When cath lab directors began reviewing quarterly reports from the ACC-NCDR CathPCI Registry earlier this year, they might have been surprised to find a new benchmark: the ranking of PCI procedures as appropriate, inappropriate, or uncertain.

Shortly afterward an article appeared in the July 6 issue of the Journal of the American Medical Association (JAMA) showing that, nationwide, about half of elective PCIs reported to the NCDR database could be deemed appropriate when judged against appropriate use criteria (AUC) published in 2009. Another 38 percent fell into the “uncertain” category, and just under 12 percent were deemed “inappropriate.” (Among patients with acute indications, PCI was considered appropriate nearly 99 percent of the time.)

A wave of negative media coverage followed. Nearly all reports focused on the percentage of inappropriate elective cases. In some instances journalists even lumped “inappropriate” cases together with “uncertain” cases to paint a picture of stent overuse. In September, Consumer Reports joined the fray with a cover story on protecting the heart that included the subtitle “Angioplasty: What your doctor might not tell you.” The article cited both the JAMA study and the high-profile allegations of stent overuse by an interventional cardiologist in Maryland.

“It does seem like interventional cardiologists are a bit in the bull’s-eye these days,” said Gregory J. Dehmer, M.D., FSCAI, a SCAI past president and director of cardiology at Scott & White Healthcare in Temple, TX. “We just have to do the best we can to try to educate the public and the media as to what we’re trying to do. The AUC represent an effort on the part of interventional cardiology to make sure we’re always doing things for the right reasons. You don’t see any other professional organization that has gone after this like the interventional community has.”

Also lost in the uproar was acknowledgment that the NCDR considers the new AUC analysis to be a test metric that, by definition, will put cath labs on a learning curve while construct validity and reliability are assessed. Test metrics are not designed for public reporting and should not be viewed as a definitive scorecard on cath lab quality.

“We need tools to help us measure our improvement, and that’s all this is,” said SCAI President Christopher J. White, M.D., FSCAI, who is also system chairman for cardiovascular diseases at the John Ochsner Heart & Vascular Institute in New Orleans, LA. “We’re going to be better physicians and better hospitals, and our patients are going to receive better and safer care. It’s just going to be a little bit painful at the beginning.”

Opportunities for Improvement

The new AUC scoring system represents a clear opportunity for quality improvement on two fronts. In some instances, analyzing cases that are flagged as inappropriate may reveal problems in clinical decision-making that need to be addressed in a systematic way using, for example, the tools available in the SCAI Quality Improvement Toolkit, which can be downloaded from www.SCAI.org/QIT.

In many cases, however, improving AUC scores may simply be a matter of better communication, documentation, and coding. By filling out the NCDR data sheets more completely—and with AUC in mind—hospitals could see a marked reduction in the number of cases ranked as uncertain or inappropriate.

“We have to make sure we give the PCI database the information it needs to accurately reflect what’s going on,” said Tom Cook, system coordinator for cardiology quality assurance and performance improvement at Ochsner Medical Center. “Communication is number one. Documentation is right behind it.”

The tips on the next page, culled from discussions with a number of SCAI members and their cath lab teams, are likely to help any cath lab to improve its AUC scores.

(continued on page 2)
Study your NCDR quarterly report. This is the first step to improving AUC scores. Review all cases classified as inappropriate or uncertain to determine why each case was scored the way it was. This type of analysis can be eye-opening, revealing specific targets for improvement at each hospital.

Know the AUC. In order to earn a good AUC score, it’s important to be familiar not only with the appropriate use criteria but also with the most common reasons cases are classified as inappropriate. In the recent JAMA article, Chan et al. found that nearly 89 percent of all inappropriate elective procedures fell into five clinical scenarios (see the sidebar, Common Scenarios for Inappropriate Elective PCI, on p. 5). Just over 82 percent could be described by three scenarios involving, in various combinations, one- or two-vessel disease in combination with few symptoms, a low-to-intermediate-risk stress test, and inadequate anti-ischemic medications.

Re-introduce yourself and your team to the NCDR data forms. Make sure coders understand all of the definitions used in correctly filling out the NCDR data sheets, so that cases are properly categorized. Ask all of the interventional cardiologists in your practice to review the NCDR forms so they know what information the chart abstracter needs. Don’t assume that coders can read between the lines and come up with the correct clinical picture. Some are very experienced and knowledgeable, but others have less expertise—and all are very busy.

