SCAI-High in San Diego

Technique, Technology & Teamwork Top SCAI 2015 Program

"SCAI 2015 is where interventional cardiologists and their cath lab teams will go to reach their top potential," says Program Committee Chair Michael R. Jaff, DO, FSCAI. "Whether you are an interventional cardiologist, cath lab nurse, technician or administrator, you'll choose from a wide range of sessions that will deliver the training you need for your team."

To provide that variety, the SCAI 2015 Program Committee has assembled a comprehensive curriculum that lets teams work together or on their own, immersing themselves in a topic track (choose from five tracks: Congenital, Coronary, Peripheral, Quality and Structural) or expanding their knowledge about procedural techniques, the latest technology or leadership skills.

The result is a program that is tailor-made for the practicing clinician, says Program Committee Co-chair Roxana Mehran, MD, FSCAI. "What separates SCAI 2015 from every other program is the focus on the practical – how to treat real patients, the people we see every day, and what we need to improve our daily practice for their benefit."

GET UP-TO-THE-MINUTE ON EMERGING TECHNOLOGIES

From Wednesday, May 6, when the meeting kicks off, through Saturday, May 9, SCAI 2015 participants will learn about the emerging technologies that are
Dear Colleagues,

At the TCT conference in September, I had the pleasure of introducing SCAI’s new executive director, Lisa Olson, PhD, to many of the Society’s members, partners and friends. The news that she would be joining SCAI had just been announced and her official start-date was a month away, but Lisa spent three full days with SCAI members and staff. I had the privilege of seeing first-hand her professionalism, her deep understanding of our field and her enthusiasm for helping our excellent staff keep improving. Most important, I saw how truly excited she is to join the SCAI team and to work with all of us to advance our mission.

After watching Lisa in action, I came away all the more confident in our choice. I want to thank the Search Committee, who worked with the firm Tuft & Associates to identify a terrific slate of candidates, of course including Lisa. SCAI is indebted to Search Committee Co-chairs Christopher White, MD, MSCAI, and James Blankenship, MD, MSc, FSCAI, and to its members: Steven R. Bailey, MD, MSCAI, Ralph Brindis, MD, MPH, FSCAI, Cindy Grines, MD, FSCAI, Beau Hawkins, MD, FSCAI, Sunil Rao, MD, FSCAI, and Thomas Tu, MD, FSCAI. I had the pleasure of working with this amazing group, as they conducted a search that was both comprehensive and efficient. I thank them and SCAI’s Executive Committee, Trustees and staff for their insights and for their focus on this very important step forward for the Society. Thanks to these efforts and the tireless work of our excellent SCAI staff, SCAI was not only able to continue its important work without pause but is positioned to embrace a bright future.

What happens now? As this newsletter goes to press, Lisa is getting started. In partnership with the Executive Committee and the entire SCAI Board of Trustees, she will be reaching out to many of you to develop and execute a strategic plan that, in Lisa’s words, “will make the voice of interventional cardiology stronger and clearer.” In Lisa, SCAI has found an experienced and accomplished advocate for our Society, our profession and our patients.

I look forward to working with Lisa, and with all of you, during this time of progress and change. Please contact me anytime at president@SCAI.org.

Best regards,

Charles Chambers, MD, FSCAI
SCAI 2014–15 President
Last month during TCT, I presented on the evolving role of percutaneous ventricular assist devices in interventional cardiology and heart failure. In the hallways, I saw my colleagues Navin Kapur, MD, FSCAI, Ramesh Daggubati, MD, FSCAI, and Paul Sorajja, MD, FSCAI, each preparing to give lectures on a variety of topics. The surprise was not that all three of us early-career interventionalists were on deck to present last month, but rather where we were: not at TCT2014, but rather 2,500 miles away at the Heart Failure Society of America (HFSA) Annual Scientific Sessions.

SCAI’s Interventional Heart Failure Working Group is charged with working across the Interventional Cardiology–Heart Failure Divide to improve the care of patients who are living with heart failure, a complex and increasingly prevalent condition. These patients are refractory and sick. Many have severely diminished quality of life and expectations for survival. Their treatment has become associated with high readmission rates and enormous healthcare resource utilization. To succeed on their behalf, we will need to be both innovative and collaborative.

Our goal is to apply interventional cardiology’s expertise at hemodynamics along with evolving techniques to reverse or halt the progression of the heart failure state. We have committed to uniting with the wider cardiovascular community in a multi-pronged approach, collaborating to find mechanisms that work.

In September, we took a giant step forward with two sessions cosponsored by SCAI and hosted at HFSA 2014. The response of the HFSA attendees at my talk was encouraging. Heads nodded as I spoke about the gap that has limited how we care for patients with heart failure. We can treat these patients by tackling not just their condition but also the gap, specifically by working more closely together, seeing the blind spots in our care and actively remedying them.

The welcome that Drs. Kapur, Daggubati, Sorajja and I received at HFSA 2014 is a sign that the track we are laying is indeed bridging the gap. At the SCAI 2015 Scientific Sessions, we will feature HFSA speakers. Consensus documents on percutaneous ventricular assist devices and optimal utilization of invasive hemodynamics will further our educational goals while webinars, live presentations, editorials and collaboration with our surgical colleagues will soon follow. The gap is not as wide as it once was. To join the effort, contact Drew Voytal at dvoyal@SCAI.org.
FROM THE COVER

SCAI’s New Executive Director Sees Huge Potential for Growth... continued

She went on to found the Washington, DC-based strategic marketing firm aha Group, where she helped dozens of medical organizations prosper. Her clients included the ACC, Heart Rhythm Society, WomenHeart: The National Coalition for Women with Heart Disease, American Society of Addiction Medicine, Community Health Accreditation Program, Sudden Cardiac Arrest Association, SADS Foundation, and the Association of Black Cardiologists.

Dr. Olson holds a bachelor’s degree in marketing, an MBA in the management of technology and science and a PhD in business, marketing and health administration. She also has teaching experience, having served as adjunct faculty at The Johns Hopkins University Business of Medicine program.

At the Society’s recent Board of Trustees meeting, Dr. Olson shared a vision for working with SCAI members from around the world to set strategic priorities and a timeline for accomplishing them.

“We are delighted to welcome Lisa to SCAI. Her diverse background and experience combined with her extensive knowledge of cardiovascular care make her the ideal executive director for SCAI,” said SCAI 2014–15 President Charles Chambers, MD, FSCAI. “This is an exciting time for the Society and for all of our members and staff. With Lisa’s arrival, we are positioning ourselves to take the next step in furthering our mission of providing the very best care for cardiovascular patients.”

Dr. Olson officially began her work at SCAI in mid-October. She can be reached at lolson@SCAI.org.

Return to Washington, DC: SCAI Continues Perfecting Political Participation

During the Alliance of Specialty Medicine’s 2014 Legislative Conference and Fly-In, SCAI 2014–15 President Charles Chambers, MD, FSCAI, had an “a-ha” moment. It occurred while he and Wayne Powell, SCAI’s senior director for advocacy and government relations, were meeting with Charles W. Dent (R-PA-15).

“Wayne and I were emphasizing the importance of improving access to specialty care, the importance of reducing regulatory burdens, the ICD-10 issues, concerns about specialty workforce and graduate medical education,” Dr. Chambers recalls. “When we came to one of our items, Congressman Dent jumped in and said, ‘Oh yes, I’m very familiar with that concern—I introduced a bill on it.’”

Rep. Dent was likely referring to the Health Care Safety Net Enhancement Act of 2013, which he authored to provide liability protections for doctors who provide life-saving care in emergency settings. The bill has not yet been taken up by the House’s health subcommittee, and in fact may never make it even that far, but Dr. Chambers says that isn’t the point. “That personal connection over actual, pending federal legislation provided the basis for a nice bond,” he explains. “For me it reinforced how important it is to build these relationships on a face-to-face, human level.”

Meanwhile, he adds, as SCAI has now participated in four Alliance Fly-Ins, relationships are solidifying and momentum is building. “We are increasingly getting to know Washington people as people,” says Dr. Chambers, “rather than as politicians and aides we go there to lobby.”

The other SCAI members representing interventional cardiologists at the two-day event—SCAI Secretary and Advocacy Committee Chair Peter L. Duffy, MD, MMM, FSCAI; Advocacy Committee Co-chair Osvaldo S. Gigliotti, MD, FSCAI; and Past President Joseph D. Babb, MD, MSCAI—reported similar takeaways. The consensus: SCAI’s presence in the nation’s capital is not only worthwhile but essential.

