SCAI AUC Calculator Helps Hawaiian Hospital Score Big AUC Improvements

Over the last three years, the cath lab at The Queen’s Medical Center in Honolulu, Hawaii, has reduced its rate of non-classifiable percutaneous coronary interventions (PCIs) from 22 percent to 5 percent, and its Rarely Appropriate interventions have dropped from 12 percent to 4 percent. The cath lab team attributes these impressive improvements in patient care and quality to SCAI’s AUC Calculator App.

“The reason we succeeded was the SCAI Coronary Revascularization AUC App,” says Suzanne Rinn Beauvallet, RN, clinical database coordinator, who teamed up with John J. Cogan, MD, FSCAI, Christian Spies, MD, FSCAI, and Todd Seto, MD, to spearhead the hospital’s quality improvement project on improving documentation and guideline awareness. “The app is the best thing that happened in this project.”

The quality improvement project was a three-year, rapid-cycle quality improvement initiative with two Plan-Do-Study-Act (PDSA) cycles. It included a number of essential elements, but ultimately it was the integration of the AUC App into routine workflow that enabled the team to achieve its goal of reducing the percentage of non-classifiable PCI cases and earn first prize for the poster presented at the National Cardiovascular Data Registry 2014 conference.

“We were shocked in 2011 when we looked at Cath-PCI Registry data and realized our rate of non-classifiable cases, with incomplete or missing data, was 22 percent. We were also concerned at the rate of rarely appropriate cases – 12 percent,” says Ms. Beauvallet. CONTINUED ON PAGE 9
Dear Colleagues,

As we ring in the new year, SCAI is embarking on a variety of exciting new ventures, including:

• Opening a new category of membership for the nurse, technologist and administrator members of cardiac cath lab teams (see SCAI.org/CVP);
• Launching a digital storytelling campaign that highlights the impact of interventional cardiovascular care on patients and their families (see page 13); and
• Updating SCAI’s communications platforms.

As you read this letter, you are experiencing one example of how SCAI will be communicating with you even more about news that affects our patients, our practices and our profession. Starting today, SCAI News & Highlights will be delivered to you as an electronic flipbook. This technology includes a range of features that make it easy to click on links that lead to more information as well as tools for sharing articles with one another and via social media channels, such as Facebook and Twitter. The format also eliminates the time-consuming and costly requirements of print, thus allowing SCAI to send us more news, more often.

Prefer print? No problem. The flipbook format is easy to print straight from your computer. Print out the whole book or just specific pages, and read them at your leisure.

As you click through the following pages, you’ll find valuable updates on SCAI’s advocacy, education, quality and leadership efforts. I urge you to pay special attention to the news about SCAI 2015, on pages 4–8.

I’ve just read the Advance Program and am very excited about the meeting. What a terrific educational opportunity the Program Committee – Drs. Mike Jaff, Roxana Mehran, Bob Applegate, Duff McElhinney and Jacqueline Kreutzer – has created for all of us. No matter what your role is on the Heart Team, how many years you’ve been wearing lead, or what track of interventional cardiology your practice offers, this meeting has been carefully crafted to be interesting, relevant and inspiring for YOU.

I’ve been attending SCAI annual meetings for nearly three decades. SCAI’s is the one meeting I never miss, first, because it’s focused on what I need to learn to be a great interventional cardiologist for my patients and, second, because there is no better venue for seeing all of you – my friends and colleagues who share the challenges I face and my passion for our field. As in past years, I can’t wait. I hope you feel the same.

See you in San Diego. 😊

Best regards,

Charles Chambers, MD, FSCAI
SCAI 2014–15 President
SCAI Advocacy Nets Specialty Designation for Interventional Cardiologists

As of Jan. 1, interventional cardiologists can take advantage of one of the most important advocacy opportunities available to them: the option to be identified by Centers for Medicare and Medicaid Services – and other payers that follow CMS’s lead – as interventional cardiologists. SCAI, whose advocacy team lobbied for this change, is urging its members to work with their billing staff to refile the necessary paperwork so they will be identified in CMS’s databases with the newly established C3 code. Here’s how.

WHY BEING A SPECIALTY (VS A SUBSPECIALTY) MATTERS

Until now, most invasive and interventional cardiologists have been designated in payers’ databases as general cardiologists or in some cases, as internists. There really was no other option. Does it matter? Yes, says SCAI Advocacy and Government Relations Committee Chair Peter L. Duffy, MD, MMM, FSCAI. “Being grouped in with general cardiology has affected us as individual practitioners and as a profession,” says Dr. Duffy. He points to claims that were almost always denied when interventionalists saw a patient on the same day as one of the other cardiologists in their practice. “It was viewed as duplicative service because, as far as the computer system could tell, the patient was being seen by two general cardiologists on the same day,” he explains. And now, with the push to mine ‘Big Data’ and draw conclusions about performance, outcomes and resource utilization, the hazards of being grouped with physicians who offer different services is worrisome.”

In today’s healthcare system, it’s increasingly important that data analyses are making like-for-like comparisons, adds SCAI 2013–14 President Charles Chambers, MD, FSCAI. “In a comparison with internists and non-invasive cardiologists, the more intense nature of the interventional cardiology patient population is naturally going to skew SCAI members toward the high end of the curve. The new designation helps to level the playing field.”