Become class-conscious. It’s important that the pre-procedure work-up or post-procedure case summary includes a clear and concise description of the severity of the patient’s angina, including the Canadian Cardiovascular Society class. “As clinicians we tend to blur the clinical distinction between Class II and Class III, but in the AUC, it makes a big difference,” said James Blankenship, M.D., FSCAI, who is chair of SCAI’s Advocacy Committee and director of cardiology at Geisinger Medical Center in Danville, PA.

Open the medicine cabinet. Be thorough and complete in listing anti-anginal medications. This can nudge a case from the uncertain category into the appropriate category by showing that the patient is on maximal medical therapy. Specify whether the patient is taking long-acting nitrates, beta blockers, and/or calcium-channel blockers.

Embrace the stress test. The results of noninvasive testing should be stated concisely and clearly. It’s not enough to say the test was positive, negative, or indeterminate. Also indicate whether there is a low, moderate, or high likelihood of future ischemic events.

Let the outside in. Many patients are referred for PCI after having an initial clinical work-up elsewhere. Information on noninvasive stress testing, medications, and clinical history could be housed at another hospital, physician’s office, or imaging center. It’s essential that this information be included in the cath lab’s records and be available to chart abstracters. Otherwise, the NCDR data sheets will be incomplete.

Multitask during PCI. No one likes to finish a case and then sit down to fill out a long form. Instead, assign a tech to fill out the NCDR form during PCI, taking advantage of pauses in the action to clarify questions such as percent stenosis or patient risk level. “There are always slow spots, such as when a balloon is deflating,” Dr. Blankenship said. “And the information is never more readily available than during the case.”

When in doubt, turn to FFR. When angiography reveals a stenosis of 70 percent or less, it’s important to document the lesion’s clinical significance. Inclusion of flow reserve (FFR) ratios helps to do that. This is particularly true if the results of noninvasive stress testing are indeterminate or missing.

Get the word out. Once you’ve identified the key steps your cath lab should take to improve AUC scores, spread the word. Use a variety of tools, including wall posters, checklists, and cath lab protocols. Incorporate reminders into the electronic medical record if possible.

(continued on page 5)
A Message From SCAI’s President: Welcome to SCAI

Congratulations to all of SCAI’s new Fellows and Members. It is our honor to welcome you into the Society. Induction into SCAI is an important step in your career, and one we hope will be rewarding to you in many ways. The Society is a member-led, member-driven organization, meaning your voice and your efforts directly influence its success on issues of great importance to our practices, our profession and, most importantly, our patients.

SCAI is your resource for accessing essential and ongoing education that will keep your skills honed and your knowledge base current. It is also your vehicle for learning about, and getting involved in, activities we didn’t learn during training, such as how to advocate with policymakers, engage with local media, and further quality improvement efforts for our field.

Please take a few minutes to learn more about SCAI and how you can actively participate. I suggest you start with one or more of the following activities:

- Read SCAI’s Code of Ethics at http://www.SCAI.org/CodeofEthics. This document defines the principles that we, as a Society dedicated to optimizing patient care, believe in.
- Review the Guide to SCAI Committees on pages 6–9 of this newsletter. SCAI has more than 25 committees, working groups, writing committees, and task forces, all of which are focused on enhancing our patients’ outcomes, moving our profession forward, and providing opportunities for learning. Getting involved in these groups is the single best way to learn about SCAI, get to know other interventional cardiologists from around the world, and participate in shaping the future of our field. I am aware of no other professional medical society whose committee structure is as accessible as SCAI’s. If you want to participate, the doors are open.
- Become a Quality Champion. Show your commitment to the practice of quality interventional cardiovascular care by signing up to become a Quality Champion, downloading SCAI’s Quality Improvement Toolkit, and using the tools in your own cath lab. We’ve created tools for every cath lab and a support system to help new Quality Champions tackle the hurdles that sometimes stand in the way of quality. I believe SCAI’s commitment to quality improvement will help us navigate the challenges that lie ahead as the U.S. healthcare system addresses issues of “reform,” cost, comparative effectiveness, access to care, and so on. Learn more about the SCAI-QIT at www.SCAI.org/QIT.

