I am writing this column having recently returned from the ACC Annual Meeting that was held this year in San Francisco. It was a wonderful meeting, and reinforced what a vibrant and evolving organization the ACC is. Having just been assumed the position of Governor for the ACC Kentucky Chapter, I want to first offer my heartfelt appreciation and congratulations to Juan Villafane, who has been Governor these past 3 years. The chapter is in excellent shape due to his strong leadership these last 3 years (and the same must be said of David Moliterno, who was Governor before Juan)- I’ll be striving to accomplish the same during the next three years! Additionally, I want to recognize the contributions of the current and past members of our Council. Because of their efforts, our chapter, currently comprised of 486 members, is in a strong position. It has been often said that medicine is a collaborative science, and that is nowhere more true than when referring to the KY-ACC Council. As members of the Council, one of our responsibilities is bidirectional communication between Kentucky and the national infrastructure of the ACC. Please reach out to myself, anyone on the Council, or our chapter administration if you have any suggestions, issues, or want to get involved. You can easily reach me, any of the Council members, or our chapter administration through the “contact” section of the KY-ACC website, www.kentuckyacc.org. If you want to get involved in any manner – I want to hear from you.

As we all know and experience on a daily basis, medicine and cardiology face significant challenges now and in the day ahead, both in Kentucky and nationally. I want to focus on a few specific areas that I think will be of interest.

In Kentucky, we serve a population that unfortunately leads the country in many less-than-desirable traits. In the Commonwealth we manifest (both adults and children) some of the highest rates of obesity (32% in adults and 37% in children!), tobacco abuse (29% in adults and 25% high school students), diabetes and hypertension, while perhaps not surprisingly having some of the lowest levels of activity. By most measures of health, Kentucky ranks near the bottom in the U.S. Additionally, much of the state is rural with large areas that are greater than a 60 minute drive from the closest PCI capable center. And MI mortality? Thanks God for Arkansas! Otherwise we would be the worst in the U.S. in MI mortality (rather than 49th in the U.S.)!

Our cardiology community is evolving. Approximately two-thirds of KY cardiologists are 51 years of age or older (and that is generally consistent with national data). As all are aware, there has been a significant change in the employment model for a large number of cardiologists in KY. In fact, as of our last assessment only 15% of KY cardiologists are in private practice – with the rest being employed by either hospital systems or academic centers. Again, this number is largely consistent with national trends – and some believe that given stressors being placed on physicians in private practice by payers, increased regulations, decreases in reimbursement, etc., that the number of physicians in private practice will continue to decline.
Governor's Message continued from previous page

So what are we doing? A lot – and we’re always looking for additional ways to address problems. First, in terms of issues related to STEMI care, the KY-ACC is partnering with the American Heart Association (AHA) to focus on STEMI mortality in KY and trying to improve the outcomes for our fellow Kentuckians. We’re one of 16 states in the U.S. that have “STEMI accelerator” grants from the National AHA. A major collaboration between KY cardiologists, hospitals, EMS, air ambulance services, health agencies and others to focus on this particular aspect of cardiovascular care and improve outcomes. We’ll be getting state-specific data going forward and will look for potential areas of improvement.

A major opportunity for improvement and a major focus these last several years has been our annual meeting. We are working to make our annual meeting one of the best in the country. We’ve revitalized our annual meeting to try to bring value and top-notch scientific education. We have been successful over the last several years; we’ve increased attendance from approximately 40 to 200 over the last 3 years, and are shooting for a further increase in attendance. This year we are going to have a fantastic meeting, focused on coronary artery pathologies (both congenital and acquired); we’ll have some of the leading cardiologists in the country presenting at our meeting on October 12, 2013. Please see the information in this newsletter, and visit the website. Also, I would strongly encourage you to ENROLL EARLY! Last year we hit our maximal attendance and we were worried we would have to turn people away – so please sign up early.

I also want to call everyone’s attention to the brief announcement in this newsletter on new Maintenance of Certification (MOC) requirements. This is a major change that is being implemented by the American Board of Internal medicine (ABIM). Every cardiologist needs to study these new requirements carefully; even “grandfathered” cardiologists will be affected by this change. And there is a movement to correlate MOC with Maintenance of Licensure (MOL). The new requirements will kick in in January 2014, and we’ll have a lot more information included in our next newsletter (by which more information will have become available). The ACC is going to be working to help provide the information and tools necessary to help cardiologists with this transition.