CHANGE SLOW, BUT SURE

Along with the informal personal meetings, the Alliance conferences offer informational talks that lead into lively, town hall-style Q&A sessions. This year’s speaker list featured not only senators and congresspersons but also regulatory leaders from FDA and CMS.

The SCAI team was especially impressed with the persuasive solidarity expressed by CMS’s chief medical officer, Patrick Conway, MD, a practicing pediatric hospitalist, who not only stuck around for 45 minutes of tough questioning after his talk but also gave out his email address and encouraged attendees to continue the conversation upon returning home.

For Dr. Duffy, some of the standout presentations came from younger, lower-profile members of Congress. “To listen to the party leaders you always see in the news, you would think the system is hopeless and things are never going to get anywhere due to gridlock and bureaucracy,” he says. “But the reality is that there are a lot more moderates in Washington in both parties than you might think—people who are willing to compromise behind the scenes to create workable solutions. They’re not in positions of power yet. They don’t yet have the ability to move an agenda forward. But over time, clearly, that is going to change.”

STRENGTH IN NUMBERS

Three-time Fly-In participant Dr. Gigliotti says the returns on the investment of time at the conference may not
be immediate, but they are evident. “After meeting with a doctor through a past Fly-In, Rep. Pete Sessions (R-TX-32) invited the doctor to join a ‘kitchen cabinet’ council on healthcare that he had started,” he notes. “That was just one more action that showed legislators really do want our input.”

Dr. Gigliotti adds that, as much as he personally enjoys taking part in the conference, he wishes there were no need for it. “I would prefer to spend all day in the cath lab doing cases,” he says. “But I also understand that it’s important for us to be involved in the political process. And when we organize as a unified constituency, we really can help drive positive change into the system.”

Dr. Babb, who has participated in the Fly-In every year since SCAI joined the Alliance, credits the coalition for the savvy it has developed in navigating Washington’s insider culture, setting up the right meetings at the right times and leveraging for maximum influence the critical mass of 13 specialties and 100,000-plus physicians. “Because of our combined clout, busy Washington politicians and their influential staffers will give up a substantial portion of their time to come and listen to us,” Dr. Babb says. “What this experience offers SCAI each year is political engagement at a level we wouldn’t be able to reach on our own.”

PARTICIPATE FOR PATIENT CARE

There are many ways to get politically involved without ever traveling to Washington. “You can go to your state and local representatives—and you should—because clearly much of what affects us and our patients has nothing to do with Washington,” Dr. Duffy says. “You can contact your elected representatives in Washington when they’re out of session and back home. No matter where they’re working at any given time, they really do return our phone calls and answer our emails.”

Participating in politics is part of serving patients, says Dr. Duffy. “By pushing ourselves to participate—by advancing what’s important to our profession—we are fulfilling our obligation to our patients,” he says. “That’s the first thing we do. Everything else falls in behind that.”

SCAI Urges Substantive Changes to ABIM’s MOC Program

In response to members’ concerns about the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program, SCAI is continuing to aggressively advocate for specific changes with the potential to relieve the burden on SCAI members while supporting lifelong learning. Recent communications from the ABIM, including modifications being considered for the Part II modules, indicate that the efforts of SCAI and other organizations are making a difference.

“There have been several encouraging signals that give us reason to believe that the ABIM leadership is listening to the concerns of the physician community,” said SCAI’s MOC Working Group Chair Alan Yeung, MD, FSCAI. “There is still work to be done, but it appears that we are making progress on all four of the issues that SCAI is focusing on.”

SCAI’s areas of focus include:

• **One test for recertification**: SCAI is urging the ABIM to eliminate requirements that would make interventional cardiologists re-take and pass multiple exams. The ABIM has indicated that its Cardiology Board will address this concern.

• **No more punitive labels**: During a multi-society meeting with the ABIM, Dr. Yeung stressed that physicians listed on ABIM.org should not be labeled as “not meeting MOC requirements.” Instead, said Dr. Yeung, “the ABIM website should note each physician’s original certification information and date. If a physician is currently meeting MOC requirements, then the website should also state that fact.”

• **More value and less cost for Parts II and IV**: SCAI supports lifelong learning and maintenance of physician competence, but most of the current modules aimed at these goals are expensive and of poor quality. At a recent ABIM meeting, SCAI President-Elect James Blankenship, MD, MSc, FSCAI, reviewed changes the ABIM is considering making to Part II requirements, including allowing specialty societies to become MOC providers.

• **Align MOC with CME**: It also appears that the ABIM is re-examining the overlap between high-quality continuing medical education credit and MOC, as it relates to Part II. Dr. Blankenship authored SCAI’s comments stressing that physicians should receive MOC credit for completed CME work. With this change, the ABIM would eliminate an unnecessarily cumbersome and for the most part redundant requirement while also reducing costs to physicians. (You can read SCAI’s comments about Part II on SCAI.org.)

For more information about SCAI’s efforts to improve the MOC processes for interventional cardiologists, watch for emails from SCAI and visit www.SCAI.org/Advocacy. Not receiving SCAI emails? Contact Eric Grammer at egrammer@SCAI.org.
changing how interventional cardiology teams practice and share information. The brand-new “State-of-the-Art Technologies” session will highlight how new communication tools are shaping interactions with peers and patients alike.

In the tracks, discussions between faculty and participants will share how they are incorporating new devices into their practices. For example, says Program Co-chair Robert Applegate, MD, FSCAI, the Structural Track will include dialogue about how percutaneous mitral valves can improve the management of patients with recurrent congestive heart failure and mitral valve disease, and in the Peripheral Track, a new session co-sponsored with VIVA (Vascular Interventional Advances) will explore state-of-the-art management of patients with noncardiac vascular disease.

ENHANCE YOUR TECHNIQUE WITH MORE CASES THAN EVER BEFORE

“Everybody loves cases – unusual cases, complicated cases, cases that look like they’re going to have bad outcomes that then turn out great,” says Dr. Jaff. “The interventional cardiology community learns best from real-world cases, and SCAI 2015 is going to deliver them.”

“The great thing about taped cases is that we can pause at key points so panelists and audience members can share their thoughts, examine the operators’ decisions and technique, and discuss what they would do next,” says Dr. Applegate. “It’s a potent learning tool.”

The dialogue is key, adds Dr. Mehran. “Attendees can expect to be participants because there is going to be less lecture, more discussion, with dialogue in every session.”

She points to “Cases Over Cocktails,” one of several successful educational innovations that debuted last year and will be back again in 2015, as a prime example of how cath lab teams learn analyzing real-world cases together.

The SCAI’s the Limit for Fun in San Diego

Family Fun San Diego is a veritable playground for families, with the world-famous San Diego Zoo (http://zoo.sandiegozoo.org/), SeaWorld (www.seaworldparks.com/en/seaworld-san-diego) and LEGOLAND (www.california.legoland.com) are all just minutes from SCAI 2015.

Go Back in Time A short walk away from the SCAI meeting venue is San Diego’s Gaslamp Quarter (www.gaslamp.org), a national historic district featuring restored Victorian architecture. While the neighborhood’s roots go back to 1850, today it houses more than 200 restaurants, art galleries and boutiques.

Put Golf to the Fore With its cliff-top site overlooking the Pacific Ocean, Torrey Pines Golf Course (www.torreypinesgolfcourse.com/_tpgallery/gallery.htm) features a beautiful 18-hole course world-renowned for championship events.
EXAMINE THE LATEST RESEARCH & HOW TO IMPLEMENT IT IN PRACTICE

“The ‘late-breakers’ sessions at SCAI 2015 are an opportunity to have experts cull the important trials and then put them into perspective in terms of how they’re going to affect clinical practice,” says Dr. Applegate. “This is the clinical knowledge that’s really going to guide our practice.”

Because “From Clinical Trials to Clinical Practice” has traditionally been a standing-room-only session at SCAI annual meetings, the 2015 team has doubled the opportunity for participants to join these conversation on how new findings will shape future practice. “We’re offering two sessions this year, one on the latest coronary trials, plus a second on peripheral trial data,” says Dr. Jaff.

BECOME A QUALITY CHAMPION

“All of the third-party payers, particularly the Centers for Medicare & Medicaid Services, have introduced quality metrics as a measure of the effectiveness of healthcare systems,” says Dr. Applegate. “They’ve put some bite in there, with penalties related to such quality metrics as readmission rates.”

To help participants learn how to navigate these and other changes, SCAI 2015 will feature a wide range of quality improvement opportunities. “The Quality Improvement Track will feature sessions on such topics as public reporting, performance measures and payment reforms, but we’re also going to offer some discussion about quality in all of the major sessions throughout the meeting,” says Dr. Jaff.

