State of Advocacy: Evergreen State Members Partner with SCAI to Protect Patient Access to Stent Care

I n Washington State’s cost-containment process for medical technology the proverbial canary in the coal mine for interventional cardiologists? Absolutely, say Robert M. Bersin, M.D., MPH, FSCAI, medical director of Structural Heart Services and Endovascular Services at Swedish Heart and Vascular in Seattle, and Larry S. Dean, M.D., FSCAI, director of the UW Medicine Regional Heart Center in Seattle and a SCAI past president. Three years ago, the state’s Health Technology Assessment (HTA) program homed in on drug-eluting stents (DES), forming a committee to evaluate the technology. HTA makes determinations about whether health services used by the state government are effective and sets reimbursement policies for residents covered by state plans, including the Medicaid population and state employees. However, the HTA’s impact stretches much farther, as private plans tend to follow the state’s lead in their coverage decisions, affecting access to care for patients across the state. Washington State HTA processes have been held up as a model for other states. The technology assessment process has been highlighted in peer-reviewed journals and the lay press as an example of appropriate assessment of new technology and cost containment.

The review was sparked by the literature and a review of a state database that questioned clinical outcomes following DES versus bare metal stents, leading the HTA to ask whether reimbursement should be limited to on-label use of DES.

More recently, HTA targeted carotid stents. Unlike DES, reimbursement for carotid stents was already very restricted – to symptomatic high-risk patients, or about 8 percent of the eligible population. The interventional cardiology profession delivered improved access in each case. “The expansion of carotid coverage and patients’ access to these procedures in Washington State is viewed nationally

Case-Based Learning Will Take Center Stage at SCAI 2014

“M ore, more, more” has been the rally cry when SCAI Scientific Sessions attendees are asked about case-based sessions. At SCAI’s 2014 annual meeting – May 28–31, in Las Vegas, NV – interventional cardiologists and cath lab teams will get exactly that: as many opportunities to learn from cases as the meeting will hold. “Case-based learning is the hallmark of every SCAI annual meeting because cases provide attendees with very applicable take-home information to make better decisions in daily practice. The SCAI 2014 Scientific Sessions feature even more cases in smaller sessions to foster interaction,” says Morton J. Kern, M.D., FSCAI, who is the SCAI 2014 Program Chair along with Co-chairs Michael R. Jaff, D.O., FSCAI, and Roxana Mehran, M.D., FSCAI.

The emphasis on case-based learning is evident across all of the SCAI 2014 content tracks, including the Coronary, Peripheral, Structural, and Quality Tracks, as well as the Pediatric/Congenital Heart Disease program, which is chaired by Matthew J. Gillespie, M.D., FSCAI, and co-chaired by Doff B. McElhinney, M.D., FSCAI.

Case-Based Learning Will Take Center Stage at SCAI 2014 (continued on page 2)
State of Advocacy (cont’d from pg 1)

as a win,” said Dr. Bersin. Although the game plans and objectives differed, SCAI proved to be a key member of the team in both reviews.

The Warm-Up: Drug-Eluting Stents

When the HTA starts to evaluate a device, it conducts a literature review that informs a draft document open for public comment. Members of the public, including professional organizations like SCAI, are invited to respond to questions and recommendations in the document. One challenge is that the HTA expects a response to the voluminous document in a few short weeks.

“SCAI was paying attention to what was going on at the state level. Wayne Powell [SCAI’s senior director for Advocacy & Government Relations] actively participated in the review of the document and drafting the response. It helped to have the voice of a national organization at the state level,” explained Dr. Dean.

Even with SCAI’s muscle, it seemed as if the process might impede patient care by limiting access. That’s because the review suggested a lack of benefit to DES compared with bare metal stents. SCAI, along with interventional cardiologists in the state, argued that DES benefited patients at higher risk for restenosis, such as diabetics and patients with small vessels.

Their arguments convinced a cardiovascular surgeon on the committee, and the tide turned. Ultimately, the HTA expanded coverage for carotid stenting to all high-risk patients.

Round 2: Carotid Stents

Unlike the review process for DES, the HTA did not intend to restrict already-limited coverage for carotid stents, said Dr. Bersin. Its objective was to review the status of the technology.

Coverage for carotid stents is plagued by a complete discrepancy between FDA-approved indications and reimbursement. When the CREST trial demonstrated equal overall safety and efficacy outcomes for men and women treated with carotid artery stenting or endarterectomy (regardless of previous stroke), the FDA expanded indications for use to all patients requiring treatment regardless of their risk profile and symptomatic status. The Centers for Medicare and Medicaid Services, however, balked and held coverage at its 2004 point—for symptomatic, high-risk patients only. Washington State’s HTA followed suit.

As the HTA conducted its review, the HTA launched a meta-analysis of trials that shouldn’t have been grouped together and could have led to incorrect conclusion, recalled Dr. Bersin.

By this time, the HTA had already retained Dr. Bersin as its expert consultant. “I couldn’t represent SCAI or the ACC, but I could assist the HTA committee when it was confused by trials with differing outcomes,” said Dr. Bersin. He also helped SCAI and citizen cardiologists by sharing information about the HTA’s concerns. This helped inform their case.

Ultimately, the HTA expanded coverage for carotid stenting to all high-risk patients.

(continued on page 17)
Need a two-minute update on key happenings in interventional cardiology and at SCAI? Check out SCAI TV for quick updates on studies in Catheterization and Cardiovascular Interventions (CCI), new documents published or endorsed by SCAI, advocacy news, and quality tips. In every case, you can get the highlights video and then follow the links to more in-depth coverage. Here are a few examples of what’s playing:

- The CCI Editor’s Choice for February 2014, “Comparative Effectiveness of Drug-eluting Stents on Long-term Outcomes in Elderly Patients Treated for In-stent Restenosis: A Report from the National Cardiovascular Data Registry,” featuring Michael A. Kutcher, M.D., FSCAI, with CCI Editor-in-Chief Steven R. Bailey, M.D., FSCAI
- “Real Value: A Strategy for Interventional Cardiologists to Lead Healthcare Reform,” featuring SCAI Advocacy Committee Chair Peter L. Duffy, M.D., MMM, FSCAI
- Highlights from the “2013 Multimodality Appropriate Use Criteria for the Detection and Risk Assessment of Stable Ischemic Heart Disease,” featuring SCAI Past President Larry S. Dean, M.D., FSCAI
- A sneak peek at SCAI’s brand-new Cath Lab Leadership Boot Camp, presented by SCAI President-Elect Charles Chambers, M.D., FSCAI

To watch interviews about CCI studies, visit: http://bit.ly/1h2j8V6 and for other topics: http://bit.ly/1kH1XryL.