The same issues are in play with performance and outcomes scoring, where comparisons don’t adjust for interventionalists’ often sicker, more complex patients, says SCAI 2014–15 President-Elect James Blankenship, MD, MSc, FSCAI, who led the team that advocated for the new designation. “These scores are being used for pay for performance as well as to help patients choose their doctors, in hiring decisions and by trial attorneys and media to influence public opinion,” he added.

MAKE THE SWITCH: DESIGNATE INTERVENTIONAL CARDIOLOGY AS YOUR SPECIALTY

Getting the C3 designation for Interventional Cardiology took several years, including time to research the issue and consult with other specialists who had taken this step. “As an advocacy victory, it’s significant because it’s good for our members and our field, but also because it lays the foundation for better data,” says Dr. Chambers, “and better data yields a clearer vision, first, of how to improve quality and, second, of how to improve the regulatory environment. And that leads straight to improved care and access for our patients.”

To switch your specialty designation, work with your billing staff to follow the directions on SCAI.org/ICDesignation. Direct questions to SCAI Director of Reimbursement & Regulatory Affairs Dawn Gray at dgray@SCAI.org.

TMVR Codes Corrected in Time for New Year

In response to persistent advocacy by SCAI’s advocacy team, the Centers for Medicare and Medicaid Services (CMS) has corrected errors that would have resulted in the denial of all co-surgeon TMVR claims and required burdensome submission of pre-payment documentation for all assistant-at-surgery claims. CMS has issued new instructions indicating that co-surgeon status is allowed for TMVR claims and corrected the files that carriers will use for these claims.

SCAI urges members to download the definitions for TMVR status indicators from SCAI.org and share them with all billing staff. This document includes the correct status indicator for both TMVR codes (33418 and 33419), specifically “2” for assistant-at-surgery claims and “1” for co-surgeon claims.

For more information about TMVR coding and reimbursement, click here: www.SCAI.org/TMVR. Contact DGray@SCAI.org if you experience any denials for claims covered by the CMS NCD for TMVR.
FROM THE COVER

SCAI 2015 Hildner Lecture

indicators right,” said Dr. Harrington, “and the way we do that is through clinical investigation.”

Evidence-based guidelines established by professional societies, including SCAI, are the foundation for clinical practice, and there is an expectation by the public that physicians are following these guidelines. Clinical research, Dr. Harrington explains, is what makes these guidelines possible.

However, it is difficult to integrate clinical research into practice because of the complexity of the rules and regulations that govern research. Further complicating clinical research is the challenge of limited funding, according to Dr. Harrington, particularly from the National Institutes of Health. Partnerships with industry and increased lobbying have become important for generating research dollars today.

With his lecture, Dr. Harrington also hopes to inspire interventional cardiologists to undertake more clinical research and stimulate interest in their younger peers, who will require a considerable amount of training before they are ready to venture out into the research environment on their own.

“We face a difficult road, and we have to pay attention to the next generation of clinical investigators,” he says. “The need for evidence is not going to diminish, and we need people who can generate it, interpret it and disseminate it.”

Dr. Harrington will present the Hildner Lecture on Friday, May 8, at 8:30 a.m. To register for SCAI 2015, go to www.SCAI.org/SCAI2015.

SCAI 2015 Boot Camp Provides Unique Forum for Learning Cath Lab Leadership Skills

Until recently, cath lab directors, managers and other staff have had to develop the skills needed to successfully run their labs on their own, with no formal pathway. Now this significant training gap has been filled by SCAI’s Cath Lab Leadership Boot Camp, which won acclaim from an enthusiastic audience when it debuted last year. In response to attendees’ feedback, Boot Camp is being expanded into a full-day program featured on Friday, May 8, at the SCAI 2015 Scientific Sessions in San Diego.

“With Boot Camp we’ve created a vital forum for discussion of all aspects of running a cardiac catheterization lab,” says SCAI 2015 Program Co-chair Robert Applegate, MD, FSCAI. “The focus this year will be on leadership across cath lab roles, quality initiatives and the business issues inherent in running a cath lab.”

A big part of Boot Camp’s strength is its focus on the Heart Team, as reflected by the diverse expertise and perspectives to be found in both the audience and the faculty, says SCAI 2014–15 President Charles Chambers, MD, FSCAI. “This is reflective of how we are expanding SCAI’s membership to welcome the whole cath lab team, including physicians, nurses, technologists and administrators.”

Each of Boot Camp’s three 2-hour sessions will feature lectures and panel discussion from faculty who have filled different cath lab roles as well as an interactive discussion period, where attendees can share their experiences and questions.

“I’m looking forward to tackling all of the issues from different perspectives,” adds Dr. Applegate. “The goal is for everyone to gain a better understanding of the issues and challenges we face, the quality programs that are available and how they might be used in our labs, and an understanding of budgetary and financial issues that cath labs will face in the future.

ROLL CALL: ISSUES & CHALLENGES FACED BY TODAY’S LEADERS

When SCAI’s Cath Lab Leadership Boot Camp kicks off on Friday morning, attendees will focus on the different leadership roles in the cath lab: medical director, cath lab manager, hospital administrator, nurse manager and industry. Among other speakers, this session will feature a service
line administrator discussing what it means to partner with physicians in 2015 and how an industry representative sees partnerships evolving.