“Interventional cardiology – and all of health care, really – is changing,” says Dr. Mehran. “You need a different set of skills than before. It gets back to SCAI’s practical focus. These are the skill-sets that cath lab teams need, so this is what we will offer.”

Last year’s enormously successful Cath Lab Leadership Boot Camp will be back, offered on Friday in the Quality Improvement Track and serving up insights into the skills that are becoming increasingly necessary in healthcare.

“We did some polling and found that the vast majority of cath lab directors were simply appointed. They didn’t necessarily have the background or training they needed,” says Dr. Applegate. “Boot Camp fills that gap, with training in such areas as conflict resolution, budgeting, inventory and strategies we need to make our labs more effective.”

TEAM UP & LEARN TOGETHER

“The SCAI 2015 program, and especially Boot Camp, have been designed for all of the members our teams to learn together,” says Dr. Applegate, “SCAI 2015 is a unique opportunity to have all the different members of the lab – nurses, technicians and physicians – together in the same room talking about the same subject in a unique forum.”

The SCAI 2015 program is evolving quickly. Get your first peek at SCAI 2015 via the Preliminary Program at www.SCAI.org/SCAI2015, and watch for ongoing coverage. SCAI.org and future issues of SCAI News & Highlights will feature dedicated reporting on the Congenital Heart Disease Track, Cath Lab Leadership Boot Camp and many sessions you don’t want to miss! To learn more and register, go to www.SCAI.org/SCAI2015.

“SCAI TWEETS FOR PAD AWARENESS

In September, SCAI’s public education website, @SecondsCountOrg, teamed up with @VIVAPhysicians, as well as @MendedHearts, @MyLegMyChoice and @WomenHeart, to host a Twitter Chat. Garnering over 100,000 impressions as well as many new followers for both participants and hosts, the Chat helped grow awareness of PAD and how it can be prevented and treated.

Check out the Storify recap at www.SecondsCount.org. (Storify lets you read the tweets like an interview, without having to find it on Twitter.) A few examples of the Best of the Best tweets:

Chandan Devireddy MD @drdevireddy .@MaryFletchHones Inflammation levels can be reduced through diet, exercise, & some medications. In #PAD, aspirin and statins help #padaware

Seconds Count @SecondsCountOrg T2: Is it safe for people with #PAD to get a pedicure? #padaware

Michael Jaff @docmrjaff .@SecondsCountOrg If advanced PAD or with Diabetes/kidney disease, probably not. Minor cuts on the nails or skin can result in gangrene!!

WomenHeart @WomenHeartOrg T5: Important to maintain healthy diet, exercise, and quit smoking to prevent PAD #PADAware

My Leg, My Choice @MyLegMyChoice T5: #PAD is the second most prevalent chronic disease after diabetes. They really go hand in hand. #PADAware

Ajay Kirtane @ajaykirtane T4: @SecondsCountOrg Definitely need specialists to do #PAD procedures but many can be done with patients going home same-day #PADAware
Pediatric SCAI-QIT: Do’s & How-to’s

When it debuted at SCAI 2014 last May, the Pediatric SCAI Quality Improvement Toolkit was lauded for its potential to help pediatric cath labs continuously improve quality while keeping pace with new interventions.

Pediatric SCAI-QIT features a detailed yet easily implemented system for facilitating improvement, standardization and benchmarking, all aimed at helping congenital heart disease specialists save lives and enhance quality of life for young patients. The toolkit features four step-by-step modules—Procedural Quality, Radiation Safety, Procedural Checklists and Catheterization Conferences.

Now comes the next step, say Pediatric SCAI-QIT Chairs Henri Justino, MD, FSCAI, and Kalyani Trivedi, MD, FSCAI, who are eager to help their colleagues turn enthusiasm into action. They offered these suggestions for getting started.

Commission a Champion
In many cath labs, the director of the cath lab is the ideal individual for helming the adoption of Pediatric SCAI-QIT, introducing it to the cath lab team and keeping team members up to date with changes and additions are made. In other cath labs, especially those where the director is not an interventionalist, adoption may be led by a senior interventional cardiologist or any member of the team who has the support of the group. The latter point is the most important: the Quality Champion should have demonstrated a commitment to quality improvement and be ready to engage and inspire the whole team.

Galvanize Team Spirit
Engage and involve every member of the cath lab team early and often. Winning buy-in from each member requires soliciting input at the outset of adoption and maintaining open lines of communication from that point forward. It’s also important to reassure members that the toolkit is not intended to replace hospitals’ mandatory quality-improvement procedures but to complement them.

Bite Size Might Be the Right Size
Start small and don’t hesitate to customize as needed. “If you aim for getting everything done in sequence and to the letter, it may seem so daunting that you never get started,” says Dr. Justino. Some cath labs might choose to download just one of the modules and collaborate to implement select parts of it within a given time window.

“That will definitely work, as we’ve designed the toolkit so that it can be digested in small bits,” notes Dr. Justino, adding that many teams already know their areas of strength and weakness. For them, a trouble spot can make for a perfect QIT starting point.

Dig into the Main Course: Procedural Quality
In most cases, the best module to begin with is Procedural Quality. That’s because it serves as the backbone of the program, providing a macro framework from which to drill down through the more granular, or “micro,” modules. The Procedural Quality module walks teams through not only implementing the toolkit but also making it part of standard operating procedure.

“The steps in the toolkit emphasize a culture of supportive behaviors and discourage blaming behaviors,” says Dr. Trivedi. “So there is active people management. When skills assessment and improvement opportunities are offered in a constructive manner, team members are likely to be open to participate and not be defensive.”

Tackle Quality Mandates While Improving Care for Children
Nearly three dozen physicians created the user-friendly and in-depth toolkit. “Pediatric SCAI-QIT was made by pediatric interventional cardiologists for pediatric interventional cardiologists,” Dr. Justino says, stressing that contributors were inspired by but not tethered to the adult SCAI-QIT that preceded it. “Pediatric interventional cardiologists don’t deal with heart attacks and screenings for heart disease,” he says, “but we do deal with, for example, a higher risk of complications when doing heart cath through the femoral artery in babies.”

Both project chairs agree that the most compelling incentive for adoption is improving patient care. “Pediatric SCAI-QIT creates an opportunity for every pediatric cath lab to stand shoulder to shoulder on quality with the top institutions,” Dr. Trivedi says. “It offers a very simple assessment and improvement process, and it opens the door to future benchmarking. We are very excited about it.”

“The most important thing we do, by far, is treating children who have heart problems,” concludes Dr. Justino. “Pediatric SCAI-QIT is about making sure that all pediatric interventional cardiologists have a way to treat their patients at the top of the profession.”

To download Pediatric SCAI-QIT, go to www.SCAI.org/PEDQIT. Don’t miss the Pediatric SCAI-QIT webinar series, where Drs. Justino and Trivedi and others discuss strategies for implementing QI tools. Your whole team is welcome to attend these complimentary programs. Visit SCAI.org for details.
Download “You & Your Stent”
An Educational Video for Patients and Their Families

Take your patient education efforts to the next level with “You & Your Stent,” a free, unbranded video developed in partnership with SCAI’s SecondsCount Editors.

“You & Your Stent” —
• Was created for patients who have undergone a coronary angioplasty procedure, and their families.
• Will help you answer your patients’ questions and enhance their understanding of heart disease, why they received a stent, and how to take care of their stent and their overall heart health.
• Features beautiful full-color animations and patient-friendly narration in English and Spanish.

You Are Invited —
To access the full, 10-minute video, or choose the individual chapters that best meet your patients’ needs:

Chapter 1: Introduction
Chapter 2: The Heart and Its Arteries
Chapter 3: Acute Coronary Syndrome (ACS)
Chapter 4: Your Procedure and Your Stent
Chapter 5: Precautions to Take (adherence to medication and lifestyle changes)
Chapter 6: What Happens Now

To support patient education in your office, exam room, cath lab waiting room, or at the bedside, “You & Your Stent” is available for complimentary download to either computer or tablet.

Access the free video in English and Spanish at www.SecondsCount.org or www.SCAI.org/PatientEducation.

“You & Your Stent” is provided compliments of Daiichi Sankyo/Eli Lilly in partnership with SCAI. Copyright © 2013 Daiichi Sankyo, Inc. and Lilly USA, LLC. All Rights Reserved.
This year, SCAI took quality improvement to a new level with the release of two interactive tools to help interventional cardiologists assess their patients’ risk for PCI complications.

The new tools include the SCAI Risk Calculator App and a web-based spreadsheet. Both support the efforts of cath lab teams to improve the quality of care by helping to more accurately identify patients at high risk for complications, allowing physicians to intervene to reduce risk before the procedure.