What’s Playing on SecondsCount TV?

SCAI’s public education website, SecondsCount.org, features video segments on issues that affect cardiovascular health, from prevention to treatment, and everything in between. For Heart Month, SecondsCount featured “What Does the Heart Say?” – a consumer-friendly campaign featuring the website’s editors answering common questions patients ask about everyday things that may – or may not – affect cardiovascular health. Topics include scary movies, energy drinks, gluten, walking, chocolate, rollercoasters, coffee, screen time, and many more. Share the playlist with your patients: https://www.youtube.com/user/SecondsCountOrg.

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Early in your career you are busy trying to figure out your practice, organize your time, and decide where to place your efforts. Perhaps joining a professional society isn’t at the top of your priority list, nor joining a committee ... voluntarily. Nevertheless, now is the perfect time to join SCAI, the perfect time to participate in the ICDC. It is a chance to join others who share your concerns, who empathize with your time constraints.

SCAI is an open society. You can participate as much, or as little, as you want. There are many groups and committees that will suit your interests. The ICDC wants to make starting your career an exciting experience, enhanced by joining with your colleagues who also want guidance and mentoring.

We plan to create more opportunities for early-career cardiologists to participate in their Society. We hope to see you in Las Vegas at the SCAI 2014 Scientific Sessions.

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SCAI kicked off 2014 by launching new opportunities for interventional cardiologists and their cath lab teams to discuss hot topics in the field. The new Eye on Intervention blog, which is hosted by Cardiology Today Intervention and features bloggers from SCAI’s Interventional Career Development Committee, is a forum for debate about trends in the specialty, interesting cases, and issues affecting the delivery of optimal patient care.

“Every few weeks, we post a new blog written by an early-career interventionalist,” said Jeffrey Schussler, M.D., FSCAI, who teamed up with John P. Breinholt, M.D., FSCAI, to organize the blog. Both physicians are in the 2013 class of Emerging Leadership Mentoring (ELM) Fellows. “Our goal is to cover a lot of territory and to engage as many of SCAI’s members as possible, either by blogging themselves or by commenting on the postings.”

The response has been excellent, report staff from Cardiology Today’s Intervention. “Rarely have we seen such rapid participation in new posts. It’s shows that SCAI has its finger on the pulse of what’s happening in the field right now,” said the magazine’s managing editor, Brian Ellis.

Eye on Intervention’s debut blogs featured Molly Szerlip, MD, FSCAI, on the proliferation of TAVR programs; Michael Lee, MD, FSCAI, who presented a challenging case and asked readers where they would start – with hemodynamic support or PCI; and Timothy A. Mixon, M.D., FSCAI, who examined the trajectory of renal artery stenting and renal denervation and offered predictions on what the future holds for each.

“The value of a blog is in the conversation it starts,” said Dr. Breinholt. “We invite the interventional cardiovascular community to weigh in on these and future blogs.”

To access the blog, go to www.healio.com/scaiblog.

Are You on LinkedIn?
SCAI’s growing network on the popular social media forum LinkedIn is also hosting ongoing discussions launched by SCAI members. For example,

- SCAI sought members’ input on an editorial in Catheterization and Cardiovascular Interventions. Written by SCAI’s Advocacy Committee chair, Peter L. Duffy, M.D., MMM, FSCAI, the editorial puts forth a new framework for looking at value in health care, through the lens of his “Real Value Formula.”
- Herb Aronow, M.D., MPH, FSCAI, initiated a new thread about the future of renal denervation, considering Medtronic’s announcement that the SYMPLICITY-HTN 3 trial did not meet its primary endpoint.

To link in with SCAI and join these and other discussions, go to http://www.linkedin.com/groups/Society-Cardiovascular-Angiography-Interventions.

Prefer Twitter?
Is succinct more your style? Then Twitter, where tweets are limited to 140 characters, may be the place for you to chime in. A great way to get started is by following SCAI’s various Twitter handles:

- @SCAI and @SCAInews for updates on SCAI programs and curated headlines from the media
- @SecondsCountorg for content your patients may find helpful as they strive to learn more about cardiovascular health, from prevention through treatment, and everything in between

Already on Twitter and trying to build a following? Follow @SCAI and SCAI will follow you, too.
The Coronary Track is always a favorite at SCAI Scientific Sessions, says Program Chair Morton J. Kern, M.D., FSCAI. “The overall goal of the Coronary Track is to provide the latest and greatest approaches to managing coronary interventions,” said Dr. Kern. “That includes both access approaches, which are now shifting to radial as the highly favorable methodology, and pharmacology.”

One highlight this year is the two-part “I3 (Intervention, Interaction, and Input) Case Reviews.” On Wednesday, May 28, I3 will focus on exceptional challenges in interventional cardiology, while, on Friday, May 30, attendees will examine complications, nightmares, and saves.

Of course, said Dr. Kern, many popular sessions will be back again, with updates. Optimizing PCI Outcomes: Lesion Assessment, for example, has been expanded to include approaches as fractional flow reserve, intravascular ultrasound, optical coherence tomography, and near infrared spectroscopy.

Other returning favorites are the two-part Radial Mini Symposium and the Chronic Total Occlusion Mini Symposium. “Each will feature cases to illustrate problems presented,” said Dr. Kern.
Peripheral: Going Out on a Limb to Make Learning Fun

The SCAI 2014 Peripheral Track will be informative and fun, says Program Co-chair Michael R. Jaff, D.O., FSCAI.

The dual purpose is best exemplified by the brand-new session Jeopardy for the Vascular Interventionalist: A Friendly Competition, which will consist of “case quizzes” on such topics as aortic disease, mesenteric artery disease, renal artery disease, peripheral artery disease, deep vein thrombosis, and pulmonary embolus.

“This is a unique session designed to showcase presentations and provide options for decision-making for the audience, followed by discussion about why the right answer is correct,” said Dr. Jaff. “It’s definitely designed to be fun.”

Over the years, SCAI’s Scientific Sessions have become known for the Debates sessions, and the SCAI 2014 Peripheral Track continues the tradition with Arguments and Compromises: Great Debates in Vascular Intervention.

“For this session, we’ve chosen areas that are particularly controversial, where the literature doesn’t have a clear answer,” explained Dr. Jaff.

In the wake of news from the SYMPLICITY HTN-3 trial, Why Is the Kidney So Hot? Renal Enervation and Denervation is certain to be interesting for interventionalists, predicted Dr. Jaff. “By SCAI 2014, the data will have been released, and we’ll be able to look not only at where the field currently stands but also what our next steps are,” he said.