SOUND OFF: QUALITY INITIATIVES IN THE CATH LAB

Boot Camp will continue with session 2, focused on tools and apps that are increasingly being used in quality improvement efforts as well as performance metrics such as benchmarking, credentialing and hospital privileges.

“The answers to questions about quality are never going to be the same in every lab,” says Dr. Applegate, “so the focus here will be on tailoring what you learn to your own lab.”

ROGER THAT: CATH LAB AS A SERVICE LINE

The final session of Boot Camp will be “a frank and robust discussion on cath lab economics, including the challenges that come with budgeting, meeting financial benchmarks and selecting products and technologies for the cath lab.

“Some of the topics here – staffing, payment models, high-cost technologies – may be brand new for many attendees, topics many doctors definitely have no experience with, but we all need to understand,” says Dr. Applegate. “These are non-clinical skills that are increasingly affecting our ability to deliver high-quality clinical care.”

To learn more or register for SCAI 2015, visit www.SCAI.org/SCAI2015.

The SCAI’s the Limit for Fun in San Diego

Hit the Beach San Diego has 70 miles of coastline (www.sandiego.org/what-to-do/beaches.aspx). Slather on the sunscreen and explore a coast that ranges from sandy beaches to rocky cliffs. Or get out on the water and see San Diego from a new vantage point, with a harbor cruise, whale-watching excursion or a ferry ride to nearby Coronado Island.

Go Natural & Cultural San Diego’s Balboa Park (www.balboapark.org) is more than just a huge urban park, with gardens, hiking and biking trails, and other recreational activities. Home to the San Diego Zoo, it also features more than a dozen museums, including San Diego’s Museum of Man, Natural History Museum, Air and Space Museum, and Museum of Art. There are also opportunities to see the performing arts at such venues as the Old Globe, one of the country’s most highly regarded regional theaters.
EDUCATION UPDATE

SESSIONS SNEAK PEEK!

From now through the SCAI 2015 kick-off on May 6, we’ll be highlighting individual sessions, lectures, presentations, workshops and other meeting features. In this issue, we offer you a glimpse of a few sessions. Keep watching for more Sessions Sneak Peeks! Register for SCAI 2015 at SCAI.org/SCAI2015.

The treatment of patients with complex coronary artery disease (CAD), such as multi-vessel disease and chronic total occlusions, has become increasingly common for interventional cardiologists. However, important questions still remain, including where the interventionalist’s territory ends and the surgeon’s begins, and vice versa.

In “Ischemic CAD Best Strategies: A Case-Based Approach – Mini-Debate, Hybrid Approach,” which will be presented on Friday, May 8, in San Diego, experts will help bring clarity to this often blurred line. The session will feature experience and expertise from diverse faculty members who have helped generate the evidence-based data for ischemic CAD management, according to Ehtisham Mahmud, MD, FSCAI, who will moderate the session along with George Dangas, MD, FSCAI.

“An experienced faculty will outline a treatment paradigm that takes into account the clinical presentation, comorbidities and anatomical complexity for the management of ischemic CAD,” Dr. Mahmud said.

The session will also explore the Heart Team approach, where it stands today and the latest data on ischemic CAD management, including a presentation on the FREEDOM trial. The session will then look beyond the data and examine the importance of incorporating the patient’s choice into the decision-making process.

Session attendees can expect to gain a better understanding of contemporary techniques for approaching high-risk patients with left main disease, chronic total occlusions and multi-vessel CAD, said Dr. Mahmud. Attendees will also learn “a data-driven strategy for making optimal revascularization decisions for patients with diabetes, stable CAD and multi-vessel CAD,” he said.

“Attending this session will result in acquisition of contemporary knowledge regarding the management of patients with complex ischemic CAD,” Dr. Mahmud concluded, adding that attendees will be able to immediately apply this enhanced evidence-based approach to their daily practice.

Shining a Spotlight on Latest in Ischemic CAD Management

Despite continuing technological advances and an ever-growing body of literature, some patient populations still remain vexing for today’s interventional cardiologist.

“One of the aspects of clinical cardiovascular care that is the most challenging is cardiogenic shock,” said Srihari S. Naidu, MD, FSCAI, who chairs SCAI’s Interventional Heart Failure Working Group. “Patients who present with shock have a very high mortality rate that has not improved significantly over the years compared with other patients we treat.”

SCAI 2015 will feature two sessions focused on helping cardiovascular care teams combat this dilemma:

• “Shock & Awe: Interventional Management of the Critically Ill Patient” will be held on Friday, May 8, and moderated by Dr. Naidu and Paul Teirstein, MD, FSCAI, and

• A joint session with the Heart Failure Society of America (HFSA) will be held on Saturday, May 9, and moderated by Navin Kapur, MD, FSCAI, and James Fang, MD.

Together the two sessions will provide a forum for attendees...
to delve into the many facets of understanding and treating these critically ill patients.

Dr. Naidu said attendees of the Shock & Awe session will learn how to define pre-shock and shock, and what current data tell us about how and when to intervene.

