fuster, MD, PhD, MACC

ACC Journal Club - MOC Points Available

Earn 2 AMA PRA Category 1 CME Credits™ per month and up to 10 MOCII points by the end of the year by participating in the Journal Club! ACC’s newest educational program offers opportunities to challenge emerging science, critique applicability to practice, consider practical point-of-care solutions and cultivate future research opportunities that collective lead to improved cardiovascular health.

The continual stream of published science coupled with emphasis on practice improvement requirements has created a need for consensus building conversations that can guide practical practice change delivered at the point-of-care. However, finding the time to critically appraise the evidence or consider the practice implications has led the ACC to seek solutions not only for their members but all cardiovascular providers.


Kentucky CME/CE Alerts!

If you know if any CME/CE opportunities in Kentucky, please send them to info@kentuckyacc.org They will be posted in future issues of our newsletter and on www.kentuckyacc.org
Day at the Capitol

**SMOKE FREE KENTUCKY SUPPORTERS**

are heading to the State Capitol to educate legislators about smoke-free policies.

**WHEN:** Wednesday, February 11th, 2015

**WHERE:** Kentucky State Capitol

Please watch your inbox for details.