As you get involved in SCAI, please let me know how things are going. I want to hear directly from members about success stories and tough challenges. You can email me anytime at president@scai.org.
SCAI Announces New Fellows and Members

SCAI is pleased to welcome the following new Fellows and Members. They have met SCAI’s standards for excellence and will be inducted on Friday, May 11, 2012, during the SCAI 2012 Scientific Sessions in Las Vegas, NV.

**New Fellows**

Salman Akhtar, M.D., FSCAI, Las Vegas, NV
Mohammed N. Al-Ama, M.D., FSCAI, Jeddah, SAUDI ARABIA
Salman A. Arain, M.D., FSCAI, New Orleans, LA
Jorge A. Baccaro, M.D., FSCAI, Comentes, ARGENTINA
Ramy A. Badawi, M.B.B.S., FSCAI, New Orleans, LA
Jayant Bagai, M.D., FSCAI, Franklin, TN
Riaz Baqr, M.D., FSCAI, Pittsburgh, PA
Colin M. Barker, M.D., FSCAI Houston, TX
Agustus A. Beck, M.D., FSCAI, Cleveland Heights, OH
Nurunnahar F. Begum, M.B.B.S., FSCAI, Dhaka, BANGLADESH
Davinder S. Chadha, M.B.B.S., M.D., D.N.B., D.M., FSCAI, Bangalore, Karnataka, INDIA
Ghassan Chehade, M.D., FSCAI, Short Hills, NJ
Peter M. Clemmenson, M.D., Ph.D., FSCAI, Copenhagen, DENMARK
Debabrata Dash, M.D., DM, FSCAI, Mumbai, INDIA
Eduardo J. de Marchena, M.D., FSCAI, Miami, FL
Danilo A. Deaño, M.D., FSCAI, Chicago, IL
Larry J. Diaz, M.D., FSCAI, Wyoming, MI
El Sayed Farag, M.D., FSCAI, Zagazig, EGYPT
Nabil M. Farag, M.D., FSCAI, Cairo, EGYPT
Mouhauad Freih, M.D., FSCAI, Lewes, DE
Jeffrey M. Friedel, M.D., FSCAI, Pittsburgh, PA
Santiago Garcia, M.D., FSCAI, Edina, MN
Giuseppe Gioia, M.D., FSCAI, Galloway, NJ
Irwan Gondosudijanto, M.D., FSCAI, Surabaya, INDONESIA
Eric A. Heller, M.D., FSCAI, Boca Raton, FL
Robert Hodson, M.D., FSCAI, Portland, OR
Ah.M. Waliul Islam, M.B.B.S., Ph.D., FSCAI, Uttara, Dhaka-1230, BANGLADESH
Michael R. Jaff, D.O., FSCAI, Newton, MA
Allen Jeremias, M.D., FSCAI, Huntington, NY
Tomohiro Kawasaki, M.D., FSCAI, Kurume, JAPAN
Dean J. Kereiakes, M.D., FSCAI, Cincinnati, OH
Kaisar N. Khan, M.D., FSCAI, Dhaka, BANGLADESH
Muhammad Asad Amir Khan, M.D., FSCAI, Cheyenne, WY
Xiangqing Kong, M.D., Ph.D., FSCAI, Nanjing, PEOPLE’S REPUBLIC OF CHINA
Richard Lange, M.D., M.B.A., FSCAI, San Antonio, TX
James S. Lee, M.D., FSCAI, Sherman Oaks, CA
Natesh Lingam, M.D., FSCAI, Rochester Hills, MI
Ulrich Luft, M.D., FSCAI, Browns Mills, NJ
Alok Maheshwari, M.D., FSCAI, Lansing, MI
Pankaj Manoria, M.D., FSCAI, Bhopal, Madhya Pradesh, INDIA
Ketron Mavromatis, M.D., FSCAI, Decatur, GA
Alok Mazumdar, M.B.B.S., M.D., FSCAI, Kolkata, West Bengal, INDIA
Jivan Melikian, M.D., FSCAI, Glendale, CA
Lawrence A. Miller, M.D., FSCAI, Potomac, MD
Nowwar G. Mustafa, M.B.B.S., FSCAI, Morehead, KY
Pradeep K. Nair, M.D., FSCAI, Pittsburgh, PA
Roberto Pacheco-Coronado, M.D., FSCAI, St. Louis, MO
Ashfaq Patel, M.D., FSCAI, Doha, QATAR
Aniket Puri, M.B.B.S., M.D., FSCAI, Lucknow, Uttar Pradesh, INDIA
Jonathan Rapp, M.D., FSCAI, New Orleans, LA
Jon R. Resar, M.D., FSCAI, Stevenson, MD
Sridhar Sampath Kumar, M.D., FSCAI, Clark’s Summit, PA
Faraz Sandhu, M.D., FSCAI, Farmington, NM
Manjinder S. Sandhu, M.D., DNB, DM, FSCAI, New Delhi, INDIA
Daniel Satran, M.D., FSCAI, St. Louis Park, MN
James M. Schipper, M.D., FSCAI, Metairie, LA
Benjamin P. Scott, M.D., FSCAI, Antwerpen, BELGIUM
Charles Sperrazza, M.D., FSCAI, Oklahoma City, OK
Nattapon Sirichareon, M.D., FSCAI, Omaha, NE
Suresh Sundarwanshi, M.D., FSCAI, Dhule, Maharashtra, INDIA
David T. Trice, M.D., FSCAI, Fairhope, AL
Kalyani R. Trivedi, M.D., FSCAI, Chicago, IL
Roy P. Venzdon, M.D., FSCAI, Cedar Rapids, IA
Marco Wainstein, M.D., FSCAI, Porto Alegre RS, BRAZIL
Gurpeet Singh Walker, M.D., D.M., FSCAI, Tagore Nagar, Civil Lines, Ludhiana, Punjab, INDIA
John C. Wang, M.D., M.S., FSCAI, Baltimore, MD
Brian K. Whisenant, M.D., FSCAI, Murray, UT
Ahmed Yaseen, M.D., M.B.B.S., FSCAI, Cairo, Egypt
Maja Zarić, M.D., FSCAI, New York, NY