“Attendees will also gain an understanding of the different medications and assist devices and when, why and how to use them, as well as the expected benefit of therapy and its impact on mortality immediately and over time,” he said.

During the SCAI–HFSA session, attendees will develop presentations that dive into the interventional heart failure landscape.

“My hope is that attendees will come away from this session with excitement about the prospect of collaborating with colleagues from multiple specialties, including heart failure, nephrology, surgery and pulmonology,” Dr. Naidu said.

“Shock is a topic very much under debate and complicated by the fact that the trials have shown little benefit despite our best efforts,” he continued. “We need to challenge ourselves in how we identify this patient population and treat it, and work together to understand invasive and interventional aspects of moving the needle on this important topic.”

SRIHARI S. NAIDU, MD, FSCAI

PAUL TEIRSTEIN, MD, FSCAI

Combined Congenital-Structural Heart Disease Symposium Supports Sharing Knowledge and Techniques

For decades interventional cardiologists have come together at the SCAI Scientific Sessions to learn from one another, sharing knowledge as well as treatment tips and tricks. This year, at the SCAI 2015 meeting in San Diego, attendees will take collaboration to a new level with a new session that merges the Congenital and Structural Heart Disease tracks, providing a venue where attendees from each specialty can pool their knowledge.

The Combined Congenital-Structural Heart Disease Symposium will be held on Friday, May 8, and co-moderated by Clifford Kavinsky, MD, PhD, FSCAI, chair of SCAI’s Structural Heart Disease Committee and associate director of the Center for Congenital and Structural Heart Disease at Rush University Medical Center, and Doff McElhinney, MD, FSCAI, chair of the SCAI 2015 Congenital Heart Disease program and Professor of Pediatric Cardiothoracic Surgery at Stanford University and Lucille Packard Children’s Hospital.

“Congenital and structural interventional cardiologists may approach the treatment of the same patients in very different ways,” says Dr. Kavinsky. “We can learn a great deal from each other. At this session, all of us will expand our personal toolkits.”

“There are some forms of congenital heart disease that either don’t present until adulthood or that may not be detected until adulthood, and there are patients who have recurrent issues that will require interventions when they are adults. These patients may be treated by congenital interventionists or by structural interventionists,” explains Dr. McElhinney. “It really depends on a number of factors, but the result is an in-between space where there’s a need for dialogue and also for progress in thinking.”

The new, combined format allows for discussion on “straightforward” issues, he says, but the session will also emphasize cutting-edge topics, such as transcatheter tricuspid valve replacement and complex post-operative pseudoaneurysms that are relevant in both congenital and acquired heart disease.

The theme of the session is partnership, says Dr. Kavinsky, who will kick off the session with a presentation titled, “How Can Congenital & Adult Cardiologists Partner to Manage Complex Structural Interventions.”

“Collaboration is a theme that extends well beyond this symposium,” explains Dr. Kavinsky. “I think we will see sessions that cross tracks become a regular feature at future SCAI Scientific Sessions. They set the stage for many other knowledge-sharing initiatives.”

“It’s really about creating an open exchange of information,” says Dr. McElhin-
Challenges & Problem-Solving at the Heart of SCAI 2015
Congenital Heart Disease Track

At the SCAI 2015 Scientific Sessions, attendees will exercise their problem-solving skills and develop new insights into difficult cases, treatment debates and emerging research and technologies. The Congenital Heart Disease Track will run for three days, from Wednesday, May 6, through Friday, May 8.

“With this program we’re going to dig deeper into a selected array of issues and ask the difficult and important questions, a lot of which have to do with either the limitations in our understanding or technology, or probing some of the emerging concerns around adverse outcomes or new technologies, and interrogate them in a fairly strategic way so that we have sessions that are topically integrated,” says, Doff McElhinney, MD, FSCAI, the chair of the Congenital Heart Disease program.

Probing of these topics and challenges will be a two-way street between presenters and attendees. “The idea is to stimulate interaction with the audience through clinical case scenarios, including a dynamic mix of case reviews, while covering cutting-edge and novel technologies that are coming across now in the pediatric interventional world,” says Congenital Heart Disease Program Co-chair Jacqueline Kreutzer, MD, FSCAI.

INTERACTIVE CASES EVERY DAY

A central feature of the popular Congenital Heart Disease Track will be a wide variety of interactive case presentations that are built into each of the days of the program. SCAI’s signature “Brain Scratchers,” “Worst Case of the Year” and “I Blew It” sessions all give attendees and presenters a chance to work together to problem-solve how to approach challenging cases in order to avoid complications or, when they occur, resolve them.

“In addition to brainstorming over these cases together,” said Dr. Kreutzer, “these cases also provide a forum where experienced interventionalists can challenge the group to consider management approaches that may differ somewhat from standard approaches.”

CLINICAL TRIAL UPDATES

Attendees will also enjoy this year’s “Lightning Rounds,” to be moderated by Howaida El-Said, MD, FSCAI, and Jeff Meadows, MD, FSCAI. This session will provide updates on clinical trial and registry studies. Headlining this year: COAST II, PARCS and the IMPACT Registry.