“Take the Mikey approach. Try it. You’ll like it,” recommends Sunil V. Rao, MD, FSCAI, chair of SCAI’s Quality Improvement Committee. He’s referencing the boy in the 1970’s Life cereal commercial, Mikey, who refused to try new foods until he tasted the cereal and discovered how much he liked it.

With SCAI’s Risk Calculator App, interventional cardiologists and their cath lab staff enter pre-procedural patient information. The tool then estimates the patient’s post-intervention risks for in-hospital mortality, contrast nephropathy and transfusion. It is based on risk models of the Blue Cross and Blue Shield of Michigan Percutaneous Coronary Intervention Quality Improvement Initiative (BMC2 PCI) and is available for both Android and iOS platforms, and for any web browser.

The spreadsheet tool works similarly, using risk models developed by the National Cardiovascular Data Registry (NCDR) Cath PCI Registry and the Massachusetts Data Analysis Center (Mass-DAC). The tool focuses on in-hospital mortality, vascular injury, bleeding, acute kidney injury, dialysis, repeat revascularization procedure within one year and 30-day readmission.

Both tools – currently available for free at SCAI.org – have proven popular, with more than 1,500 downloads since their launch in May. Still, some providers resist, citing reasons like these:

**MYTH 1 – “IT’S TOO CUMBERSOME.”**

While earlier-generation web-based risk apps required repetitive data entry separately for every outcome modeled, which disrupted work-flow, each of SCAI’s PCI risk tools integrates multiple risk models and only requires the clinical data to be entered once.

“No that the models are integrated, it’s much easier to use,” says Kalon Ho, MD, MSc, FSCAI, vice-chair of the Quality Improvement Committee. The app and the spreadsheet both provide a lot of bang for the buck, predicting risk of multiple adverse events in one interface.

**MYTH 2 – “I’M A PHYSICIAN. I KNOW THE PATIENT’S RISK.”**

The risk-treatment paradox clearly and consistently shows that the highest risk patients are the least likely to get appropriate therapies. “As physicians, we think we know risk, but I’ve been surprised by some patients who are old, in atrial fibrillation, a little anemic and with a little renal insufficiency. The app identifies these patients—who normally may not have been identified—as extremely high-risk,” explains Hitinder Gurm, MD, FSCAI. Switching from a femoral to a radial approach or administering bivalirudin makes a tremendous difference for patients in the high-risk group, Dr. Gurm continues.

“By providing these tools at the point-of-care, we may be able to reduce the risk-treatment paradox and improve outcomes,” adds Dr. Rao.

**MYTH 3 – “I’M STILL NOT SURE OF THE BENEFITS OF THE RISK CALCULATOR.”**

Everyone—interventional cardiologists, patients and payers—wins with SCAI’s risk estimation tools. The physician is provided with clear, easy-to-use software that quantifies an individual patient’s risk with percutaneous coronary intervention. Actionable data are generated that can be used to guide selection of bleeding avoidance or hydration strategies. This information also helps steer the conversation with the patient and supports shared decision making.

“Studies show patients recall risk more readily in graphical format [such as provided...
by the spreadsheet tool] than if the physician uses a verbal script,” says Dr. Rao, adding that it can help improve the physician–patient relationship.

“These tools can improve shared decision-making,” adds Dr. Ho. “I see cardiologists using them at the bedside, in the cath lab, in the office before a procedure. It should be part of informed consent.”

Finally, from the payer’s perspective, by helping physicians choose the right therapy for the right patient, the risk calculation tools may help to reduce complications and costs, says Dr. Gurm.

**WHAT CALCULATOR TOOLS CAN’T DO**

Although there are many benefits, it's important to remember that no risk calculator can actually predict whether a particular outcome will occur or not. “These tools estimate risk based on population data. They are not a crystal ball,” says Dr. Rao.

“Patients with a low predicted risk may still suffer an adverse event, and patients at high predicted risk may not experience the complication,” Dr. Ho notes. “Still, these tools provide a more precise estimate of the patient’s risks than just guessing or using vague qualitative terms like ‘not likely.’”

In addition, SCAI's risk calculators should be viewed as works-in-progress. “SCAI has made them available for free. We want physicians to try the apps and let us know what can be done to improve the tools,” says Dr. Gurm.

The Holy Grail is an EMR-integrated app, says Dr. Rao. “Physicians wouldn’t have to go on to a separate system or app,” explains Dr. Gurm. Data would be entered into the EMR during the patient visit and risk would be automatically calculated. It's a workflow boon that will take time and teamwork to attain.

In the interim, Dr. Rao recommends cardiologists follow in Mikey’s footsteps. Try it, you’ll like it, he promises.

Access SCAI's risk calculator tools at www.SCAI.org/PCIRiskAssessmentTools. To join SCAI's quality improvement effort, contact Joel Harder at jharder@SCAI.org.
SCAI Publishes Expert Consensus Series on Treatment of PAD

The incidence of peripheral artery disease (PAD) is growing, but there has been little expert guidance on the treatment and management of common forms of the disease. To address this need, a series of expert consensus documents was written by SCAI’s Peripheral Vascular Disease (PVD) Committee and e-published this summer in Catheterization and Cardiovascular Interventions (CCI).

“As our population ages, and rates of obesity and diabetes rise, we are seeing an increase in PAD. This series of consensus documents was developed as a resource to help physicians determine the optimal treatment for each patient as we navigate this unfortunate growth in patients who often have comorbid conditions,” said Michael R. Jaff, DO, FSCAI, who chairs SCAI’s PVD Committee.

The series includes four expert consensus documents on common forms of PAD, including aorto-iliac, femoropopliteal, infrapopliteal and renal artery stenosis (RAS).

“Those of us who commonly treat patients with PAD know it can have a significant impact on quality of life, including pain and risk of limb loss or organ damage,” said PVD Committee Co-chair Bruce Gray, DO, FSCAI. “Today we have safe and effective endovascular treatments to treat a greater number of patients who previously may have had few options. These papers help interventional cardiologists better understand which patients will benefit from treatment and those for whom treatment may not be optimal.”

KEY RECOMMENDATIONS

In the first paper of the series, an expert panel found that for patients with aorto-iliac PAD endovascular treatment has a success rate over 90 percent and a low mortality rate, making it an option for many patients.

Likewise, revascularization with surgery or endovascular treatment is an option for those with severe infrapopliteal arterial disease, according to the second paper in the series. But there is insufficient evidence for treating those who are asymptomatic or mildly symptomatic.

In the third paper, an expert panel noted balloon angioplasty continues to be a valid treatment option for patients with femoropopliteal disease, but it has suboptimal long-term results in some patients with areas of complete or long blockages, critical limb ischemia or diabetes.

Finally, the fourth paper discusses RAS as an option for many patients who have historically been excluded from clinical trials, including those whose condition could not be managed with optimal medical therapy. RAS may be an option for patients with cardiac disturbance syndrome or flash pulmonary edema, patients with uncontrolled high blood pressure and those with significant blockages whose blood pressure cannot be controlled with medication.

“The series fills a void for expert guidance on PAD and renal artery management and is part of SCAI’s ongoing commitment to help interventional cardiologists provide the best possible care for each patient’s individual symptoms and condition,” said Dr. Jaff.

To date, the expert consensus documents have gained attention in key trade outlets, including stories in Endovascular Today, Cardiology Today, Interventional News, Vascular News, Physician’s Weekly and MedPage Today. All four papers are available online at SCAI.org/Guidelines.
SCAI’s Pediatric/Congenital Interventional Cardiology Early Career Society (PICES) got a big international boost this summer when members hosted a clinical breakout session and participated in an educational session at the annual Congenital and Structural Interventions (CSI) meeting in Frankfurt, Germany.

PICES, a subcommittee of SCAI’s Congenital Heart Disease (CHD) Council that includes 120 members, was established to provide early-career CHD specialists with a forum for mentorship, clinical guidance and research opportunities. The activities at CSI were the group’s first international effort.

“We got to meet and get to know many of the younger interventional people in Europe,” said PICES 2014–15 President Brent Gordon, MD, FSCAI. He and PICES Research Chair Bryan H. Goldstein, MD were the group’s representatives at CSI this year.

“Frankfurt was a terrific start to our international expansion,” said Dr. Goldstein. “We added an international member to the PICES Executive Committee to implement a strategy to further grow our international presence and collaborations over the next year or two.”

“The CSI breakout session served as an introduction to the PICES group and the benefits of SCAI membership for international interventional pediatric cardiologists,” said Dr. Gordon. “Current and planned PICES research studies were discussed, with the goals of fostering international collaboration.”