While the Program Committee has created a learning platform that will be engaging and fun, the overall goal is, of course, to raise awareness of the importance of considering noncardiac vascular disease in all patients, said Dr. Jaff. “The track’s sessions are appropriate for beginners and experts alike. We have different pathways for those who know very little about vascular disease and those who are pretty experienced,” he stressed.

Structural: Building the “Best of the Best”

The two major themes of the SCAI 2014 Structural Track will be how to launch and run a high-quality transcatheter aortic valve replacement (TAVR) program and how to integrate mitral valve interventions into your practice, said Program Chair Morton J. Kern, M.D., FSCAI.

Perhaps the key didactic session of the Structural Track, said Dr. Kern, is Hemodynamics of Structural Heart Intervention, which will be held on Wednesday.

“I encourage everyone who is interested in performing structural interventions to attend this session.

In the TAVR arena, essential sessions include TAVI: Getting Started and The Heart Team Approach: Challenges and Strategies for Success, with the latter featuring presentations on how to develop an efficient, effective screening process and optimize care for TAVR patients before and after the procedure. The session will also address imaging requirements for a successful TAVR program and a discussion of whether the time has come to invest in next-generation imaging systems with multi-modality imaging and fluoroscopic overlay. The Structural Track will also include a session on TAVR complications and the case-based session Structural Heart Nightmares and Saves: Best of the Past Year.

Sessions on mitral valve interventions will include mitral valvuloplasty, percutaneous mitral valve repair with the MitraClip, outcomes for degenerative mitral regurgitation with MitraClip repair, the current status of percutaneous annuloplasty approaches, and transcatheter mitral valve replacement. The session will also feature several case examples of MitraClip successes and failures.

“The overall goal of the Structural Track is to acquaint every attendee interested in this area with what it takes to get started and keep it in force,” says Dr. Kern. “It emphasizes where problems might occur and how to anticipate complications and deal with them.”
Could there be a hint of danger in database requirements and training guidelines? Yes, to a degree, says SCAI 2014 Congenital Heart Disease (CHD) Program Chair Matthew J. Gillespie, M.D., FSCAI. “Since its inception, our profession has been driven by remarkably creative innovators, none more so than James Lock, M.D., who will deliver the Mullins Lecture on May 29.” (For a preview of Dr. Lock’s lecture, see p. 13.)

The last decade, however, has delivered changes that have the potential to stifle innovation and creativity. “Balancing our innovative spirit with database management and rigid training guidelines represents an existential crisis of sorts for CHD interventionalists,” says Dr. Gillespie, who contends that emerging databases and evolving training guidelines, though important, could sap creative energies and diminish the ability to innovate.

The goals of the SCAI 2014 Congenital Heart Disease Program are simple yet ambitious: to encourage attendees to sustain and grow innovation and to simultaneously harness the power of the emerging CHD databases to improve care for patients in an era of increased regulation and training guidelines.

Dr. Lock’s Mullins Lecture, titled “Innovation in CHD Therapy,” will draw on his decades of experience to elucidate innovations in pediatric congenital heart disease therapy in the current era and also share insights on what’s next for the specialty.

In addition, the utility and importance of catheterization databases in CHD will be explored in detail. On May 29 at 8:00 a.m., a panel of experts will share recommendations on how databases can be used effectively to enhance care and also evaluate the negative side of databases and suggest how they can be improved.

In a new session titled Catheterizations Databases in CHD, the NIH’s Jonathan Kaltman, M.D., will share the NIH perspective on the power of databases and show how they have been applied and leveraged to improve patient care and management in other areas of pediatric medicine.

Attendees eager for discussion will want to join the Debate session Deficient Retroaortic Rim Is an Absolute Contraindication to ASD Closure with the ASO Device. “Are there clear echo-based contraindications to device closure of ASDs?” asks Dr. Gillespie, “Bring your opinions to the debate session. It’s sure to be a lively discussion.”

SCAI’s educational gold standard case-based sessions, including Brainscratchers and I Blew It sessions will be heavily featured throughout the conference and highlight exceptionally challenging cases, problems, and mistakes to stimulate discussion and peer learning. “We kick-off the CHD Symposium on May 28 with a Brainscratchers session, which is a great way to begin the symposium because it always leads to active participation from the audience – one of the most important hallmarks of the SCAI meeting,” says Dr. Gillespie.

The CHD program will also provide the Lightning Rounds forum for study updates on the latest trials in congenital interventional cardiology: GORE Septal Occluders, COAST 1 and 2, Sapien devices and AMPLATZER Duct Occluder.

With its tantalizing menu of case-based sessions and premier experts in interventional cardiology, SCAI 2014 is one Vegas show not to be missed. For more information on the program and registration information, log on to www.SCAI.org/SCAI2014.
New at SCAI 2014

Support Those Who Serve:
Sessions for Interventionalists-in-Uniform and at VA Centers

SCAI is supporting our men and women in uniform. For the first time, the SCAI Scientific Sessions will feature two sessions designed especially for interventional cardiologists who are serving in the U.S. Armed Forces and those who care for the nation’s veterans in the VA healthcare system.

On Friday, May 30, past and present military interventional cardiologists and the military’s trainees will assemble for Military Medicine: Current State of Interventional Cardiology in the Armed Services and Affiliates. Moderated by Keshav Nayak, M.D., FSCAI, of the Navy Medical Center in San Diego, and Michael A. Ferguson, M.D., FSCAI, of the National Navy Medical Center, the session will address the unique challenges of treating a population that tends to be younger than the patients most interventionalists treat.

“The military population may be fitter than the patients most of us treat, but they face different stresses. This session will examine techniques for battling coronary artery disease and returning them to duty,” said SCAI 2014 Program Chair Morton J. Kern, M.D., FSCAI.

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After addressing the issues associated with training those still in service, SCAI 2014 will feature a new session for cath lab teams who serve U.S. veterans. VA Interventional Cardiology at SCAI will be held Saturday, May 31. Organized by Subhash Banerjee, M.D., FSCAI, of the VA North Texas Health Care System, and Robert L. Jesse, M.D., Ph.D., of VA Headquarters, the session will focus on the unique challenges of treating veterans and on research and development opportunities within the VA healthcare system.

“The VA has a higher proportion of men, especially older men, and they almost always have multiple co-morbidities,” said Dr. Kern.

The session will emphasize valuable how-to strategies that have been successful, specifically in VA Centers, such as:

- Developing a transcatheter aortic valve replacement program;
- Establishing a successful coronary chronic total occlusion program;
- Delivering a transradial program;
- Trends and challenges related to fractional flow reserve;
- Providing endovascular treatment of peripheral artery disease;
- Integrating intravascular ultrasound, optical coherence tomography, and near infrared spectroscopy; and
- Preventing bleeding complications.