Finally, it’s important that we remain active on the legislative front. Certainly the KY-ACC works hard to maintain a presence in Frankfort. Just recently I was able to represent the KY-ACC at the bill signing of KY Senate Bill 125 – mandating screening for cyanotic congenital heart disease in all newborn children in Kentucky. We will also be heading back to Washington D.C. for the ACC Legislative Conference to be held September 22-24. I would love for us to have a strong attendance at the conference this year; our professional lives are being impacted to a tremendous extent by the decisions in Washington, and as regards Kentucky our legislators (on both sides of the aisles) are prominently involved in the national discussion. If you can’t find the time to travel to D.C. this September, I would ask you to consider volunteering for the “Cardiologist-For-a-Day” program to meet with Kentucky’s legislators. Please also join the ACC PAC! This is a crucial tool as we seek to defend the practice of cardiology – be it the current threat to the In-Office Ancillary Services Exception (one of the greatest threats to private practice at this time), the continued struggle to transition the sustainable growth rate (SGR) to a stable future program, the challenges imposed through Health Information Technology initiatives, or any of the myriad other challenges the impede our member’s attempt to provide high-quality cardiovascular care. There is more information on how to join the ACC PAC within this newsletter.

Again, please feel free to reach out to myself any anytime if you have any suggestions, issues, or want to get involved.

Sincerely,

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

IMPORTANT CHANGES IN MAINTENANCE OF CERTIFICATION REQUIREMENTS WILL AFFECT YOU!

All physicians should be aware of the changes in MOC requirements which ABIM is instituting, to take effect January 2014, including those who were previously grandfathered. While more information from ABIM will be coming in the next few months, here is a link on their website outlining what’s changing and what it means to you, http://moc2014.abim.org

In late summer, look to ACC for tools and materials to help you navigate and comply with the new MOC requirements. Stay tuned. More information and help will be coming your way.
Congratulations New Fellows!

Congratulations to the following new fellows from Kentucky that received their certificate of Fellowship and were officially recognized as Fellows of the ACC at the convocation ceremony during ACC.13. These members can now use Fellow of the American College of Cardiology (FACC), as a professional designation.

- Syed S.I. Bokhari, MBBS, FACC – Hazard, KY
- Jon Christian Hays, MD, FACC – Ft. Mitchell, KY
- Brian J. Holland, MD, FACC – Louisville, KY
- Mohammad M. Marashdeh, MD, FACC – Morehead, KY
- Lekshmi Seemanthini, MBBS, FACC – London, KY

IRS Mileage Changes

The IRS has released the 2013 optional standard mileage rates that employees, self-employed individuals, and other taxpayers can use to compute deductible costs of operating automobiles (including vans, pickups and panel trucks) for business, medical, moving and charitable purposes.

The updated rates are effective for deductible transportation expenses paid or incurred on or after January 1, 2013. The 2013 standard mileage rate are as follows:

- 56.5 cents per mile for business miles driven
- 24 cents per mile driven for medical or moving purposes
- 14 cents per mile driven in service of charitable organizations

KY-ACC and AHA Partner for Kentucky Advocacy Day: You’re the Cure at the Capitol

The Kentucky Chapter of the American College of Cardiology once again joined with the American Heart Association for Kentucky Lobby Day on February 14 for a morning issue training session followed by dozens of meetings with State Senators and Representatives. Governor Steve Beshear showed his personal support for our Smoke Free Kentucky efforts. Other noteworthy attendees and supporters at the event included Derek Anderson and Jessica Casebolt, 2012 Miss Kentucky. Please make plans to show your support in 2014.

Governor Beshear showed his personal support for a Smoke Free Kentucky.

Dr. Juan Villafanne with Derek Anderson, UK Alumni & member of the 2005-2006 NBA Champion Miami Heat.

Dr. Juan Villafanne with Jessica Casebolt, 2012 Miss Kentucky.
The 2013 class of the ACC Board of Governors.

(From Left to Right) Dr. Luis Rodriguez, Immediate Past Governor - Puerto Rico, Dr. Orlando Rodriguez, Governor – Puerto Rico and Dr. Juan Villafane, Immediate Past Governor – Kentucky.