“These collaborative networks are valuable because the future of the field of pediatric interventional cardiology is multicenter collaboration,” explained Dr. Goldstein. “PICES is a means by which individuals can get to know one another and collaborate more meaningfully and efficiently to facilitate multicenter research efforts.”

RESEARCH ON A ROLL

PICES members are gaining ground in the research arena, said Dr. Gordon. In the last year, five abstracts from PICES research studies have been presented at major meetings, including four at SCAI 2014 and one at the Pediatric and Adult Interventional Cardiac Symposium (PICS) in June.

Their platform presentation at SCAI 2014 discussed the recent multicenter retrospective analysis of hybrid perventricular VSD device closure. The data were analyzed by an echocardiography core lab at Utah’s Primary Children’s Hospital and represent the largest collection of patients for this procedure who have been studied to date. The study showed that in selected patients, hybrid perventricular VSD device closure is safe and effective with very low complication rates.

PICES members who propose research projects submit detailed research plans and proposed timeline to the group’s executive committee. If the project gets approved, the study may commence.

EXPANSION THROUGH SERVICE

Drs. Gordon and Goldstein see great potential for expanding the PICES membership roster by filling a void that currently exists for early-career CHD interventional cardiologists both in the United States and internationally.

“PICES fills a real need for pediatric interventional cardiologists coming out of training,” Dr. Gordon explained. “When you first start, you may not know many people in the field other than those you trained with. This group can give you a leg up on meeting others in the field, creating a network and providing resources for clinical and research endeavors.”

For more information about PICES, how to join or how to submit a research project proposal, visit www.SCAI.org/About/Committees, email Dr. Gordon at brgordon@llu.edu or Dr. Goldstein at bryan.goldstein@cchmc.org.
SCAI’s greatest strength is its active, engaged members. Your participation is the key to achieving SCAI’s mission and making sure the voice of Interventional Cardiology is heard loud and clear. All members are invited to review the following committee roster. To get involved, email the staff assigned to the committee that most interests you.

### ADVOCACY & GOVERNMENT RELATIONS

**Mission:** To ensure that the Society’s members have a strong, independent voice advocating on behalf of members and their patients  
**Chair:** Peter Duffy, MD, MMM, FSCAI  
**Co-chair:** Osvaldo Gigliotti, MD, FSCAI  
**Staff:** Wayne Powell (WPowell@SCAI.org)

### BUDGET, FINANCE & MANAGEMENT

**Mission:** To monitor the financial affairs of the Society, recommend the budget and provide opinions concerning budget requests to the Board of Trustees  
**Chair:** Robert J. Applegate, MD, FSCAI  
**Staff:** Terie King (TKing@SCAI.org)

### BYLAWS

**Mission:** To address matters and answer questions related to the Society’s Bylaws, and to recommend amendments as warranted  
**Chair:** Gregory Dehmer, MD, MSCAI  
**Staff:** Wayne Powell (WPowell@SCAI.org)

### CAROTID ARTERY STENTING & NEUROVASCULAR

**Mission:** To ensure proper communication among all Society activities related to carotid artery stenting and neurovascular issues, in collaboration with other professional organizations  
**Chair:** Richard Smalling, MD, PhD, FSCAI  
**Co-chair:** William Gray, MD, FSCAI  
**Staff:** Wayne Powell (WPowell@SCAI.org)

### CONGENITAL HEART DISEASE COUNCIL

**Mission:** To further the education, advocacy and information exchange within the congenital interventional cardiology community  
**Chair:** Doff B. McElhinney, MD, FSCAI  
**Staff:** Joel Harder (JHarder@SCAI.org)

### CREDENTIALS

**Mission:** To review applications for membership and recommend updates to membership criteria as appropriate  
**Chair:** Barry Uretsky, MD, MSCAI  
**Co-chairs:** Jeffrey Cavendish, MD, FSCAI, and Huay Cheem Tan, MD, FSCAI  
**Staff:** Andrea Hickman (AHickman@SCAI.org)

### DEVELOPMENT & INDUSTRY RELATIONS

**Mission:** To develop and maintain relationships with industry partners in order to promote the Society’s educational objectives and generate support for SCAI meetings and programs, in accordance with SCAI policies  
**Chair:** Kirk Garratt, MD, MSc, FSCAI  
**Co-chairs:** Timothy Henry, MD, FSCAI, and J. Jeffrey Marshall, MD, FSCAI  
**Staff:** Heather Crown (HCrown@SCAI.org)
EDUCATION

**Mission:** To advise the SCAI Board of Trustees on SCAI’s strategic educational direction commensurate with SCAI’s overall strategic goals, and to review and develop educational products related to the clinical practice of interventional cardiologists and interventional cardiology fellows-in-training

**Chair:** Ehtisham Mahmud, MD, FSCAI

**Co-chair:** Douglas Drachman, MD, FSCAI

**Staff:** Beatrice Reyes (BReyes@SCAI.org)

EDUCATION: ONLINE CORE CURRICULUM SUBCOMMITTEE

**Mission:** To prepare and update online core curriculum education for fellows-in-training and practicing physicians

**Chair:** Sahil Parikh, MD, FSCAI

**Co-chair:** Ehrin Armstrong, MD, MSc, MAS

**Staff:** Drew Voytal (DVoytal@SCAI.org)

EMERGING LEADERSHIP MENTORSHIP (ELM)/INTERVENTIONAL CAREER DEVELOPMENT (ICD)

**Mission:** To foster development of enduring national leaders in all aspects of interventional cardiology and to provide resources and a forum for early-career interventionalists during the formative stages of their careers

**Chair:** Srihari S. Naidu, MD, FSCAI

**Co-chair:** Thomas Tu, MD, FSCAI

**ICD Co-chairs:** John Breinholt, MD, and Jeffrey Schussler, MD, FSCAI

**Staff:** Andrea Hickman (AHickman@SCAI.org)

ETHICS & PROFESSIONALISM

**Mission:** To develop, update and oversee enforcement of the Society’s code of ethics and related policies

**Chair:** Joseph Babb, MD, MSCAI

**Staff:** Wayne Powell (WPowell@SCAI.org)

INTERNATIONAL PROGRAMS & MEMBERSHIP

**Mission:** To develop and foster SCAI’s close, productive and respectful partnerships with interventional organizations and working groups worldwide on issues in interventional cardiology of global interest, including, but not limited to, professional education, guidelines and leadership

**Chair:** Michael Cowley, MD, MSCAI

**Co-chairs:** Luis Guzman, MD, FSCAI, and Thach Nguyen, MD, FSCAI

**Staff:** Eric Grammer (EGrammer@SCAI.org)

INTERVENTIONAL HEART FAILURE WORKING GROUP

**Mission:** To foster understanding of advanced forms of heart failure with an interventional cardiology focus, including the ability to perform a directed comprehensive invasive evaluation of complex pathophysiological states, understand the clinical implications of the results and implement appropriate treatment strategies

**Chair:** Srihari S. Naidu, MD, FSCAI

**Professional Education Subcommittee Chair:** Navin Kapur, MD, FSCAI

**Staff:** Drew Voytal (DVoytal@SCAI.org)

INTERVENTIONAL PROGRAM DIRECTORS & TRAINING STANDARDS

**Mission:** To develop and update relevant training standards and to provide a forum for training directors to share information and communication regarding training programs issues, policies and practices

**Chair:** Daniel Kolansky, MD, FSCAI

**Co-chair:** J. Dawn Abbott, MD, FSCAI

**Staff:** Drew Voytal (DVoytal@SCAI.org)

LAB SURVEY

**Mission:** To serve as a resource for physicians and administrators, providing comprehensive, independent outside review services for cardiac catheterization laboratories regarding all aspects of laboratory function, including facilities, equipment, personnel, policies, procedures and quality assurance

**Chair:** Charles Chambers, MD, FSCAI

**Staff:** Andrea Hickman (AHickman@SCAI.org)
MEMBER NEWS

MOC WORKING GROUP

**Mission:** To advocate for the interests of SCAI members with regard to certification, recertification and maintenance of certification

**Chair:** Alan Yeung, MD, FSCAI

**Staff:** Kathy Boyd David (KBDavid@SCAI.org)

NOMINATING

**Mission:** To prepare lists of nominees for consideration to become Trustees and Officers of the Society

**Chair:** Robert N. Vincent, MD, FSCAI

**Co-chair:** Ted A. Bass, MD, FSCAI

**Staff:** Wayne Powell (WPowell@SCAI.org)

PEDIATRIC INTERVENTIONAL CARDIOLOGY EARLY CAREER (PICES)