NEW! TRANSCATHETER PULMONARY
VALVE THERAPY SESSIONS

A series of sessions on transcatheter pulmonary valve therapies is designed to explore problematic areas, drawing on expertise within and outside of congenital interventional cardiology.

“We have, for example, a cardiovascular pathologist who will talk about some of the conduits that we implant transcatheter pulmonary valves into, which will hopefully provide a very different perspective on that therapy,” says Dr. McElhinney.

DEBATES ON HOT TOPICS

Don’t miss the debate about surgery versus interventional procedures for management of aortic coarctation in adolescents and older children, says Dr. Kreutzer. Frank Hanley, MD, FSCAI, will present the merits of surgical treatment, while Thomas Forbes, MD, FSCAI, will support an interventional approach.

Other debates will focus on pulmonary interventions and imaging.

For more information and to register for SCAI 2015, visit www.SCAI.org/SCAI2015.

JUST ANNOUNCED: DR. JOSEPH LOSCALZO WILL DELIVER SCAI 2015 MULLINS LECTURE

Joseph Loscalzo, MD, chair of the Department of Medicine at the Brigham and Women’s Hospital and the Editor-in-Chief of Circulation, will present the Mullins Lecture on “Network Approaches to the Redefinition of Cardiovascular Diseases.”

“One of the areas in which Dr. Loscalzo works is ‘network medicine’, which is related to ‘systems theory/systems medicine’ approaches. Among other things, this is a way of attempting to look at very complex fields of knowledge in which we practice, where you have biological data, genetic data, clinical data—you have a whole host of inputs that are difficult to integrate and understand—in a comprehensive way and try and stay true to that complexity in a big picture way,” says Dr. McElhinney.

Dr. Loscalzo’s research in network medicine has important implications for congenital interventional cardiologists, who often face lifetime management of cardiovascular disease in their patients, says Dr. McElhinney. He predicts that Dr. Loscalzo’s Mullins Lecture will interest interventionalists outside of congenital heart disease as well.
SCAI AUC Calculator Helps Hawaiian Hospital

DOCUMENTATION DILEMMA

On further study, it became clear that a large part of the problem was documentation, she explains. “A fair number of cases were missing angina class or the stress test results, so we attempted to automate documentation for physicians.”

Initial attempts included integration of “Smart Text” with documentation reminders and links to AUC specific-criteria in the EMR. “We didn’t get good results. Physicians who had been good documenters used the tool, but those who tended not to document didn’t use the “Smart Text” tool,” says Ms. Beauvallet.

Next, the hospital purchased software that included an appropriate use algorithm. “We could run reports and share data with physicians. The problem was the 30- to 60-day lag between a case and the actual report,” says Ms. Beauvallet, who also tried to meet with physicians individually to answer questions and clarify requirements. This proved challenging, considering how little time busy interventionalists have to spare.

The team also turned to conventional paper tools and deployed guideline awareness posters and articles. “The problem,” says Ms. Beauvallet, “is that it’s a lot of information to include. In fact, it’s that information overload that makes PCI ideal for an app.”

By the end of the first PDSA cycle, Ms. Beauvallet and the cath lab team had cut its proportion of non-classifiable cases to 5 percent, but the cases scored as Rarely Appropriate had increased. Those cases, now fully documented and classified, were driving the cath labs rate of Rarely Appropriate cases.

“We realized we had a problem,” says Ms. Beauvallet.

Fortunately, new technology to address the problem had become available, via SCAI’s Quality Improvement Toolkit (SCAI-QIT). The Queen’s Medical Center team integrated the SCAI AUC Calculator into cath lab workflow, using it to streamline and automate many steps similar to those the team had attempted in the first PDSA cycle. The app, for example, eliminated the lag between a case and report. It also put essential information at the interventionalist’s fingertips in a user-friendly manner.

APP WORKFLOW AT A GLANCE

Ms. Beauvallet’s first step was to load SCAI’s app onto Computers on Wheels (COWs) and train all of the cath lab nurses to use it. Next came modifications to the team’s mandatory Time-Out. The team implemented a Two-Step Time-Out procedure that essentially doubles the opportunity for quality improvement while adding only a few minutes to the procedure.

During the first time-out, when the patient is being identified, the nurse calls out additional questions as prompted by SCAI’s app—coronary artery disease presentation, angina class, medical management and ischemic burden. This takes between two to five minutes and, once completed, the physician proceeds.

The second time-out occurs just after the anatomy is visualized. Using the AUC app, the physician inputs the data from the angiogram into the app, which outputs data on how a typical case with these variables would rate on the AUC. The physician reviews the app score sheet and determines whether to proceed with an intervention.

“Not every case is going to be Appropriate,” stresses Ms. Beauvallet. “Our message to physicians is, do what is right and document what is being done and why.”

As an example, Ms. Beauvallet described a patient admitted with a broken hip without previous indication for a PCI. This patient might need a procedure before the hip can be repaired.

POWERFUL RESULTS

“We were thrilled with the app,” says Ms. Beauvallet. It made us improve patient care.”