“These sessions should be of interest not only to those who already work in military or VA settings but also to those associated with the VA and patients in the communities surrounding VAs centers,” stressed Dr. Kern. “This is an opportunity for military and VA cardiologists to share their knowledge and for our Society to meet and share their special insights. There’s a lot we can learn from one another.”

For more information and to register for SCAI 2014, visit www.SCAI.org/SCAI2014.
Case-Based Learning (cont’d from pg 1)

Cases Deliver Pearls of Wisdom

“The SCAI 2014 Congenital Track includes a healthy agenda, including the ever-popular Brainscratchers and I Blew It sessions,” says Dr. Gillespie. “Both formats are extremely valuable and always offer pearls of wisdom.”

Brainscratchers take physicians into the cath lab trenches with an expert who walks them through the decision-making process in a challenging case. “Discussing these cases is a great warm-up for the rest of the conference,” says Dr. Gillespie.

For years, the I Blew It sessions have been among the most highly ranked by attendees. “We love to immerse ourselves in a case marked by a technical problem and provide an opportunity for everyone to work through a specific challenge,” said Dr. Gillespie.

The value of the case-based sessions is that they leverage collaborative problem-solving and discussion to enhance learning, says Dr. Gillespie. “Audience participation is key.”

Cases Transform Into Practical Toolkit for Real-World Practice

“No matter which areas attendees are interested in, the availability of interactive, case-based sessions provides them with a strategic toolkit to take back to their practices,” said Dr. Kern. “The practical application obtained from case-based learning is what sets the SCAI Scientific Sessions apart from other meetings.”

The slate of case-based sessions at SCAI 2014 will be comprehensive, covering essential therapies, devices, and technologies. “Plan on plenty of PCI, TAVR, and IVUS. The Structural Heart Nightmares and Saves: Best of the Past Year will keep you on the edge of your seat,” promises Dr. Kern.

“Be sure to schedule some time for moderated case sessions,” advises Dr. Kern. SCAI 2014 will feature 9 moderated case sessions, offering a unique opportunity for extended learning for cardiologists at all career stages. Integrated into the didactic sessions, the moderated case presentations will cover decision points in management, controversial approaches, complications, and new techniques.

“The cases will span the spectrum of invasive and interventional cardiology, including hemodynamics and imaging for carotid artery stenting in the Peripheral Track; imaging for structural heart disease; and Exceptional Challenges in Interventional Cardiology, covering shock, ischemia and complications in the Radial Symposium,” added Dr. Kern.

As in years past, other sessions are designed for interventional cardiologists at specific career stages. Interventional cardiology fellows will enjoy the popular C3 Summit, which will again provide opportunities for current third and fourth-year adult cardiology fellows to review and discuss complex coronary complications with expert faculty. Practicing interventional cardiologists can share in the C3 experience in two i3: Interaction, Intervention & Input sessions, where attendees have provided the cases, each chosen by faculty because the dilemma, disaster or creative solution will be of interest to peers.

Cases Highlight Practices of Quality Champions

Real-world, case-based learning is also the backbone of the SCAI 2014 Quality Track, which now includes the brand-new Cath Lab Leadership Boot Camp.

“The Quality Track and Boot Camp will offer an arsenal of strategies to help cath lab leaders – interventional cardiologists, nurses and technicians, cath lab administrators – to establish themselves as Quality Champions,” says Dr. Kern.

After-Hours Opportunities for Case-Based Learning

Finally, attendees who just don’t want the day to end can continue to enjoy case-based learning during Cases Over Cocktails, an addition to the program that combines SCAI’s signature collegiality with attendees’ passion for cases.

“There’s no better way to wrap up the day,” offers Dr. Kern. The 30- to 45-minute mini-cath conferences, slated for the end of the day in the exhibit hall, will provide an informal continuation of case presentations.

“Expect a full slate of hot topics, including PCI complications, unique techniques for salvage, and CTO cases,” says Dr. Kern. “These will be highly interactive, fun discussions that everyone will enjoy.”

Register Today

For more information about case-based sessions, more meeting highlights, and registration, log on to www.SCAI.org/SCAI2014.
A

n odyssey is defined as a long journey full of exciting adventures. What better way to describe the last 30 years in interventional cardiology?

“It really has been an odyssey, and I think it’s remarkable what we’ve been able to achieve,” said Martin Leon, M.D., FSCAI. “We’ve seen a very dramatic evolution from a simple procedure called balloon angioplasty to a major subspecialty that has transformed the way we practice medicine – not just cardiology but all of medicine.”

In his 2014 Founders’ Lecture, Dr. Leon will explore not only how far interventional cardiology has come but, perhaps more important, how experiences from the past can guide the future. The first lesson: “We have to adapt and evolve. We can’t stand still. We have to keep challenging ourselves,” said Dr. Leon, who is a professor of medicine at Columbia University and founder of the Cardiovascular Research Foundation, both in New York City.

Constant evolution means not only refining and improving the technology used to treat obstructive vascular disease but expanding the concept of catheter-based treatments far beyond that. “We have to think broadly, not just as interventionalists, but as therapists taking care of patients,” he said. “We need to look at common problems in mainstream cardiology and try to understand whether there are interventional therapies that might assist in managing patients. In the future we have the potential to treat hypertension, heart failure, valvular heart disease, and more.”

Treating complex cardiovascular diseases will require multidisciplinary heart teams, so that shared learning, multiple perspectives, and collective experiences can be brought to bear. It is an approach that has become essential in transcatheter aortic valve therapy, Dr. Leon said, and it will be critical in the future as well.

“You wouldn’t think of doing valve procedures without a multidisciplinary heart valve team,” he said. “In heart failure, it will be the same. We’ll have heart failure specialists working with interventionalists, working with surgeons, to decide the best combination of therapies to manage the patient.”

Finally, just as it has in the past, a reliance on evidence-based medicine will continue to guide the profession into a future of ground-breaking and effective therapies.

“I don’t think there’s ever been a better time to be an interventional cardiologist,” Dr. Leon said. “Yes, there are a lot of challenges, but there’s no lack of innovation, no lack of excitement about new therapeutic targets that could have a major impact on how we manage patients with cardiovascular disease.”
About 15 years ago, there was widespread concern that too many specialists were being trained in the United States. Today, the pendulum has swung, and many fear a shortage of cardiologists is looming. Yet, with changes in physician employment models, migration to accountable care organizations, and hospital consolidations, the exact opposite might develop.

In his SCAI 2014 Hildner Lecture, Patrick T. O’Gara, M.D., 2014-15 president of the American College of Cardiology, will explore the dynamic challenges facing the cardiovascular workforce and invite SCAI members to weigh in on possible solutions.