Dr. Jesse Adams (right) with Outgoing Char of the Board of Governors, Dr. Dipti Itchhaporia.
The Best of ACC.13
by: Andre Saad, MD, Cardiology Fellow-In-Training, University of Louisville

Thanks to support from the American College of Cardiology and our local Kentucky Chapter I recently had the opportunity to attend “The Best of ACC.13: Take Home Messages for the Clinician” meeting in Chicago.

The meeting was outstanding in all aspects; the course directors gathered an exceptional team of experts to lead this unique one-and-half-day meeting. They surely did a great job organizing the event, and selecting the topics. The way the topics were organized and presented in sessions, held in the same location, to cover ACS, CHF, Arrhythmia and many other topics, was very helpful and enlightening. The speakers were terrific (especially Dr. Glenn Hirsch from the University of Louisville).

Dr. Hirsch very nicely shed the light on critical clinical trials related to ACS that came out last year. Both him and Dr. James de Lemos did an amazing job in reviewing recent STEMI guidelines along with many other interesting hot topics related to ACS.

The heart failure sessions presented by Drs. Akshay Desai and Dennis McNamara covered seven recent important trials related to both systolic and diastolic heart failure, along with reviewing different types of cardiomyopathy.

Drs. Andrew Kates and Sidney Smith, Jr. did a fantastic job reviewing many topics in preventive medicine. The arrhythmia session by Drs. Edward Gerstenfeld and Julia Indik answered a lot of the questions that I have encountered in the last few months as a cardiology fellow.

The two sessions held on the second day covered hot topics related to stable ischemic heart disease and valvular heart disease.

By the end of the meeting, I walked away with many messages that I am going to apply in my daily practice as a clinician. I would recommend that anyone not having the opportunity to attend the ACC Annual Meeting make an effort to attend these “Best Of” events.

Andre Saad, MD
Cardiology Fellow-In-Training
University of Louisville

ACC PAC

The ACC Political Action Committee (ACCPAC) strives to amplify the voice and political power of members of the College. It is a voluntary, non-profit, unincorporated association, not affiliated with any political party or candidate. ACCPAC exists to provide our members a seat at the table with members of Congress who understand the importance of cardiovascular care. ACCPAC is empowered by its contributors to support both federal candidates and political committees.

1. Visit www.accpacweb.org
2. Click on “Join the PAC”
3. Follow the three simple steps on the screen:
   a. Verify your contact information
   b. Make your contribution
   c. Finalize with electronic signature
4. Then…you’re done!

Please join us in making Kentucky a more powerful presence in the federal legislature through the ACCPAC!
9th Annual Meeting
October 12, 2013
8:00 am - 4:30 pm
University of Kentucky
Albert B. Chandler Hospital Auditorium
Lexington, Kentucky

Coronary Pathologies:
Atherosclerosis and Beyond

Keynote Speaker: Peter Libby, M.D., F.A.C.C.

Please join your fellow Kentucky cardiologists and associates for the Annual ACC Kentucky Chapter meeting.

Register online: www.kentuckyacc.org/annualmeeting

Interactive Sessions with Experts

- 2D and Stress ECHO
- Advanced Imaging
- Molecular Imaging
- Congenital Malformations
- Preventive Cardiology
- Guidelines
- Stents
- Anti-Thrombotic Therapy
- Kawasaki Aneurysms

Louis Bezold, M.D., F.A.C.C.
Michael Brook, M.D., F.A.C.C.
Meryl Cohen, M.D., F.A.C.C.
Kristopher Cumbermack, M.D.
Benjamin Eidem, M.D., F.A.C.C.
Zahi Fayad, M.D., F.A.C.C.
Harvey Feigenbaum, M.D., F.A.C.C.
David May, M.D., F.A.C.C.
Kristin Newby, M.D., F.A.C.C.
Magnus Ohman, M.B., F.A.C.C.
Thomas Ryan, M.D., M.B.A., F.A.C.C.
Thomas Whayne, Jr., M.D., F.A.C.C.
Schedule of Events - Saturday, October 12, 2013