The Queen’s Medical Center project yielded such significant improvement in quality metrics in large part because the team successfully integrated the SCAI AUC app into their workflow, says Ms. Beauvallet. The other key factors for success, she says, were—

- A mandate from leadership
- Engagement of physician champions
- Buy-in from staff
- Access to data in the NCDR CathPCI Registry
- A mandate from leadership
- Engagement of physician champions
- Support from staff
- Access to data in the NCDR CathPCI Registry

The Queen’s Medical Center project yielded such significant improvement in quality metrics in large part because the team successfully integrated the SCAI AUC app into their workflow, says Ms. Beauvallet.

The end result is a winner, says Ms. Beauvallet. “No doubt about it – the app allowed us to improve patient care.”

Want to help your team tackle quality improvement? SCAI’s AUC Calculator app is available at no charge from www.SCAI.org/QIT.

ACKNOWLEDGMENTS

SCAI’s Quality Improvement Toolkit was developed with founding support from Daiichi Sankyo, Inc. and Eli Lilly and Company, and with support from AstraZeneca. The SCAI BMC2 PCI Risk Calculator App and the SCAI Quality Circle are supported by The Medicines Company. SCAI gratefully acknowledges this support while taking sole responsibility for all content developed and disseminated through these efforts.

FROM THE COVER
Lessons on Professional Leadership

10 RECOMMENDATIONS FROM DR. TED FELDMAN

“Achieving recognition as a leader is a career-long endeavor—not a single activity,” said SCAI Past President Ted Feldman, MD, MSCAI, at SCAI 2014, where he and other luminaries in interventional cardiology discussed leadership strategies with SCAI’s 2013–15 ELM Fellows.

“Dr. Feldman’s talk gave us sage advice that resonated as we chart the rest of our careers,” said ELM Fellow John Peterson II, MD, FSCAI, who practices at Swedish Medical Center in Seattle.

ELM Fellow or not, Dr. Feldman’s advice applies to the whole cath lab team. Here we offer a few highlights:

1. CREATE OPPORTUNITY.
   Dr. Feldman recalled his first publication. The subject was small, but learning how to write and getting involved in publishing puts aspiring leaders on the path to recognition, he says.
   “The concept of creating opportunity was not lost on me,” says John Breinholt III, MD, FSCAI, an ELM Fellow and associate professor of pediatrics and director in the Division of Pediatric Cardiology at The University of Texas.
   In medical school, Dr. Breinholt pursued a research opportunity that developed into multiple projects as well as other activities. “That initial contact, followed by remaining engaged, was the single most important decision I have made in my career,” he says.

2. REMEMBER THIS: WRITING IS STORYTELLING.
   Many physicians believe they don’t know how to write, says Dr. Feldman, so to overcome that perception, they scour the literature for “every subject on the subject.” “That’s how you lose the story,” says Dr. Feldman. “I teach people to tell the story and then find the relevant references.”

3. FOCUS ON PUBLISHABLE CASE REPORTS.
   “Case reports often fall into one of two extremes—a rare finding or an amazing technical or procedural achievement. But that’s not how to get a case report published,” says Dr. Feldman. “Publishable case reports teach people how to do something new.”
   His case report on a novel way to plug a partially closed left atrial appendage was published because he provided value-added information—the pathophysiology—in addition to detailing the procedure.

4. MASTER THE ART OF PUBLIC SPEAKING.
   Few people are natural public speakers, yet public presentations may offer the best opportunity for recognition. That’s why you have to practice, says Dr. Feldman. “And learn to speak in plain English,” he adds. He recommends the science communication videos by actor Alan Alda’s. You can find them here: http://www.centerforcommunicatingscience.org/alan-alda/
   “Public speaking skills are critical and

Q: WHAT IS ELM?

A: ELM is Emerging Leader Mentorship — a unique, collaborative program developed by SCAI in partnership with the American College of Cardiology (ACC) and Cardiovascular Research Foundation (CRF). ELM Fellows participate in an intense, hands-on, two-year mentorship program that improves and refines their skills as leaders in medicine, ambassadors for their specialty and advocates for their patients.

Meet the 2013–15 ELM Fellows at http://www.SCAI.org/ELM/Fellows

this only comes with getting comfortable on the podium,” says Dr. Peterson. “It’s important to craft the way you deliver the message and make the talk interesting.”

5. **STAY ENGAGED IN CLINICAL TRIALS.**

It can be difficult to get into a clinical trial, admits Dr. Feldman, but he encourages young physicians to communicate with whoever is running the trial to offer a hand and to stay engaged for the long haul. “You may not have a large enrollment or make the first publication, but if you hang in there, follow-up opportunity, such as secondary publication, can present itself down the road.”

“It’s always nice to achieve right away,” says Dr. Breinholt. “But persistence and long-suffering allowed us to get through the medical obstacle course, and applying those principles will bring the opportunities and successes we seek within our field and organizations like SCAI.”

“Start with drug trials, where there are not clear mandates on numbers of operators,” suggests Dr. Peterson. “Then, work toward building a device program.”

6. **LEVERAGE SCAI.**

SCAI, says Dr. Feldman, has a very robust committee structure, and is unique among member organizations in that simply showing up is your first step. From there, volunteer for tasks and perform them well and on time. “SCAI is one of the best ways to meet peers and build a network,” he stresses.