“This lecture is an opportunity for our professional societies to speak to a topic that not only is thought-provoking but will also affect all of medicine,” said Dr. O’Gara, who directs Clinical Cardiology at Brigham and Women’s Hospital and is a Professor of Medicine at Harvard Medical School, both in Boston. “As a community we need to take a step back and ask the questions, ‘Where are we going with the current training and distribution of cardiovascular specialists in the United States? What are the anticipated impacts of accountable care and hospital employment models? How can we best position ourselves for success?’”

Among the disparate challenges facing the cardiovascular workforce, said Dr. O’Gara, are –

• An enlarging gap between the demand for cardiovascular specialists and the supply. Demographic and scientific changes over the last two decades, as well as the anticipated effects of the Affordable Care Act, all create the need for more cardiologists, not fewer.

• Marked geographic variations across the country in the availability of cardiovascular specialists. Their abundance in major metropolitan areas and shortage in smaller towns and rural areas leads to disparities in access to care.

• The gender gap in cardiology: Although women represent slightly more than half of medical school graduates, fewer than one in five cardiovascular specialists are women, a proportion that shrinks to one in 10 among interventional cardiologists.

• An ethnic/racial gap in cardiology: Hispanics and African Americans are particularly under-represented among cardiologists.

• Reductions in procedural volumes, consolidation of practices, and the push to expand the pool of non-physician providers.

“These are not easy problems to fix,” Dr. O’Gara said. “Unfortunately, it is not as simple as just increasing the number of medical, nursing, or physician assistant school graduates.”

In addition, there are restrictions in Medicare-based funding that create bottlenecks in the number of residencies and fellowships leading to careers in cardiology and interventional cardiology. The situation could worsen if there are further cuts to Medicare. At the same time, increasing pressure on securing research funding is threatening the viability of
academic medical programs, the training ground for all cardiovascular specialists.

“We can’t really attract the next generation of investigators unless we increase their funding opportunities,” Dr. O’Gara said. “And unless we pay attention to maintaining the desirability of our academic programs, we are going to face a predictable decline in our ability to graduate qualified trainees.”

The solutions to these problems are best solved by working together, Dr. O’Gara said. “I am deeply appreciative of the opportunity to speak to the members of SCAI, not only as a representative of the ACC, but also individually,” he said. “As a community, we can begin to develop solutions to the workforce challenges that confront us.”

Dr. O’Gara will deliver the SCAI 2014 Hildner Lecture on Friday, May 30, at 11:30 a.m. To register SCAI 2014, go to www.SCAI.org/SCAI2014.

I nnovation is both a calling and a necessity in pediatric cardiology, where treating congenital heart disease means adapting devices approved for other purposes and inventing new procedures for healing the heart with a gentler, less invasive touch.

“Specialists taking care of children with heart disease have an obligation to innovate,” said James E. Lock, M.D., who will deliver the Mullins Lecture at the SCAI 2014 Scientific Sessions. “If we didn’t innovate, there wouldn’t be any interventional cardiac care for children.”

Dr. Lock, who is cardiology chairman at Boston Children’s Hospital and the Alexander S. Nadas Professor of Pediatrics at Harvard Medical School, has been among the most successful innovators in pediatric cardiology. He holds at least a dozen patents, roughly half of which have been developed into commercial products used extensively in treating children with heart disease. In addition, he and his team have pioneered at least 20 first-in-human cardiac procedures over the last 30 years.

Creative minds and pioneering spirits are essential for successful innovation, he said, but so are hard work and painstaking preparation. “It’s very complicated to go from a single idea to a procedure or device that actually works and is widely used,” Dr. Lock said. “It’s much harder than most people might think.”

In his Mullins Lecture, Dr. Lock will describe the step-by-step process involved in successful innovation, drawing on his own experience. Without giving too much away, he provided a glimpse of the strategies that have worked for him, yielding hope and successful outcomes for patients worldwide:

- **Review everything** that has ever been written on the problem you’re trying to solve. Other people in the past almost certainly have made contributions that could be helpful to you.
- **Write down everything you expect** to happen with the procedure: the steps you’re going to take, the potential pitfalls you’ll face, and how you’ll respond to problems that might develop. “You can never, ever, anticipate everything in advance, but if you don’t go through the exercise, your chances of actually being successful are much lower,” Dr. Lock said.

(continued on page 14)
• Build a strong team and be extremely generous with credit.
• Rely on animal models to test and perfect a procedure whenever you can, but know their limitations. Adequate animal models can be developed for only about one-third of the problems you’ll face in congenital heart disease.
• Don’t be afraid of failure during the development process. Failure to win grant money, earn FDA approval, or get studies published is part of the process of innovation.
• Don’t perform a new procedure unless you are pretty sure you will succeed. If you fail the first time, it’s very difficult to get permission to do the procedure a second time.

“There’s a lot of uncertainty in what we do as pediatric cardiologists, but the best way to deal with uncertainty in children with bad heart disease is to innovate,” Dr. Lock said.

Dr. Lock will deliver the Mullins Lecture on Thursday, May 29, at 1:00 p.m. To register SCAI 2014, go to www.SCAI.org/SCAI2014.

SCAI 2014 International Symposium

Where the World of Interventional Cardiology Meets

Brand new to this year’s SCAI Scientific Sessions is a new session that reflects SCAI’s rapidly expanding international presence and the value for members of belonging to a society that participates in programs on five continents. SCAI 2014’s International Physician Symposium will bring interventional cardiologists from around the globe together to explore the challenges facing the specialty and the many innovative solutions that have worked in various settings worldwide.

Since the mid-2000s, SCAI has expanded its presence well beyond the boundaries of North America. Today, members hail from 70 countries, and cardiology societies around the globe routinely make SCAI-hosted sessions a centerpiece of their programs. This year SCAI will participate in approximately 20 programs, in many cases offering highly sought presentations on quality in the cath lab.

“SCAI is rapidly becoming a household name for interventional cardiologists worldwide, and a growing percentage of the Society’s annual meeting attendees travel from overseas to attend,” said Morton J. Kern, M.D., FSCAI, who chairs SCAI’s 2014 with Michael R. Jaff, D.O., FSCAI, and Roxana Mehran, M.D., FSCAI.

“While the vast majority of our sessions are designed for the whole cath lab team, whether they practice in New York or New Delhi, in Los Angeles or São Paulo, there’s value in gathering a contingent of international speakers to address the specific problems of an international population.”