8:00 – 9:00AM  Registration
8:00 – 9:00AM  4th Annual FIT Poster Forum
9:00 – 9:15AM  Welcome – Jesse Adams, MD, FACC
9:15 – 9:55AM  Chair: David Moliterno, MD, FACC
               “New Insights into the Pathophysiology of the Acute Coronary Syndromes”
               Peter Libby, MD, FACC
9:55 – 10:25AM “Bleeding Edge Imaging and Therapy”
               Zahi Fayad, MD, PhD, FACC
               Chair: Glenn Hirsch, MD, MHS, FACC
10:25 – 10:55AM “Update on Stress Echo: How to Maximize Clinical Value” (Interactive)
               Thomas Ryan, MD, MBA, FACC
10:55 – 11:10AM Break & Exhibitors
11:10 – 11:40AM  “Kawasaki Disease: Non-Invasive Assessment and Clinical Outcome - An Update in 2013”
                Benjamin Eidem, MD, FACC
11:40 – 12:20PM Chair: Bill Dillon, MD, FACC
               “The Harvey Feigenbaum Lecture”
               Harvey Feigenbaum, MD, FACC
12:20 – 12:35PM Break & Exhibitors
12:35 – 1:30PM  Lunch and Presentations – Moderator: Juan Villafane, MD, FACC
               • ACC Update – David May, MD, FACC
               • Young Investigator Award
               • Honorable Maestro
               • Announcements – Jesse Adams, MD, FACC
1:30 – 1:45PM  Break & Exhibitors
1:45 – 2:25PM  Chair: Vipul Panchal, MD
               “Jeopardy” (Interactive)
               Michael Brook, MD, FACC
2:25PM  Announce Winners of ACC.2014 Trip

AMPHITHEATER

Chair: Chris Johnsrude, MD, FACC
“Antithrombotic Therapies Post-ACS in 2013: What Have We Learned of Risk and Benefit?”
Magnus Ohman, MB, FACC
2:25 – 2:55PM
2:55 – 3:25PM  “Get With the Guidelines in CAD – An Update”
               Kristin Newby, MD, MHS, FACC
3:25 – 3:55PM  “Imaging of Congenital Coronary Artery Anomalies: Can We Always Make the Diagnosis?”
               Meryl Cohen, MD, FACC
               Thomas Whayne, MD, PhD, FACC
4:25 – 4:30PM  Closing Remarks & Evaluation
               Jesse Adams, MD, FACC

Agenda continued on page 9
ACC Names Shalom Jacobovitz as New CEO

After a year-long search, the ACC named Shalom “Shal” Jacobovitz as the College’s chief executive officer (CEO). Jacobovitz, who started at the College on April 29, comes to the ACC from Actelion Pharmaceuticals U.S., a biopharmaceutical company specializing in cardiovascular therapies, where he served as president since 2004. At Actelion, Jacobovitz developed a strong patient-and customer-centered corporate strategy, which he implemented globally.

“Shal has a track record that demonstrates he is the right person to lead a strong organization like the ACC and to take it to the next level at a time when health care is undergoing massive changes,” said ACC President John Gordon Harold, MD, MACC. “He is an innovative and proven leader as well as a successful mentor and team builder. Shal brings a unique perspective at a time when the College is ramping up to meet the evolving needs of cardiovascular professionals domestically and around the globe.”

For more on ACC’s new CEO, visit the ACC in Touch Blog or CardioSource.org.

ACC Helps Establish International Consortium of Cardiovascular Registries

The U.S. Food and Drug Administration recently brought together various stakeholders from across the globe to establish the International Consortium of Cardiovascular Registries (ICCR). The ground-breaking initiative, comprised of the ACC, the Society of Thoracic Surgeons (STS), industry and others, aims to enhance the way device registries are used across the practice of cardiology and around the world.

Efforts to develop the ICCR follow the model of the International Consortium of Orthopedic Registries. While registries have become important tools for assessing the performance of cardiovascular procedures in real-world settings, limitations and variation across regions open doors for global collaboration. The effort will initially focus on registries that track the transcatheter aortic valve replacement (TAVR) procedure with plans to expand to additional cardiovascular registries in the future. The STS/ACC TVT Registry™, that has tracked patient safety and real-world outcomes for the TAVR procedure from the beginning, will be a core component of the Consortium’s efforts. Full coverage of the meeting is available on CardioSource.org.