**Mission:** To provide resources and a forum for pediatric cardiac interventionists early in their careers in order to foster development during the formative stages of their careers

**Chair:** Brent M. Gordon, MD

**Research Chair:** Bryan H. Goldstein, MD

**Clinical Chair:** Jeffrey W. Delaney, MD, FSCAI

**Secretary:** Gareth J. Morgan, MD

**Staff:** Joel Harder (JHarder@SCAI.org)

PERIPHERAL VASCULAR DISEASE

**Mission:** To ensure proper communication among all Society activities related to peripheral vascular disease, in collaboration with other professional organizations

**Chair:** Michael Jaff, DO, FSCAI

**Co-chair:** Bruce Gray, DO, FSCAI

**Staff:** Drew Voytal (DVoytal@SCAI.org)

PROGRAM

**Mission:** To plan the scientific program for the SCAI Annual Scientific Sessions

**Chair, SCAI 2015 Scientific Sessions:** Michael R. Jaff, DO, FSCAI

**Co-chair, SCAI 2015 Scientific Sessions & Chair, SCAI 2016 Scientific Sessions:** Roxana Mehran, MD, FSCAI

**Co-chair, SCAI 2015 and 2016 Scientific Sessions & Chair, SCAI 2017 Scientific Sessions:** Robert Applegate, MD, FSCAI

**Congenital Heart Disease Program Co-chairs, SCAI 2015 Scientific Sessions:** Doff B. McElhinney, MD, FSCAI, and Jacqueline Kreutzer, MD, FSCAI

**Staff:** Beatrice Reyes (BReyes@SCAI.org)

PUBLIC RELATIONS

**Mission:** To inform and educate media, the public and non-interventional healthcare providers about the important role of invasive/interventional cardiology in optimal cardiovascular care and outcomes, and to expand SCAI’s visibility and credibility among these audiences

**Chair:** John P. Reilly, MD, FSCAI

**Co-chair:** Chandan Devireddy, MD, FSCAI

**Staff:** Kathy Boyd David (KBDavid@SCAI.org)

PUBLIC RELATIONS: SECONDSOURCE.ORG EDITORIAL BOARD

**Mission:** To develop SCAI’s patient/public education website into the preeminent online resource for cardiovascular patients, their families, and the public

**Editor-in-Chief:** Dennis P. Kim, MD, PhD, FSCAI

**Associate Editor-in-Chief:** John P. Reilly, MD, FSCAI

**Staff:** Kathy Boyd David (KBDavid@SCAI.org)
PUBLICATIONS

**Mission:** To promote optimal patient care through educational, policy and clinical/scientific documents that reflect the current state-of-the-science in interventional cardiology

**Chair:** Larry S. Dean, MD, MSCAI  
**Co-chair:** Cindy L. Grines, MD, FSCAI  
**Staff:** Joel Harder (JHarder@SCAI.org)

QUALITY IMPROVEMENT

**Mission:** To provide guidance and recommendations for development of the Society’s policies and positions related to healthcare quality improvement initiatives with emphasis on quality measures, public reporting of quality measures, pay-for-performance initiatives, interventional cardiology standards development and radiation issues

**Chair:** Sunil Rao, MD, FSCAI  
**Vice Chair:** Kalon Ho, MD, MSc, FSCAI  
**Staff:** Joel V. Harder (JHarder@SCAI.org)

SCAI.ORG EDITORIAL BOARD

**Mission:** To develop SCAI.org into the preeminent online resource for the interventional/invasive cardiology community and to develop SCAI as the technology leader in interventional cardiology

**Editor-in-Chief:** Michael Ragosta, MD, FSCAI  
**Associate Editors-in-Chief:** Emmanouil S. Brilakis, MD, PhD, FSCAI, and Lawrence W. Gimple, MD, FSCAI  
**Staff:** Eric Grammer (EGrammer@SCAI.org)

SCAI-PAC (POLITICAL ACTION COMMITTEE)

**Mission:** To increase Congressional interest in, and support of, legislative proposals favored by SCAI. Policy positions are set by the SCAI’s Advocacy Committee (with the oversight of the Executive Committee) by raising funds to support the campaigns of politicians.

**Chair:** Thomas Tu, MD, FSCAI  
**Co-Chair:** Morton Kern, MD, MSCAI  
**Staff:** Wayne Powell (WPowell@SCAI.org)

SIMULATION

**Mission:** To partner with other interested societies in developing standards for applying medical simulation technology to professional education programs of the highest quality and relevance

**Chair:** Andrew Klein, MD, FSCAI  
**Co-chair:** Sandy Green, MD, FSCAI  
**Staff:** Rachel Pham (RPham@SCAI.org)

STRUCTURAL HEART DISEASE

**Mission:** To provide a forum for structural heart disease specialists to collaborate on issues facing cardiovascular specialists who treat structural heart disease so that patients receive optimal care

**Chair:** Clifford Kavinsky, MD, PhD, FSCAI  
**Staff:** Dawn Gray (DGary@SCAI.org)

STRUCTURAL HEART DISEASE EARLY CAREER TASK FORCE

**Mission:** To foster comprehensive mentoring relationships between senior structural heart disease specialists and interventionalists considering structural heart disease training opportunities

**Chair:** Mehmet Cilingiroglu, MD, FSCAI  
**Staff:** Dawn Gray (DGary@SCAI.org)

VASCULAR ACCESS WORKING GROUP

**Mission:** To develop and promote educational programs that promote best practice for arterial and venous access to improve patient safety and outcomes across the spectrum of endovascular procedures; to develop standards and best practices for arterial and venous access; and to promote SCAI’s commitment to procedural quality through engagement of the world’s experts in arterial and venous access, patient safety and outcomes

**Chair:** Samir Pancholy, MD, FSCAI  
**Co-chair:** Adhir Shroff, MD, FSCAI  
**Staff:** Alexandra McLeod (AMcLeod@SCAI.org)

WOMEN IN INNOVATIONS (WIN)

**Mission:** To foster professional development, education, collaboration and research by and on behalf of women in interventional cardiology and their patients

**Chair:** Cindy L. Grines, MD, FSCAI  
**Co-chair:** Kimberly A. Skelding, MD, FSCAI  
**Staff:** Dawn Gray (DGary@SCAI.org)
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*Apply to become a Fellow of SCAI today!*
SCAI Welcomes New Master Interventionalists, Fellows and Members

SCAI congratulates the following new Master Interventionalists, Fellows and Members. They have met SCAI’s standards for excellence and were welcomed into the Society on Friday, May 30, 2014, during the SCAI 2014 Scientific Sessions in Las Vegas.

MASTER INTERVENTIONALISTS (MSCAI)

Joseph D. Babb, MD, MSCAI, Greenville, NC
Steven R. Bailey, MD, MSCAI, San Antonio, TX
Peter Block, MD, MSCAI, Atlanta, GA
Antonio Colombo, MD, MSCAI, Milano, Italy
Michael J. Cowley, MD, MSCAI, Richmond VA
Larry S. Dean, MD, MSCAI, Seattle, WA
Gregory J. Dehmer, MD, MSCAI, Temple, TX
Ted Feldman, MD, MSCAI, Evanston, IL
Ziyad M. Hijazi, MD, MPH, MSCAI, Chicago, IL

Morton J. Kern, MD, MSCAI, Los Angeles, CA
Charles E. Mullins, MD, MSCAI, Houston, TX
Carlos Ruiz, MD, PhD, MSCAI, New York City, NY
Carl Tommaso, MD, MSCAI, Slokie, IL
Zoltan Turi, MD, MPH, MSCAI, New Brunswick, NJ
Barry Uretsky, MD, MSCAI, Fort Smith, AR
George Vetrovec, MD, MSCAI, Richmond, VA
Bonnie Weiner, MD, MSEC, MBA, MSCAI, Harvard, MA
Christopher J. White, MD, MSCAI, New Orleans, LA

NEW FELLOWS (FSCAI)