The International Physician Symposium was organized by SCAI Trustee Ayman K.A. Magd, M.D., Ph.D., FSCAI, head of the Cardiology Unit at the National Heart Institute in Cairo, Egypt. Held Saturday, May 31, the session will address topics such as left main complications and bail out, double bifurcations, complex LMCA stenting, and bioabsorbable scaffold in complex bifurcations.

“This session is about sharing common problems and their solutions across continents,” said Dr. Kern. “No matter where you live, if you take care of patients with heart disease, this session is for you.”

For more information about the International Physician Symposium and to register for SCAI 2014, visit www.SCAI.org/SCAI2014.
The Quality Improvement Track may be the most important track at the SCAI 2014 Scientific Sessions, said Program Co-chair Michael R. Jaff, D.O., FSCAI. “It’s front and center to the way health care is evolving, and to demonstrating the level of quality that warrants reimbursement,” he explained.

The QI sessions were highly rated last year, so we’re building on that with some significant additions, added Dr. Jaff. One highlight is Cath Lab Leadership Boot Camp, which consists of a four-hour pre-meeting session for the whole cath lab team on Wednesday morning, May 28, followed by a two-hour session on Thursday morning aimed at cath lab directors and other physicians who aspire to the post.

This session will cover “everything from soup to nuts,” says SCAI 2014 Program Director Morton J. Kern, M.D., FSCAI. Participants will learn how to build a team, manage a budget, build a research program, resolve conflicts, as well as evaluate and improve the quality of the care patients are receiving in their cath labs.

The QI Track will kick off with the Ethics Symposium, which will explore issues presented by the value-based programming model and the Affordable Care Act, the impact of public reporting on utilization and practice, informed consent, and shared decision-making. The session will include several case presentations illustrating real-life ethical dilemmas.

“While there are many sessions that are musts for the whole cath lab team, no one should miss the Friday session Understanding Quality Improvement Registries,” said Dr. Kern. “This is essential knowledge. Attendees will learn how to use data for quality management.”

SCAI 2014 Quality Improvement Program Returns with Emphasis on Leadership

SCAI 2014
Las Vegas | May 28-31, 2014
The Best of the Best in Interventional / Invasive Cardiology Education Just Got Even Better.
Connect, Collaborate & Innovate with the New & Improved Meeting App.
Details to be Announced Soon!

The Society for Cardiovascular Angiography and Interventions Foundation thanks St. Jude Medical for their generous support of the SCAI 2014 Mobile App.
Committee Meetings at SCAI 2014
Seize the Opportunity to Get Involved

The vast majority of SCAI’s committees, councils, and working groups will convene in person during the SCAI 2014 Scientific Sessions in Las Vegas, NV. SCAI’s open-door policy permits any member in good standing to attend these meetings. All official meetings will be held at Caesars Palace, 3570 S. Las Vegas Blvd., Las Vegas, NV 89109. For more information about committees and their activities, visit www.SCAI.org/About/Committees/Current or email info@SCAI.org.

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<tr>
<th>TIME</th>
<th>COMMITTEE</th>
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<tr>
<td>Wednesday, May 28, 2014</td>
<td>Education – Interventional Fellows/ Interventional Cardiologists Institute</td>
<td>Tuscany Boardroom</td>
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<td>Transradial Working Group</td>
<td>Octavius 19-21</td>
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<td>Credentials Committee*</td>
<td>Octavius 22-23</td>
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<td>Ethics Committee</td>
<td>Octavius 15-16</td>
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<td>10:00 AM – 11:00 AM</td>
<td>Interventional Career Development Committee, Interventional Heart Failure Work Group, SCAI-PAC, Structural Heart Disease Council</td>
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<td>Development &amp; Industry Relations Committee, SCAI.org Editorial Board, Women in Innovations</td>
<td>Octavius 22-23 Octavius 15-16 Tuscany Boardroom</td>
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<td>Thursday, May 29, 2014</td>
<td>Carotid Artery Stenting &amp; Neurovascular Committee, International Programs &amp; Membership Committee, Peripheral Vascular Disease Committee, Simulation Committee</td>
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<td>3:30 PM – 5:30 PM</td>
<td>Congenital Heart Disease Council</td>
<td>Milano VII-VIII</td>
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Please note this schedule is subject to change. Check www.SCAI.org for updates and, when you arrive onsite, be sure to confirm when and where your group will meet. Rosters will be prominently displayed onsite in the Registration area.

*A rare exception to SCAI’s open-door policy for committees, this meeting is by invitation only.
Lessons Learned

Attempts to restrict patient access to care may not be limited to Washington State, says Dr. Dean. “Other states and the national press have been watching the process. We are the canary in the coal mine,” he said.

Following two successes in their state, Drs. Bersin and Dean share their winning strategies for colleagues in other states whose agencies may be looking for ways to restrict coverage.

• Although you may not want to, get involved, urged Dr. Dean, “The train is going to leave the station, and you have to be on board when the time comes.”

• Experience and visibility pay. According to Dr. Bersin, the HTA asked him to act as a consultant in the carotid stents review because the HTA was familiar with him from the DES review.

• Develop an active list of experts in your state, so when a review is scheduled, a ready list of on-call candidates is available.

• Form a state-level advocacy group, and engage SCAI early in the process. “SCAI has resources and is there to help. Your voice is amplified with a national organization representing your interests,” stressed Dr. Dean.

For more information on how SCAI supports advocacy in the states, visit www.SCAI.org/Advocacy or email Wayne Powell at wpowell@SCAI.org.
SCAI Fall Fellows Courses “Fantastic,” for Cases, Simulation, Networking & More

The SCAI 2013 Fall Fellows Course continues to score top ratings from tomorrow’s invasive/interventional cardiologists. More than 250 adult and congenital fellows from United States and around the world attended the 4-day course, where highlights included a wide range of case-based presentations, a new emphasis on simulation workshops, and nonstop opportunities to network with faculty and attendees alike.

“SCAI’s Fall Fellows course has been recognized as the premier program of its type since its inception in 2006. This year, we increased the number of simulation opportunities four-fold and added more faculty proctors for the workshops,” said Program Director Ted Feldman, M.D., FSCAI. “The fellows have been very positive about those additions, as well as more case-based sessions. The program has a balance of didactic and case-based content. If there is one universal truth about educating interventionalists, it is that we learn from cases – the good, the bad, and the extreme.”

From the Evaluations

“A fantastic forum to network, to mix and mingle, to exchange ideas, and get to know our co-fellows and leaders of our field across the country.

“A great experience during the first year of my interventional training.”

“The case complications … were wonderful. … I just wish there had been even more time for more interesting cases to discuss!”

“The simulator course was great, because it had small groups and exposed fellows to different faculty members.”