President Releases Proposed 2014 Budget

The Obama Administration’s proposed budget for 2014, which contains a mix of programmatic activities for the year as well as legislative priorities, was released on April 10. While many of the items contained in the budget are unlikely to come to fruition due to the divided Congress and president, it does provide a glimpse at administration priorities for next year. ACC Advocacy staff members are reviewing the proposal in more detail, but some of the key highlights for cardiology are featured on CardioSource.org.

Navigate Complexities of Self-Referral and Compliance with ACC Resources

One of the largest recent cases of violating the physician self-referral law (also called the Stark law)—which prevents physicians from financially benefiting from patient referrals—recently made headlines. Intermountain Healthcare, Utah’s biggest health system, will pay more than $25 million as a result of the violations, which include tying doctors’ bonuses to their patient referrals and compensating physicians without having written contracts. This case is a wake-up call of the importance of compliance. The ACC has developed resources to help members navigate this complex topic. Get up-to-speed on fraud and abuse, including the Stark law and other health care regulations at CardioSource.org.

ACC Takes AED Action

The ACC and 34 other member organizations of the Ad Hoc Coalition to Save Lives Through Public Access to Defibrillation sent a letter to Sen. Tom Harkin (D-IA) in early April, thanking him for his “exceptional leadership and commitment” to championing the Health Resources and Services Administration’s Rural Access to Emergency Devices Program. It also urges him to include $8.927 million for the Rural and Community Access to Emergency Devices Program in the FY 2014 Labor-HHS-Education Appropriation bill, which would restore this life-saving program to its FY 2005 level when 47 states received funding under the rural component. The program enables rural areas and communities to obtain necessary equipment and training to save lives from cardiac arrest. However, in 2012, only 6 percent of applications for the program were accepted due to a lack of funding.

CMS Releases PQRS and eRx Program Performance Update

The Centers for Medicare and Medicaid Services (CMS) has released the 2011 Physician Quality Reporting System (PQRS) and E-Prescribing (eRx) Incentive Program Experience Report, shedding light on the reporting experience of eligible professionals in these programs in 2011. According to the report, participation across all reporting options has increased each year. In 2011, 280,229 professionals participated in PQRS, totaling $261,733,236 in incentive payments. The eRx Incentive Program saw a 116 percent increase over 2010, with 282,382 professionals participating in 2011, totaling $285,049,103 in incentive payments. The report showed that 33 percent of cardiologists received a PQRS bonus in 2011 with a median payment of $3,158. For eRx, 43 percent of cardiologists received a bonus for 2011 for a similar median payment of $3,133. The report also revealed that 6,000 cardiologists were subject to a payment reduction in 2012 for not reporting the use of eRx or qualifying for an exemption in 2011.
ACC Weighs in on Registries and Medicare PQRS

The ACC recently offered expertise on the implementation of recently passed legislation that would allow successful participants in clinical registries to be considered successful participants in the Medicare PQRS. The letter also addresses the overall role for registries in quality reporting and improvement programs. “CMS has great latitude in implementation and we hope that CMS uses this opportunity to establish a strong foundation that can be built upon for future expansion of the use of clinical registries for quality measurement and improvement,” the letter notes. A second letter addresses a proposed rule for Medicare and Medicaid regulatory provisions. While there are concerns with changes made to the governance system for hospitals, the College expressed support for a CMS proposal to change the supervision requirements for the preparation of radiopharmaceuticals and a clarifying change to the ordering of outpatient services within a hospital. “We appreciate the efforts of CMS to attempt to reduce regulatory burdens if they do not contribute to safety or quality,” writes the College.

Were You in A Graduate or Fellowship Program Between 1995 and 2005?

In 2010, the U.S. Internal Revenue Service (IRS) announced the exemption of medical residents from Federal Insurance Contributions Act (FICA) taxes based on the student exception for tax periods ending before April 1, 2005, when new IRS regulations went into effect. Since the announcement, the IRS has contacted hospitals and universities as well as medical residents who filed FICA refund claims for these periods with more information and procedures, and many ACC members have already received their reimbursements. Those who were in a residency/fellowship program in the U.S. between 1995 and 2005 are encouraged to contact their respective program’s office of graduate medical education to see if they qualify for the tax refund claim.