7. **UNDERSTAND THIS: PROTECTED TIME IS A MYTH.**

Some young researchers try to negotiate regular protected time dedicated to academic activity. Unfortunately, reality can intrude even on those who do successfully negotiate protected time. “Most successful people use time efficiently and view 7 p.m. to 7 a.m. every day as an opportunity for productive leadership work,” explains Dr. Feldman.

So, instead of negotiating for protected time, strive for balance. “It is important to consider ‘what am I getting out of this?’ when you are approached with opportunities,” he says. “You have to participate in some of these or you won’t be approached, but it is critical to learn how to tactfully say no as well.”

8. **VOLUNTEER FOR EDITORIAL REVIEW.**

“You learn to look critically at other people’s work, understand your own work better and build knowledge of the field,” says Dr. Feldman. “Those are valuable skills.”

9. **VIEW EVERY ACTIVITY AS AN AUDITION.**

“We work in a competitive field,” says Dr. Feldman. “The people who are on the podium consistently are those who have contributed, performed and embraced assignments.”

10. **BE WILLING TO FAIL.**

“Trust me on this: No one remembers failure. You will be judged by your successes,” promises Dr. Feldman.

**NOW WHAT?**

Start by getting involved in SCAI. Review SCAI’s committees at [SCAI.org/Committees](http://SCAI.org/Committees) and then email info@SCAI.org to volunteer.
SCAI kicked off 2015 with the unveiling of a new platform for its public education website, SecondsCount.org. Showcasing a new look as well as easy-to-navigate, topic-based centers where patients can delve deep into subjects that interest them, SecondsCount.org continues to highlight issues that encourage patients to expand their heart-smarts and become fully engaged partners in their cardiovascular care.

“How visitors experience the website is fresh and modern, but our goal is the same: to help patients and their families make informed healthcare decisions in partnership with their healthcare teams,” says SecondsCount Editor-in-Chief Dennis W. Kim, MD, PhD, FSCAI. “We rebuilt the site to help us continue to compete successfully amidst the increasingly cluttered healthcare arena on the Internet.”

The SecondsCount Editorial Board – approximately 30 physicians and nurses – intends to leverage significant past successes, including nearly 1.5 million visitors in 2014 and encouraging signals of more growth to come.

“We’re fortunate to have a dedicated team of physicians and nurses, as well as talented medical writers, who have built SecondsCount up from a few dozen pages focused on the relatively narrow subject of angioplasty and stenting, to hundreds of pages on a wide range of topics in cardiovascular health,” says John P. Reilly, MD, FSCAI, who chairs the Society’s Public Relations Committee, which launched SecondsCount.org in 2008.

The initial goal was to provide an online repository for unbiased information about treatment options for cardiovascular disease, recalls Dr. Reilly, but “the site quickly evolved to reflect the editors’ knowledge of what’s on patients’ minds, based on questions patients ask during exams and when they call the office.”

Being responsive to trending media topics and emerging issues has played a part in SecondsCount’s success, adds Dr. Kim. “When we study the metrics, it’s clear that the content on SecondCount.org often takes an approach that is different from other health-oriented websites. In our articles, practicing healthcare professionals are answering real questions that patients ask.”

These articles bring in visitors – from social media portals like Facebook, Twitter and YouTube – as well through keyword searches. Take, for example, the success of SecondsCount’s articles on e-cigarettes (otherwise known as “vaping” – 2014’s word of the year, per Oxford Dictionaries) and energy drinks, which were among the site’s top-ranked pages for the year. “The ideas for these pages grew directly out of questions we heard during clinic,” says Dr. Kim, “and the resulting articles reflect the practical approach that practicing doctors and nurses take to answering such questions.”

Launching the new website was a year-long endeavor, says Dr. Kim, because the SecondsCount team reorganized the site’s content and revised well over 100 of the pages to freshen up the tone, update facts and expand the video library.

“Video has become so important for any website,” says Rena L. Silver, MSN, APN, CNP, who is among several SecondsCount editors who decided to tackle video last year. “If you have a smartphone, you can shoot a quick video on a timely topic, such as the heart risks of shoveling snow or keeping an eye on your salt intake at holiday parties.”

Short videos addressing questions about riding rollercoasters if you have a heart condition, the risks of a sedentary lifestyle and whether red meat or gluten figure into heart-healthy menus, among many others, have joined SecondsCount’s library of popular professionally produced videos, such as You & Your Stent (available in English and Spanish) and What Will You See in the Cath Lab?
Leveraging SecondsCount & Social Media for Interventional Cardiology

Video is the key to the next chapter of SecondsCount, says Dr. Kim. The SecondsCount editors are stepping up their collaboration with SCAI’s Public Relations Committee to launch a digital storytelling campaign that educates, inspires and engages.

“By using the voices of our patients, we will showcase the value of interventional care through their compelling stories,” explains Dr. Reilly. “Think of this as patient stories with a power boost. We’re sharing stories in a new, engaging way that goes beyond the ‘borders’ of SecondsCount.org, with all the tools at our disposal — video, written word, social and shareable information.”