“Pairing topics with case examples at the end of each blocks was a great idea. This kept everything more focused on clinical scenarios and engaged everybody in lively and important discussions. It is great to see different strategies proposed by a distinguished panel.”

“[O]ne of the best cardiology courses I have ever attended. … I have done simulator training before but was usually left on my own. Having a faculty member proctor the case made it a much better learning experience.”

ACKNOWLEDGMENTS

SCAI thanks the following companies for their generous educational grant support of the SCAI 2013 Fall Fellows Courses while taking sole responsibility for all content developed and disseminated through this event.

Platinum
Boston Scientific

Bronze
Cook Medical
Cordis, a Johnson & Johnson Company

Gold
Abbott Vascular
St. Jude Medical
Terumo Interventional Systems

Silver
AstraZeneca
The Medicines Company

Medtronic

From left: Zoltan G. Turi, M.D., FSCAI, Jonathan M. Tobis, M.D., FSCAI, Ziyad M. Hijazi, M.D., MPH, FSCAI, Ted Feldman, M.D., FSCAI, and John P. Cheatham, M.D., FSCAI.
Demand for SCAI’s Transradial Education Continues; New Programs Announced

As use of transradial interventions continues to climb, SCAI members want more opportunities to learn both basic and advanced techniques as well as how to integrate their new skills into cath lab programs. To fulfill these needs, SCAI will hold three Transradial Interventional Programs (TRIP) in 2014 and will continue to offer TRIP Online, which provides CME to participants who complete the program.

At press time, registration had just opened for TRIP-Minneapolis on Sat., June 28; TRIP-Miami on Saturday, Sept. 27; and TRIP-Los Angeles, on Sat., Nov. 15. All three programs will be led by TRIP’s Co-directors Samir Pancholy, M.D., FSCAI, and Sunil V. Rao, M.D., FSCAI, who developed the debut programs in 2010 and continue to collaborate with SCAI’s Education Committee to meet the evolving needs of current and future transradialists and their cath lab teams.

“Our aim is always to provide top-quality education, but also provide a full-picture understanding of what that education means for the learners’ day-to-day,” explained Education Committee Chair Robert Applegate, M.D., FSCAI. “We want to bring in world-class experts while also arming participants with information they can take back and put into practice.”

The 2014 TRIP programs will provide a mix of didactic lectures and case presentations as well as simulator training workshops. “Based on feedback from attendees, this year’s programs will continue to provide more simulator training opportunities,” said Dr. Rao. “Simulator training helps operators to acquire the dexterity necessary for transradial procedures.”

SCAI’s Transradial Working Group conceived the TRIP programs when the percentage of transradial percutaneous coronary interventions (PCIs) performed in the United States was in the low-single digits. The group’s visions and its contributions – including SCAI’s regional TRIP programs, SCAI’s e-learning program, and the recently published Best Practices for Transradial Angiography and Interventions expert consensus document – have been essential to the adoption of radial access, now at approximately 22 percent of U.S. PCIs.

“We knew there was an opportunity through professional organizations to bring radial training to interventional cardiologists across the United States,” said Dr. Pancholy. “SCAI shared this vision and we’ve been able to give SCAI members access to the information they need to be confident radial operators.”

“As a professional organization, it is our responsibility to provide our members with opportunities to train in emerging areas of interest.”

(continued on page 20)
emerging areas of interest.”

TRIP Online was developed for members who are unable to travel to SCAI’s regional TRIP programs. The online course features didactic lectures and case presentations from past regional programs. To earn CME credit, users successfully complete an online evaluation test.

For more information on the SCAI Transradial Interventional Programs or to register for TRIP 2014, visit www.SCAI.org or contact Alexandra McLeod at amcleod@SCAI.org. For those unable to attend the live TRIP programs and those seeking a refresher program around busy schedules, visit www.SCAI.org to access TRIP Online.

ACKNOWLEDGMENTS
The TRIP Online Program is an archived version of the highly regarded SCAI TRIP 2013 events. SCAI gratefully acknowledges the following companies for their educational grant support of the SCAI 2013 TRIP series while taking sole responsibility for all content developed and disseminated through these programs.

- **Platinum**
  - Medtronic
  - Terumo Interventional Systems

- **Silver**
  - AstraZeneca
  - The Medicines Company

To access all of these eLearning opportunities, log on at www.SCAI.org/eLearningLibrary.
APRIL 2014

**SCAI QUALITY SYMPOSIUM AND FELLOWS COURSE AT SAUDI ARABIA CARDIAC INTERVENTIONAL SOCIETY (SACIS) 2014**

- **Date:** April 10–13, 2014
- **Location:** Dammam, Saudi Arabia
- **Directors:** Luis Guzman, M.D., FSCAI, Mirvat Alasnag, M.D., FSCAI, and Khalid Al Faraidy, M.D., FRCP
- **For more info:** [http://www.scai.org/Education/EventDetail.aspx?cid=6de12827-6e91-4418-bc85-263d4ff1c3b5](http://www.scai.org/Education/EventDetail.aspx?cid=6de12827-6e91-4418-bc85-263d4ff1c3b5)

**SOUTHWEST VALVE SUMMIT II – ON THE RIVER**

- **Date:** April 11–13, 2014
- **Location:** Austin, TX
- **Chair:** Stephen H. Little, M.D., FASE, FACC, FRCPC
- **For more info:** [www.houstonmethodist.org/southwestvalvesummit](http://www.houstonmethodist.org/southwestvalvesummit)

**SCAI SESSION ON STRUCTURAL HEART INTERVENTIONS AT SOLACI-CACI 2014**

- **Date:** April 23–25, 2014
- **Location:** Buenos Aires, Argentina
- **For more info:** [http://www.scai.org/Education/EventDetail.aspx?cid=97cf1eb4-5287-4624-a469-17e8d8aa1a](http://www.scai.org/Education/EventDetail.aspx?cid=97cf1eb4-5287-4624-a469-17e8d8aa1a)

**EPIC: EMORY PRACTICAL INTERVENTION COURSE**

- **Date:** April 24–26, 2014
- **Location:** Atlanta, GA
- **Chair:** John Douglas, M.D., FSCAI
- **For more info:** [http://med.emory.edu/cme](http://med.emory.edu/cme)

**VALVE SUMMIT 2014: THE SCIENCE & DELIVERY OF OPTIMAL MULTIDISCIPLINARY CARE**

- **Date:** April 25–26, 2014
- **Location:** Minneapolis, MN
- **Directors:** Paul Sorajja, M.D., FSCAI, and Wesley R. Pedersen, M.D., FSCAI
- **For more info:** [http://valve2014.eventbrite.com](http://valve2014.eventbrite.com)