The U.S. Food and Drug Administration (FDA) issued a Class I recall of Guardian II and Guardian II NC Hemostasis Valves (Model Numbers 8210, 8211, 8215, 8216) manufactured by Vascular Solutions Inc. The Agency notified health care professionals that serious adverse health consequences, including death, could occur due to the potential for an air embolism. Products that were manufactured and distributed between February 2012 and February 2013 are affected. Ahead of the FDA recall, Vascular Solutions sent an “Urgent Medical Device Recall” notice to its customers warning about the risk. To receive immediate FDA-approved cardiovascular drug alerts and related safety information, visit www.ACC.pdr.net. Registration is free for ACC members. Follow @Cardiology on Twitter to stay up-to-date.

New UnitedHealthCare Preauthorization Requirements Set to Kick-In on July 1

Starting on July 1, UnitedHealthcare (UHC) will begin requiring preauthorization for their Commercial Plans for the following cardiovascular procedures: echocardiography, stress echocardiography, electrophysiologic implant devices, and diagnostic cardiac catheterization. Currently, UHC mandates pre-notification pre-authorization for these procedures for the payer’s Medicare Advantage plans. Pre-authorization can be obtained through its vendor, CareCore National. UHC will not reimburse for any service not pre-authorized. UHC will also change its existing pre-notification obligation to pre-authorization on July 1. This change will allow UHC through CareCore to deny authorization requests not meeting the UHC/CareCore clinical criteria and will impact nuclear cardiology, CT, MR, and PET requests.

The ACC is dedicated to ensuring practice guidelines and AUC developed by the College are implemented consistently across-the-board while leaving the final testing and treatment decisions to the treating physician. The College will continue to urge UHC and other payers to use these documents to determine consistent medical coverage. If you and your practice are experiencing difficulties and inappropriate pre-authorization denials, contact ACC Advocacy for assistance at advocacy@acc.org. Read more on CardioSource.org.

Agenda continued from page 7

2nd SESSION

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<th>Time</th>
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<tr>
<td>2:25 – 3:15PM</td>
<td>“Adult Congenital Echocardiography: Live Case Demonstrations” (Live ECHO)</td>
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<td>2:25 – 3:15PM</td>
<td>Louis Bezold, MD, FACC; Kristopher Cumbermack, MD; Fred Jones, RDCS; Jason Graham, RDCS</td>
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<td>3:15 – 3:45PM</td>
<td>“Echocardiographic Evaluation of Common Congenital Heart Disease in the Adult”</td>
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<td>Benjamin Eidem, MD, FACC</td>
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<td>3:45 – 4:25PM</td>
<td>“Jeopardy for FITs” (Interactive)</td>
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<td>Michael Brook, MD, FACC</td>
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<td>4:25 – 4:30PM</td>
<td>Closing Remarks &amp; Evaluation</td>
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<td>4:25 – 4:30PM</td>
<td>Juan Villafane, MD, FACC</td>
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Fellows-In-Training Attend “How to Become a Cardiovascular Investigator” at Heart House

Dr. Eric Wallace from the University of Kentucky and Dr. Martin Espinosa Ginic from the University of Louisville recently attended the ACC course “How to Become a Cardiovascular Investigator” at the Heart House in Washington D.C.

Dr. Espinosa Ginic said, “The CV Investigator course gave me a different perspective about an academic career in cardiology, and gave me important tools to plan and work for it during my training. The organization by Dr. Fuster and Dr. Bonow was outstanding, the invited faculty couldn’t be better, and the fellow oriented topics appropriately chosen. The world renowned speakers shared their own professional experience in an open, realistic and encouraging way; the environment allowed for plenty of interaction with them. I will encourage all fellows that consider an academic career to attend to this excellent course.”

Dr. Wallace said about his experience “As a fellow in training, we are constantly trying to balance the demands of clinical training and exploring research interests in a finite period of time. Although more and more fellows are entering into training with some research experience, fellowship remains a time when this skill can be enhanced by spending time alongside established clinical investigators. As part of the program we were able to hear several renowned experts share their career journeys and discuss the future of several cardiovascular fields. In addition, didactic lectures focused on several topics in clinical investigation ranging from “How to choose a research mentor and project” to “funding opportunities” and “Jobs in cardiology after training”.

Although each FIT has their own personal long-term career goals, an academic curiosity drives us all. I believe the topics discussed serve all Cardiology fellows well and I would highly encourage participation in the future. This conference challenged me to consider my future in the cardiovascular field and focus my remaining time in training.”