**New Members**

Gary Badzinski, D.O., FSCAI, Tulsa, OK
Michael Cantor, D.O., Texarkana, TX
James C. Fudge, M.D., M.H.S., Gainesville, FL
John K. Gresham, M.D., San Antonio, TX

Kanishka Ratnayaka, M.D., Washington, DC
Harshinder Singh, M.D., Brandon, FL
Norbert K. Urbanski, M.D., Ph.D., Alexandria, LA

SCAI also recognizes the following members who have been elected as Emeritus members

Christopher Caudill, M.D., FSCAI, Lincoln, NE
J. J. Adolfo Cosentino, M.D., FSCAI, Buenos Aires, ARGENTINA

Interested in becoming a SCAI member or advancing to Fellowship status? Do you have colleagues who want to join the SCAI community? Don’t delay. Visit www.SCAI.org/Join and submit an application to start your benefits and involvement today! If you have questions, please contact Andrea Hickman at (202) 683-9182 or email ahickman@scai.org.
SCAI Announces New Committee Chairs, Co-chairs

In this edition of SCAI News & Highlights, the Society continues its annual tradition of recognizing members who are serving, or were recently appointed to serve, as chairs and co-chairs of the Society’s committees, task forces and working groups. The Guide to SCAI’s Committees, featured on pages 6-9 of this newsletter, also provides a concise overview of the groups that are moving SCAI’s mission forward. With only a few exceptions, SCAI committees follow a unique open-door policy, meaning all members in good standing are invited to attend the in-person meetings of these committees at SCAI’s and other medical conferences, and to volunteer to participate in the group’s activities.

“We want to acknowledge the dedication and effort of our members who are leading the various committees. We wouldn’t be able to accomplish a fraction of what we do without the work they do,” says SCAI President Christopher J. White, M.D., FSCAI. “The other important take-away from publishing the committee information is to encourage our members to apply to become voting members of the committees that interest them. In fact, we invite them to apply today!”

Expansion of Voting Members

So, how should members who have never been involved in a SCAI committee get started? First, says Dr. White, review the list with an eye toward the issues you're passionate about, and then do a little more research on the committees that intrigue you.

In the committees guide, all of the current committees are listed alphabetically with basic information about their primary goal, current chair and co-chair, and staff contact. More detailed information about each is available at www.SCAI.org/About/Committees.