SCAI is aiming for audiences to immerse themselves in the stories, seek out more information on treatments, posts comments and, most important — share the stories via their social networks in today’s multi-channel world. The result is greater understanding and appreciation of the work interventional cardiologists do and its impact on patients and their families.
**SCAI program**  
**Program cosponsored by SCAI**

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**SCAI 2015 Scientific Sessions**

- **ARCH 2015 – ADVANCED REVASCULARIZATION, CHAPTER VIII**
  - **Date:** April 9–11, 2015
  - **Location:** St. Louis, MO
  - **Director:** Jasvindar Singh, MD

- **EPIC 2015: EMORY PRACTICAL INTERVENTION COURSE**
  - **Date:** April 30–May 2, 2015
  - **Location:** Atlanta, GA
  - **Directors:** John S. Douglas, MD, FSCAI, and Habib Samady, MD, FSCAI
  - **For more info:** [www.med.emory.edu/cme](http://www.med.emory.edu/cme)

- **SOUTHWEST VALVE SUMMIT III**
  - **Date:** May 1–3, 2015
  - **Location:** Houston, TX
  - **Director:** Stephen H. Little, MD
  - **For more info:** [www.houstonmethodist/cme](http://www.houstonmethodist/cme)

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**FEBRUARY 2015**

- **4TH ANNUAL STRUCTURAL HEART INTERVENTION AND IMAGING 2015**
  - **Date:** Feb. 4–6, 2015
  - **Location:** San Diego, CA
  - **Directors:** Matthew J. Price, MD, FSCAI, and David S. Rubenson, MD
  - **For more info:** [http://www.scrpps.org/structuralheartintervention](http://www.scrpps.org/structuralheartintervention)

- **3RD INTERNATIONAL SYMPOSIUM ON LEFT ATRIAL APPENDAGE**
  - **Date:** Feb. 6–7, 2015
  - **Location:** Los Angeles, CA
  - **Directors:** Dhanunjaya Lakireddy, MD, Andrea Natale, MD, Saibal Kar, MD, FSCAI; Vivek Reddy, MD, and David R. Holmes, Jr. MD, FSCAI
  - **For more info:** [www.islaasymposium.com](http://www.islaasymposium.com)

- **PEDIATRIC SCAI-QIT WEBINAR: CONFERENCES ON QUALITY**
  - **Date:** Feb. 25, 2014
  - **Time:** 1:00–2:00 PM Eastern Time
  - **Director:** V. Vivian Dimas, MD, FSCAI
  - **For more info:** [www.SCAI.org/PEDQIT](http://www.SCAI.org/PEDQIT)

- **SCOTTSDALE INTERVENTIONAL FORUM (SIF) 2015**
  - **Date:** Feb. 25–28, 2015
  - **Location:** Scottsdale, AZ
  - **Directors:** David G. Rizik, MD, FSCAI, James B. Hermiller, MD, FSCAI, Robert Applegate, MD, FSCAI, and Mark Reisman, MD
  - **For more info:** [www.SIF2015.com](http://www.SIF2015.com)

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**MARCH 2015**

- **PEDIATRIC SCAI-QIT WEBINAR: RADIATION SAFETY**
  - **Date:** March 18, 2014
  - **Time:** 1:00–2:00 PM Eastern Time
  - **Director:** Ralf J. Holzer, MD, FSCAI
  - **For more info:** [www.SCAI.org/PEDQIT](http://www.SCAI.org/PEDQIT)

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**APRIL 2015**

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

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**MAY 2015**

- **SDCI 2015: SAN DIEGO CARDIOVASCULAR INTERVENTIONS**
  - **Date:** July 11, 2015
  - **Location:** San Diego, CA
  - **Director:** Ehtisham Mahmud, MD, FSCAI

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**JULY 2015**

Several SCAI faculty, including Khoi Le, MD, Gianluca Rigatelli, MD, and SCAI 2014-15 President Charles Chambers, MD, FSCAI, presented a symposium on the latest advances in interventional cardiology at Hue University Hospital in Hue, Vietnam, this past fall.
38 Years of the Best of the Best in Interventional Cardiology

SCAI 2015 Scientific Sessions Highlights:

• **Cath Lab Leadership Boot Camp**
  Ever wish there was a boot camp for cath lab directors, managers and supervisors? Now there is, with this unique educational experience designed specifically to address the challenges and goals faced by cath lab leaders – as well as those who aspire to the role.

• **From Clinical Trials to Clinical Practice**
  This innovative session is designed to ease the daunting task of keeping up with and making sense of the avalanche of recent trial data. This session will help attendees understand which trials should be changing practice and how so.

• **Enhance Your Technique With Cases!**
  Case-based education helps participants apply what they’ve learned to their own cases. SCAI 2015 will feature even more cases than ever before, in smaller, intimate learning settings promoting even more discussion.

• **Heart Team Approach**
  Your cath lab works as a team, and SCAI 2015 allows you to learn as a team with Heart Team Approach Sessions interspersed throughout the program.

• **Get Up-to-the-Minute on Emerging Technologies**
  Learn about emerging technologies that are changing how interventional cardiology teams practice. Discussions between faculty and participants will share how new devices are being incorporated into practice.

• **And Much, Much More**
  There are plenty of more highlights, including standalone symposia on radial interventions, TAVR and CTO, Cocktails Over Cases, the interactive Breakfast Roundtable Discussion Series, presentations of original abstracts and late-breaking clinical results, interactive workshops and social functions.

Register by **March 25, 2015** and Save!