**SCAI QUALITY SYMPOSIUM AND FELLOWS COURSE AT NIC MIDTERM MEET 2014**

- **Date:** April 25–28, 2014
- **Location:** Kochi, India
- **Directors:** Sundeep Mishra, M.D., FSCAI, J. Jeffrey Marshall, M.D., FSCAI, and Michael Cowley, M.D., FSCAI
- **For more info:** [http://www.scai.org/Education/EventDetail.aspx?cid=95858b58-23ae-482d-a5ac-bf584255fa00](http://www.scai.org/Education/EventDetail.aspx?cid=95858b58-23ae-482d-a5ac-bf584255fa00)

MAY 2014

**SCAI 2014 SCIENTIFIC SESSIONS**

- **Date:** May 28–31, 2014
- **Location:** Las Vegas, NV
- **Director:** Morton Kern, M.D., FSCAI, Michael Jaff, D.O., FSCAI, Roxana Mehran, M.D., FSCAI, Matthew J. Gillespie, M.D., FSCAI, and Doff McElhinney, M.D., FSCAI
- **For more info:** [www.SCAI.org/SCAI2014](http://www.SCAI.org/SCAI2014)

JUNE 2014

**SCAI QUALITY SYMPOSIUM AT 20TH ASEAN FEDERATION OF CARDIOLOGY CONGRESS (AFCC) 2014**

- **Date:** June 12–15, 2014
- **Location:** Kuala Lampur, Malaysia
- **For more info:** [http://www.scai.org/Education/EventDetail.aspx?cid=c370dd64-a066-4ed0-a16e-7bbb79aa69d2](http://www.scai.org/Education/EventDetail.aspx?cid=c370dd64-a066-4ed0-a16e-7bbb79aa69d2)

**SCAI TRANSRADIAL INTERVENTIONAL PROGRAM (TRIP) – MINNEAPOLIS**

- **Date:** June 28, 2014
- **Location:** Minneapolis, MN
- **Directors:** Samir Pancholy, M.D., FSCAI, and Sunil V. Rao, M.D., FSCAI
- **For more info:** [www.SCAI.org/TRIP](http://www.SCAI.org/TRIP)

SEPTEMBER 2014

**SCAI CHRONIC TOTAL OCCLUSION REGIONAL TRAINING PROGRAM – MIAMI**

- **Date:** Sept. 26, 2014
- **Location:** Miami, FL
- **Directors:** David Kandzari, M.D., FSCAI, and William Lombardi, M.D., FSCAI
- **For more info:** [www.SCAI.org/CTOMiami](http://www.SCAI.org/CTOMiami)

**SCAI TRANSRADIAL INTERVENTIONAL PROGRAM (TRIP) – MIAMI**

- **Date:** Sept. 27, 2014
- **Location:** Miami, FL
- **Directors:** Samir Pancholy, M.D., FSCAI, and Sunil V. Rao, M.D., FSCAI
- **For more info:** [www.SCAI.org/TRIP](http://www.SCAI.org/TRIP)

OCTOBER 2014

**SCAI-FORTIS FELLOWS COURSE**

- **Date:** Oct. 2–4, 2014
- **Location:** New Delhi, India
- **DIRECTORS:** Ashok Seth, M.D., FSCAI, and Michael J. Cowley, M.D., FSCAI
Are Pre-procedure Evaluation & Management Services Reportable in Addition to the Procedure?

Q: I work for a group of invasive/interventional cardiologists who see patients in the hospital only. The patients are usually referred to them by an Emergency Department physician or an outside physician for an interventional procedure (cath, stent, PTCA, etc.). In most cases the patient has never been seen by our physicians and a complete History and Physical (H&P) is performed and required by the hospital.

Can our physicians bill for the Evaluation & Management (E&M) services if they are performed on the same day as a procedure? What if the physician work-up is over and beyond what is considered pre-operative? Is it still considered to be included in the minor procedure?

The physicians have been given conflicting answers, and asked that I contact SCAI for a more definitive answer.

A: It is not surprising that you have received conflicting answers to this question because the response is not a simple yes or no.

Basically, the “physician work-up” E&M services associated with performing a procedure are inherent to the procedure and NOT a separately reportable service. So, for most typical cases, the answer is “No. Same-day E&M (and day-before for 90-day global period procedures) services are not separately reportable in addition to a procedure.”

However, CMS does allow E&M to be additionally reportable on the same day as a procedure if the E&M visit represents the “decision for surgery” and that surgery is classified as “major” surgery, which is defined as procedures with a 90-day global period. The only interventional cardiology procedures that we are aware of with 90-day global periods are carotid artery stenting, abdominal aorta/thoracic aorta endovascular repair, and valvuloplasty. So, if a same-day E&M visit were performed in conjunction with one of these specific procedures and that visit represented the “decision for surgery” and not just an inherent pre-procedure work-up, then modifier –57 would be used to communicate to the carrier that a separately reportable E&M service resulting in the initial decision to perform surgery either the day before the “major surgery” (defined as a 90-day global procedure) or the day of the major surgery has been provided.

CMS also allows for the reporting of same-day E&M services in conjunction with even minor (defined as 0-day and 10-day global period) procedures when a “significant, separately identifiable E/M service that is above and beyond the usual pre- and post-operative work” is provided. For these scenarios, modifier –25 must be appended to the E&M code to communicate to the carrier that a “significant, separately identifiable E/M service” has been provided.

Your question indicates that patients are usually referred by an Emergency Department physician or an outside physician for an interventional procedure (cath, stent, PTCA, etc.) This information plus the description of the pre-procedure E&M services provided suggests that inherent pre-procedure work is being performed. Your question also indicates that there has already been a “decision for surgery.” Most of the procedures listed are minor 0-day global procedures, which would not support the use of the decision for surgery modifier –57, even if the decision for surgery had not already been made.
With regard to whether “the physician work-up is over and beyond what is considered pre-operative?”. Your question indicates that the E&M work being performed is associated with the procedure. No detail has been provided to determine if the work-up is “above and beyond the usual pre- and post-operative work.” Stating it is “above and beyond” does not make it so. You would need to describe – and the patient medical record would have to clearly support – exactly how the E&M work being provided is “above and beyond” the usual pre- and post-operative work. The fact that the patient was unknown to the physician prior to the procedure would not be considered “above and beyond” the usual pre- and post-operative work, as this is actually the typical scenario for most PCI procedures.

Primary source for additional information regarding the correct use of modifiers –57 and –25:

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 determined by local Medicare contractors or any other payor. SCAI assumes no liability, legal, financial, or otherwise, for physicians or other entities who utilize this information in a manner inconsistent with the policies of any payors or Medicare 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.