Once a member has settled on one or two committees, the process for getting involved is simple. Send an email to SCAI Executive Director Norm Linsky at nlinsky@scai.org, including information about why you want to volunteer and your availability. It helps to include your CV as well, plus any relevant experiences you have. This information is helpful for the committee chairs and co-chairs as they appoint voting members and request volunteers for specific tasks.

“Committee members have a great opportunity to get to know the inner workings of the group, participate in most discussions, and demonstrate their commitment to advancing the committee’s charge,” says Dr. White. “And it’s from those ranks that the president, with input from SCAI’s Board of Trustees, appoints chairs and co-chairs as well as members to lead special assignments.”

What About Educational Programs?

Just as SCAI is always on the lookout for dedicated members to lead its committees, SCAI also wants to hear from you if you aspire to serve as a program director, co-director, associate director, or assistant director. The Society’s Board of Trustees recently approved a new process for appointments for these important tasks. For more information, contact Norm Linsky at nlinsky@scai.org.

Common Scenarios for Inappropriate Elective PCI

Chan et al: found that nearly 89 percent of all inappropriate elective procedures fell into the five clinical scenarios listed here. The percentage provided after each descriptive scenario indicates how much of the “inappropriate” elective total was comprised of cases fitting the scenario. The vast majority of the cases deemed inappropriate were described by the first three scenarios.

• One- or two-vessel CAD, no proximal LAD involvement, no prior CABG, asymptomatic, low-risk stress test, no/minimal anti-ischemic therapy (24.5%)
• One- or two-vessel CAD, no proximal LAD involvement, no prior CABG, asymptomatic, intermediate-risk stress test, no/minimal anti-ischemic therapy (3.4%)
• One- or two-vessel CAD, no proximal LAD involvement, no prior CABG, asymptomatic, low-risk stress test, no/minimal anti-ischemic therapy (18.3%)
• One or more stenoses in non-CABG territory, all bypass grafts patent, CCS class I or II, low-risk stress test, no/minimal anti-ischemic therapy (3.4%)
• One or more stenoses in non-CABG territory, all bypass grafts patent, asymptomatic, intermediate-risk stress test, no/minimal anti-ischemic therapy (2.9%)

Guide to SCAI’s Committees

ADVOCACY & GOVERNMENT RELATIONS
Primary Goal: To ensure that the Society’s members have a strong, independent voice advocating on behalf of members and their patients
* Chair: James Blankenship, M.D., FSCAI
* Co-chairs: Lowell Satler, M.D., FSCAI, and Anthony Farah, M.D., FSCAI
* Staff: Wayne Powell

BUDGET, FINANCE & MANAGEMENT
Primary Goal: To monitor the financial affairs of the Society, recommend the budget, and provide opinions concerning budget requests to the Board of Trustees
* Chair: David Cox, M.D., FSCAI
* Staff: Terie King

BYLAWS
Primary Goal: To address matters and answer questions related to the Society’s Bylaws, and to recommend amendments as warranted
* Chair: Warren Laskey, M.D., FSCAI
* Co-chair: Gregory Dehmer, M.D., FSCAI
* Staff: Norm Linsky

CAROTID ARTERY STENTING & NEUROVASCULAR
Primary Goal: To ensure proper communication among all Society activities related to carotid artery stenting and neurovascular issues, in collaboration with other professional organizations
* Chair: Tyrone Collins, M.D., FSCAI
* Co-chair: William Gray, M.D., FSCAI
* Staff: Dawn Hopkins

CONGENITAL HEART DISEASE COUNCIL
Primary Goal: To promote high-quality patient care and represent the legal, regulatory, and clinical interests, and educational goals of pediatric interventional cardiologists
* Chair: Lee Benson, M.D., FSCAI
* Chair-elect: Phillip Moore, M.D., FSCAI
* Staff: Joel Harder

CREDENTIALS
Primary Goal: To review applications for membership and recommend updates to membership criteria as appropriate
* Chair: Barry F. Uretsky, M.D., FSCAI
* Staff: Andrea Hickman

DEVELOPMENT/INDUSTRY RELATIONS
Primary Goal: To develop and maintain proper relationships with industry partners in accordance with SCAI’s and other organizations’ policies
* Chair: Bonnie Weiner, M.D., MSEC, MBA, FSCAI
* Co-chair: David Kandzari, M.D., Ph.D., FSCAI
* Staff: Heather Crown