Samer Abbas, MD, FSCAI, Chicago, IL
Ahmed A. Abdel Aziz, MD, FSCAI, Cairo, Egypt
Sayed M. Abdou, MD, FSCAI, Dammam, Saudi Arabia
Jabar Abdullahkutty, MD, DM, FSCAI, Kottayam, India
Rabeea Aboufakher, MD, FSCAI, Grand Forks, ND
Satjit Adlakha, DO, FSCAI, Ocean Springs, MS
Osama Sanad A. Afifi, MD, FSCAI, Benha, Egypt
Khalid N. Al-Dhahri, MBBS, MD, FSCAI, Dammam, Saudi Arabia
Christopher L. Allen, MD, FSCAI, St. Louis, MO
Ather Anis, MD, FSCAI, Ashburn, VA
Ramesh S. Arjan Singh, MBBS, MRCP, FSCAI, Kuala Lumpur, Malaysia
Maximiliano Arroyo, MD, FSCAI, Jonesboro, AR
Muhammad S. Aslam, MD, MPH, FSCAI, South Bend, IN
Md Golam Azam, MBBS, MD, FSCAI, Dhaka, Bangladesh
Duraisamy Balaguru, MD, FSCAI, Houston, TX
Stephen Balter, PhD, FSCAI, New York, NY
David A. Baran, MD, FSCAI, Livingston, NJ
Basiem Barsoum, MD, FSCAI, Lake Mary, FL
Sreenivasa Basavanthappa, MD, DM, FSCAI, Davangere, India
Matthew C. Becker, MD, FSCAI, Erie, PA
Chandra Bhan, MD, DM, FSCAI, Jaipur, India
Mark C. Bieniarz, MD, FSCAI, Albuquerque, NM
Pankaj Bohra, MBBS, MD, DM, FSCAI, Jaipur, India
Konstantinos D. Boudoulas, MD, FSCAI, Columbus, OH
John P. Breinholt, MD, FSCAI, Houston, TX
David G. Burger, MD, FSCAI, Yakima, WA
David W. Butzel, MD, FSCAI, Cape Elizabeth, ME
Matthew Cantrell, MD, FSCAI, Columbia, SC
Jeffrey G. Carr, MD, FSCAI, Tyler, TX
Ricardo Castillo, MD, FSCAI, Staten Island, NY
Francisco Chamie, MD, FSCAI, Rio de Janeiro, Brazil

Nishith Chandra, MD, DM, FSCAI, Noida, India
Leslie Cho, MD, FSCAI, Pepper Pike, OH
Jithendra P. Choudary, MD, FSCAI, Richmond, IN
Amal K. Choudhury, MD, FSCAI, Dhaka, Bangladesh
Gerald Cioce, MD, FSCAI, Newton, NJ
Francisco d. Costa, MD, PhD, FSCAI, Maceió, Brazil
Meeraji Rao Dandangi, MD, DM, FSCAI, Al Ain, United Arab Emirates
Brajaraj Das, MD, DM, FSCAI, Bhubaneswar, India
Pravat K. Dash, MBBS, MD, DM, FSCAI, Bangalore, India
Goutam Datta, MD, DM, DNB, FSCAI, Kolkata, India
Payam Dehghani, MD, FSCAI, Regina, SK Canada
Claro F. Diaz, MD, FSCAI, Germantown, TN
Ripple Doshi, MD, FSCAI, Chicago, IL
Stephen G. Ellis, MD, FSCAI, Cleveland, OH
Robert F. English, MD, FSCAI, Jacksonville, FL
Robert E. Federici, MD, FSCAI, Albuquerque, NM
Jason Finkelstein, MD, FSCAI, Fort Worth, TX
Doni Firman, MD, FSCAI, Jakarta, Indonesia
Justin M. Fox, MD, FSCAI, Hamilton, NJ
Alexander E. Fraley, MD, FSCAI, Durango, CO
John Frank, MD, FSCAI, Detroit, MI
Andrew D. Frutkin, MD, FSCAI, Rancho Mirage, CA
Milind Gadkari, MD, FSCAI, Pune, India
Thomas George, MBBS, MD, DNB, FSCAI, Kottayam, India
Matthew Gibb, MD, FSCAI, Champaign, IL
Garfield M. Grimmet, MD, FSCAI, Fargo, ND
Parker C. Grow, MD, FSCAI, Athens, GA
Sarah K. Gualano, MD, FSCAI, Dallas, TX
Todd M. Gudausky, MD, FSCAI, Milwaukee, WI
Hany H. Guirgis, MD, FSCAI, Port St. John, FL
Prabha N. Gupta, MD, DM, FSCAI, Tripundrum, India
NEW FELLOWS (FSCAI), continued...

Suvir Gupta, MBBS, MD, DM, FSCAI, Khandar, India
Faisal Hasan, MD, FSCAI, Norwich, CT
Jonathan Hemphill, MD, FSCAI, Carmichael, CA
Robert Huang, MD, MPH, FSCAI, Chattanooga, TN
Jamal Hussain, MD, MBBS, MD, FSCAI, Redondo Beach, CA
Hisham M. Hussein, MD, FSCAI, Dammam, Saudi Arabia
Costin N. Ionescu, MD, PhD, FSCAI, New Haven, CT
Kurt Jacobson, MD, MHSA, FSCAI, Madison, WI
Vidhut Jain, MD, FSCAI, Indore, India
Jayprakash Jaiswal, MD, FSCAI, Kathmandu, Nepal
Aamir Javaid, MD, FSCAI, Windermere, FL
Gopinathan T. Jayakumar, MD, DM, FSCAI, Trichur, India
Rahul Jhaiveri, MD, FSCAI, Wallingford, CT
Arun Kalyanasundaram, MD, FSCAI, Burien, WA
Ahmed Khabasha, MD, FSCAI, Heliope, Egypt
Christopher A. King, MD, FSCAI, Birmingham, AL
N. C. Krishnamani, MD, DM, FSCAI, Delhi, India
Niraj Kumar, MBBS, MD, DM, FSCAI, Gurgaon, India
Kiran R. Kurichety, MD, FSCAI, Texarkana, TX
Joel Lardizabal, MD, FSCAI, Pismo Beach, CA
Arthur Lee, MD, FSCAI, Gainesville, FL
Khaled Leon, PhD, FSCAI, Cairo, Egypt
Michael Levy, MD, MPH, FSCAI, Jacksonville, FL
Chun H. Lin, MD, PhD, FSCAI, Houston, TX
Jorge C. Magallon, MD, FSCAI, San Antonio, TX
Uday K. mahorkar, MBBS, MD, DNB, FSCAI, Nagpur, India
Susheel K. Malani, MBBS, MD, DM, FSCAI, Pune, India
Saroj Kumar Mandal, MD, DNB, FSCAI, Kolkata, India
Thomas Mathew, MD, DM, FSCAI, Kollam, India
Ernest Mazzafferri, MD, FSCAI, Columbus, OH
Jeffery Meadows, MD, FSCAI, Mill Valley, CA
Querubin Mendoza, MD, FSCAI, Tampa, FL
Sundeep Mishra, MD, DM, FSCAI, New Delhi, India
James N. Mohan, MD, MS, FSCAI, Duluth, MN
TayyabMohyuddin, MD, FSCAI, Tomball, TX
John A. Morrow, MD, FSCAI, Mobile, AL
Apurva Motivala, MD, FSCAI, Jersey City, NJ
Angel J. Mulkay, MD, FSCAI, Hackensack, NJ
Joshua J. Murphy, MD, FSCAI, St. Louis, MO
Rajesh G. Nair, MD, DM, FSCAI, Calicus, India
Wojciech Nowak, DO, PhD, FSCAI, Appleton, WI
Bashar Obeidou, MD, FSCAI, Fort Smith, AR
Theophilos E. Owain, MD, FSCAI, Salt Lake City, UT
Jajati K. Padhi, MD, DM, FSCAI, Bhubaneswar, India
Sameet Palkhiwala, MD, FSCAI, New York, NY
Manishkumar Patel, MD, FSCAI, Cedar Hill, TX
Mitul P. Patel, MD, FSCAI, San Diego, CA
Vinod P. Patel, MD, FSCAI, New York, NY
Richard Pearl, MD, MPH, FSCAI, Mobile, AL
Lynn F. Peng, MD, FSCAI, Palo Alto, CA
Ajith A. Pillai, MD, DM, FSCAI, Pondicherry, India
Brian O. Pinto, MD, DM, FSCAI, Bandra West, India
Vincent J. Pompili, MD, FSCAI, Columbus, OH
Mahbubor Rahman, MBBS, MD, MCPS, FSCAI, Dhaka, Bangladesh
Md. Toufiqur Rahman, MBBS, MD, FSCAI, Dhaka, Bangladesh
Raghu Ramadurai, MBBS, FSCAI, Chicago, IL
Chengala A. Ramakrishna, MD, DNB, DM, FSCAI, Kannur, India
Rajeev K. Rathi, MD, DM, FSCAI, Delhi, India
Dilip Ratnani, MD, DM, FSCAI, Bhiilai, India
Pachakkottathil Raveendran, MD, DNB, FSCAI, Kannur, India
Bharat Rawat, MD, DM, FSCAI, Kathmandu, Nepal
Pamela Reed, MD, FSCAI, Midland, MI
Shafig Rehman, MD, FSCAI, Brooklyn, NY
Balakrishnapillai C. Renjukumar, MD, DM, FSCAI, Kochi, India
Tyler Richmond, MD, FSCAI, Lexington, KY
Orlando Rodriguez, MD, MMS, FSCAI, Hato Rey, Puerto Rico
Andrea Rognoni, MD, FSCAI, Novara, Italy
Alaa M. Roushdy, MD, FSCAI, Cairo, Egypt
Jagdeep S. Sabharwal, MBBS, DM, FSCAI, Chandigarh, India
David Sailey, MD, FSCAI, Lee’s Summit, MO
Indriwananto Sakidjan, MD, PhD, FSCAI, Jakarta, Indonesia
Anil Saleem, MBBS, MD, DM, FSCAI, Malappuram District, India
Amit Sanghvi, MBBS, MD, DM, FSCAI, Mumbai, India
Joel E. Schneider, MD, FSCAI, Raleigh, NC
Ryan Schrale, MBBS, MSc, FSCAI, North Ward, Australia
David H. Serfas, MD, FSCAI, Fairview, NC
Stephen J. Servoss, MD, MSc, FSCAI, Boca Raton, FL
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Jeffrey D. Zampi, MD, Ann Arbor, MI
Ming Zhang, MD, PhD, Beachwood, OH
Matthew Zussman, MD, Orlando, FL