The next “How to Become a Cardiovascular Investigator” course is scheduled for December 6-7, 2013 at the Heart House in Washington D.C.

Dr. Martin Espinosa Ginic (Left) and Dr. Eric Wallace (Right) outside of The Heart House in Washington D.C.
## ACC Upcoming Events

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

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<th>JUNE</th>
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<tr>
<td>June 12 – 14, 2013</td>
<td>September 26 – 28, 2013</td>
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<td>ACC/MedAxiom Cardiovascular Service Line Symposium</td>
<td>AATS/ACCF Heart Valve Summit: Medical, Surgical and Interventional Decision Making</td>
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<td>Ritz-Carlton Buckhead – Atlanta, GA</td>
<td>David H. Adams, MD, FACC</td>
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<td>Steven F. Bolling, MD, FACC</td>
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<td>Howard C. Herrmann, MD, FACC</td>
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<td>Marriott Chicago – Magnificent Mile, Chicago</td>
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<tr>
<td>Joseph D. Babb, MD, FSCAI, FACC</td>
<td>2013 Foundations for Practice Excellence: Core Curriculum for the Cardiovascular Clinician</td>
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<td>Frederick Welt, MD, MSc, FSCAI, FACC</td>
<td>Eileen M. Handberg, PhD, ARNP, BC, FACC</td>
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<td>The Ritz-Carlton – Amelia Island, Fla.</td>
<td>Joseph S. Alpert, MD, FACC</td>
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<td>Washington, D.C.</td>
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<td>August 16 – 18, 2013</td>
<td>October 4-5, 2013</td>
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<td>ACCF/SCAI Premier Interventional Cardiology Overview and Board Preparatory Course</td>
<td>2nd Annual Sports Cardiology Summit 2013</td>
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<td>Joseph D. Babb, MD, FSCAI, FACC</td>
<td>Richard J. Kovacs, MD, FACC</td>
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<td>Frederick Welt, MD, MSc, FSCAI, FACC</td>
<td>Christine E. Lawless, MD, FACC</td>
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<td>The Ritz-Carlton – Amelia Island, Fla.</td>
<td>Intercontinental Chicago O’Hare Hotel – Rosemont, Ill.</td>
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<td>August 27 –31, 2013</td>
<td>October 12, 2013</td>
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<td>The ACCF Cardiovascular Board Review for Certification and Recertification</td>
<td>KY-ACC 9th Annual Meeting</td>
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<td>Kim A. Eagle, MD, MACC</td>
<td>Coronary Pathologies: Atherosclerosis and Beyond</td>
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<td>Patrick T. O’Gara, MD, FACC</td>
<td><a href="http://www.kentuckyacc.org/annualmeeting">www.kentuckyacc.org/annualmeeting</a></td>
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<tr>
<td>The Fairmont Hotel – Millennium Park, Chicago</td>
<td>University of Kentucky Albert B. Chandler Hospital Auditorium</td>
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<td>Lexington, Kentucky</td>
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<td>August 28 – 30, 2013</td>
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<td>Arrhythmias in the Real World 2013</td>
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<td>Peter N. Smith, MD, FACC</td>
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<td>Heart House – Washington, D.C.</td>
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<td>August 31, 2013</td>
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<td>ACCF Study Session for Maintenance of Certification Cardiovascular Disease Updates 2012 and 2013</td>
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<td>Patrick T. O’Gara, MD, FACC</td>
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<td>The Fairmont Hotel – Millennium Park, Chicago</td>
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| DECEMBER | |
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| December 6-7, 2013 | |
| How to Become a Cardiovascular Investigator | |
| Valentin Fuster, MD, PhD, MACC | |
| Heart House – Washington, D.C. | |

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**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](http://www.kentuckyacc.org).

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**Upcoming KY-ACC Councilor Teleconference Dates**

2013 Dates – 7:15 am Eastern / 6:15 am Central

- Thursday, July 18
- Monday, September 16
- Thursday, November 7
SAVE THE DATE

9th Annual Meeting
October 12, 2013
8:00 am - 4:30 pm
University of Kentucky
Albert B. Chandler Hospital Auditorium
Lexington, Kentucky

Coronary Pathologies: Atherosclerosis and Beyond

More Info & Full Agenda on Pages 6-7!