EDUCATION
Primary Goal: To maintain accreditation of continuing medical education by the appropriate certifying agencies, review proposed educational programs for approval, and advise the Board of Trustees on all matters concerning CME within the Society
* Chair: Tim Sanborn, M.D., FSCAI
* Co-chair: Robert Applegate, M.D., FSCAI
* Staff: Stephanie Hubka
Primary Goal: To provide an encompassing set of high-quality educational programming designed to optimize the fellow-in-training and practicing physician’s overall didactic experience, and to support the interventional cardiologist’s ability to maintain proficiency in a rapidly growing field
* Chair: Manish Parikh, M.D., FSCAI
* Co-chair: Robert Applegate, M.D., FSCAI
* Staff: Stephanie Hubka

Primary Goal: To assist the Society in applying the latest information technologies to the Society’s many educational programs and to ensure the Society’s web-based offerings fully meet the needs of members and other audiences
* Chair: James Dwyer, M.D., FSCAI
* Co-chair: Michael Ragosta, M.D., FSCAI
* Staff: Eric Grammer

Primary Goal: To develop, update, and oversee enforcement of the Society’s code of ethics and related policies
* Chair: Joseph Babb, M.D., FSCAI
* Co-chair: Warren Laskey, M.D., FSCAI
* Staff: Norm Linsky

Primary Goal: To solicit training grant applications from U.S. ACGME-accredited interventional cardiology programs; review applications in an impartial, fair manner; and set up mechanisms to receive and review reports about proper use of the resulting grants
* Chair: Joseph Babb, M.D., FSCAI
* Co-chair: Barry F. Uretsky, M.D., FSCAI
* Staff: Sheila Agyeman

Primary Goal: To foster comprehensive mentoring relationships between senior interventionalists and future leaders
* Chair: Srihari S. Naidu, M.D., FSCAI
* Staff: Andrea Hickman

Primary Goal: To provide resources and a forum for early-career interventionalists in order to assist them during the formative stages of their careers
* Chair: Paul Sorajja, M.D., FSCAI
* Co-chair: Thomas Tu, M.D., FSCAI
* Staff: Andrea Hickman

Primary Goal: To develop and foster SCAI’s close, productive, and respectful partnerships with interventional organizations and working groups worldwide on issues in interventional cardiology of global interest, including, but not limited to, professional education, guidelines, and leadership
* Chair: Theodore Bass, M.D., FSCAI
* Co-chair: Ziyad M. Hijazi, M.D., MPH, FSCAI
* Staff: Stephanie Hubka

(continued on page 8)
SCAI Committees (cont’d from pg 7)

LAB SURVEY
Primary Goal: To serve as a resource for physicians and administrators, providing comprehensive, independent outside review services for cardiac catheterization laboratories regarding all aspects of laboratory function, including facilities, equipment, personnel, policies, procedures, and quality assurance
* Chair: Charles Chambers, M.D., FSCAI
* Staff: Bea Reyes

MUTLISPECIALTY OCCUPATIONAL HEALTH GROUP
Primary Goal: In coordination with other societies, to develop recommendations for the reduction of occupational safety risks in the cath lab
* Chair: James Goldstein, M.D., FSCAI
* Staff: Wayne Powell

NOMINATING
Primary Goal: To prepare lists of nominees for consideration to become Trustees and Officers of the Society
* Chair: Steven R. Bailey, M.D., FSCAI
* Co-chair: Larry S. Dean, M.D., FSCAI
* Staff: Norm Linsky

PERIPHERAL VASCULAR DISEASE
Primary Goal: To ensure proper communication among all Society activities related to peripheral vascular disease, in collaboration with other professional organizations
* Chair: Bruce Gray, D.O., FSCAI
* Co-chair: Michael Jaff, D.O., FSCAI
* Staff: Dawn Hopkins

PROGRAM
Primary Goal: To plan the scientific program for the SCAI Annual Scientific Sessions and present these plans to the Board of Trustees, and to maintain documentation for continuing medical education
* Co-chairs (adult program): James Hermiller, M.D., FSCAI, and Kenneth Rosenfield, M.D., FSCAI
* Co-chairs (congenital/pediatric program): Daniel Levi, M.D., FSCAI, and Thomas E. Fagan, M.D., FSCAI
* Staff: Kerry Curtis