SCAI also recognizes the following members who have been long-time Fellows of SCAI and were elected as Senior Fellows or Emeritus Fellows.

SENIOR FELLOWS

Ramón Bermúdez-Cañete, MD, FSCAI, Madrid, Spain
Danilo A. Deaño, MD, FSCAI, Morton Grove, IL
Patrick J. Hughes, MD, FSCAI, Madison, WI

EMERITUS FELLOWS

Ronald W. Hanson, PhD, MD, FSCAI, Gadsden, AL
Kenneth M. Kent, MD, FSCAI, Washington, DC
Michael S. Marek, MD, FSCAI, Fort Lauderdale, FL
William L. Millman, MD, FSCAI, North Barrington, IL
Harry L. Page, MD, FSCAI, Nashville, TN

To learn more about becoming a SCAI member or advancing to Fellowship status, visit www.SCAI.org/Join and download SCAI’s application, or contact Andrea Hickman at 202-683-9182 or AHickman@SCAI.org.
**DECEMBER 2014**

- **SCAI 2014 FALL FELLOWS COURSES**
  
  **Date:** Dec. 7–10, 2014  
  **Location:** Las Vegas, NV  
  **Directors:** Zoltan G. Turi, MD, MSCAI, Jonathan M. Tobis, MD, FSCAI, John M. Lasala, MD, PhD, FSCAI, John P. Cheatham, MD, FSCAI, and Matthew J. Gillespie, MD, FSCAI
  
  For more info: [www.SCAI.org/FallFellows](http://www.SCAI.org/FallFellows)

**JANUARY 2015**

- **SCAI TRANSRADIAL INTERVENTIONAL PROGRAM (TRIP)—ATLANTA**
  
  **Date:** January 24, 2015  
  **Location:** Atlanta, GA  
  **Directors:** Samir B. Pancholy, MD, FSCAI, and Sunil V. Rao, MD, FSCAI
  
  For more info: [www.SCAI.org/TRIP](http://www.SCAI.org/TRIP)

**MAY 2015**

- **SCAI 2015 SCIENTIFIC SESSIONS**
  
  **Date:** May 6–9, 2015  
  **Location:** San Diego, CA  
  **Directors:** Michael R. Jaff, DO, FSCAI, Roxana Mehran, MD, FSCAI, Robert Applegate, MD, FSCAI, Doff McElhinney, MD, FSCAI, and Jacqueline Kreutzer, MD, FSCAI
  
  For more info: [www.SCAI.org/SCAI2015](http://www.SCAI.org/SCAI2015)

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**Who Is “Totally Psyched” on SCAI TV?**

**SNEAK PEEK AT SCAI 2015**

What a team! Here’s three minutes of video you don’t want to miss. Log on to SCAI TV for a preview of the SCAI 2015 Scientific Sessions, from Program Committee Chair Michael R. Jaff, DO, FSCAI, and Co-chair Roxana Mehran, MD, FSCAI. Watch to find out why they are “totally psyched” and why you should be, too. Visit SCAI TV: [www.SCAI.org/SCAI2015](http://www.SCAI.org/SCAI2015)
Coping, Coverage & Reimbursement for TMVR

Q: I heard that Medicare officials issued a National Coverage Determination (NCD) for transcatheter mitral valve repair (TMVR). What does that mean? Can we now treat patients with TMVR and be reimbursed?

A: Yes, on Aug. 7, 2014, CMS issued an NCD that allows for coverage of patients who undergo TMVR under certain conditions. The NCD can be accessed at [http://go.cms.gov/1uGdGMQ](http://go.cms.gov/1uGdGMQ).

Consistent with several other recently issued NCDs, CMS is supporting coverage for TMVR under the Medicare program with the stipulation that those providing these services meet criteria listed in the NCD. One of the site requirements is participation in an approved registry. The only registry approved is the STS/ACC TVT Registry Mitral Module.

Medicare requires that claim submissions include the approved clinical trial registry number, CT02245763, or the claim will be denied.

CODING TMVR

For the remainder of 2014, providers should continue to report TMVR procedures using the existing Category III TMVR codes:

- 0343T Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis
- 0344T Additional prosthesis(es) during same session (List separately in addition to code for primary procedure)

Category III codes are “carrier priced,” meaning a reimbursement rate must be negotiated with a local carrier medical director (CMD). To establish a valuation with a local CMD, it is typically helpful to present crosswalks to similar procedures for which there are nationally established values. For assistance in developing potential crosswalks, contact Dawn Gray at dgray@SCAI.org.

Starting Jan. 1, 2015, providers should report TMVR performed with MitraClip® with the new, nationally valued Category I codes that SCAI was successful in securing.

CATEGORY I CPT® CODES – TMVR; EFFECTIVE JAN. 1, 2015

- 33418 Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis
- 33419 Additional prosthesis(es) during same session (List separately in addition to code for primary procedure)*

The following work is captured with the new TMVR Category I codes:

- Percutaneous access and sheath placement
- Transseptal puncture
- Advancing, repositioning and deploying device(s).
- Angiography, RS&I
- Diagnostic Right & Left Heart Catheterization codes for guidance of TMVR
  - Contrast injections, angiography, roadmapping, and fluoroscopy
  - LV Angiography to assess mitral regurgitation
  - Hemodynamic measurements

SEPARATE REPORTING OF DIAGNOSTIC CATH

Same day/session diagnostic cardiac catheterization is separately reportable when the following criterion are met:

- No prior study available & full diagnostic study done, OR
- Prior study is available, but as documented in the medical record:
  - There is inadequate visualization of the anatomy and/or pathology, OR
  - The patient’s condition with respect to the clinical indication has changed since the prior study, OR

- There is a clinical change during the procedure that requires new evaluation

The TMVR NCD states, “TMVR must be performed by an interventional cardiologist or a cardiothoracic surgeon. Interventional cardiologist(s) and cardiothoracic surgeon(s) may jointly participate in the intra-operative technical aspects of TMVR as appropriate.” This indicates that, under the Medicare program, co-surgeon modifier –62 may be used when applicable.

Finally, CMS assigned a 90-day global period to the new initial placement TMVR code 33418, meaning the valuation for all routine follow-up Evaluation and Management (E&M) services is included in the Medicare reimbursement rate and these services are not additionally separately reportable for the 90-days post-procedure.

INTERVENTIONAL TEE; EFFECTIVE FOR DATES OF SERVICE BEGINNING 1/1/15

SCAI was instrumental in the successful pursuit of a new Interventional TEE guidance code to capture the TEE guidance work separately performed by the echocardiographer for many structural heart disease procedures.

- 93355 – Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intraprocedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D

Other questions regarding coverage, coding and reimbursement for TMVR may be directed to Dawn Gray dgray@SCAI.org.

Please note: SCAI is committed to making every reasonable effort to provide accurate information regarding the use of CPT®, and the rules and regulations set forth by CMS for the Medicare program. However, this information is subject to change by CMS and does not dictate coverage and reimbursement policy as carriers with which the physician or other entity has a contractual obligation. CPT codes and their descriptors are copyright 2013 by the American Medical Association.
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Accepting Abstract Submissions Until November 27, 2014

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