PUBLIC RELATIONS
Primary Goal: To inform and educate media, the public, and non-interventional healthcare providers about the important role of invasive/interventional cardiology in optimal cardiovascular care and outcomes; and to expand SCAI’s visibility and credibility among these audiences
* Chair: Charles Chambers, M.D., FSCAI
* Co-chair: John P. Reilly, M.D., FSCAI
* Staff: Kathy Boyd David

PUBLIC RELATIONS KNOW WHAT COUNTS SUBCOMMITTEE
Primary Goal: To develop regional education/awareness programs for patients, healthcare providers, and policymakers, and to encourage dialogue about topics affecting optimal cardiovascular care and outcomes
* Chair: Anthony Farah, M.D., FSCAI
* Staff: Kathy Boyd David
PUBLIC RELATIONS SECONDSCOUNT.ORG

EDITORIAL BOARD

Primary Goal: To develop SCAI’s patient/public education website into the preeminent online resource for cardiovascular patients, their families, and the public
* Editor-in-Chief: John P. Reilly, M.D., FSCAI
* Associate Editor-in-Chief: Dennis Kim, M.D., Ph.D., FSCAI
* Staff: Kathy Boyd David

PUBLICATIONS

Primary Goal: To promote optimal patient care through educational, policy, and clinical/scientific documents that reflect the current state-of-the-science in interventional cardiology
* Chair: Issam Moussa, M.D., FSCAI
* Co-chair: Larry S. Dean, M.D., FSCAI
* Staff: Joel Harder

QUALITY IMPROVEMENT

Primary Goal: To provide guidance and recommendations for development of the Society’s policies and positions related to healthcare quality improvement initiatives, with emphasis on quality measures, public reporting of quality measures, pay-for-performance initiatives, interventional cardiology standards development, and radiation issues
* Chair: Steven Yakubov, M.D., FSCAI
* Co-chairs: H. Vernon Anderson, M.D., FSCAI, and Sunil V. Rao, M.D., FSCAI
* Staff: Joel Harder

STRUCTURAL HEART DISEASE COUNCIL

Primary Goal: To provide a forum for structural heart disease specialists to collaborate on issues facing cardiovascular specialists who treat structural heart disease so that patients receive optimal care
* Chairs: Ziyad M. Hijazi, M.D., MPH, FSCAI, and Ted Feldman, M.D., FSCAI
* Co-chair: Carlos Ruiz, M.D., Ph.D., FSCAI
* Staff: Joel Harder

TRANSRADIAL WORKING GROUP

Primary Goal: To develop and promote educational programs that expand the use of the radial approach to improve patient safety and outcomes
* Chair: Kimberly A. Skelding, M.D., FSCAI
* Co-chair: Samir Pancholy, M.D., FSCAI
* Staff: Georgina López Cruz

WOMEN IN INNOVATIONS

Primary Goal: To foster professional development, education, collaboration, and research by and on behalf of women in interventional cardiology and their patients
* Chair: Roxana Mehran, M.D., FSCAI
* Co-chair: Alaide Chieffo, M.D., FSCAI
* Staff: Rebecca Ortega

SIMULATION

Primary Goal: To partner with other interested societies in developing standards for applying medical simulation technology to professional education programs of the highest quality and relevance
* Chair: John Messenger, M.D., FSCAI
* Staff: Georgina López Cruz
1. TELL US YOUR NAME AND CONTACT INFORMATION. (PLEASE PRINT)

Name: ___________________________ Degree(s): ___________________________

Organization: ___________________________

Address (This is where your journal will be mailed): □ Business -OR- □ Home

________________________________________________________________________

City: ___________________________ State: ____________ Zip: ____________ Country: ____________

Phone: ___________________________ Fax: ___________________________ Email: ___________________________

2. CHOOSE THE MEMBERSHIP TYPE THAT IS RIGHT FOR YOU.

**US AND CANADA APPLICANTS** (SELECT MEMBERSHIP TYPE)

- Fellow-in-Training (online journal only): ...... FREE
  - Currently in an interventional training program
    - Start Date: ____________ End Date: ____________

- Fellow (FSCAI): ............................. $525
  - ABIM certified in interventional cardiology, -OR-
  - 5 years in practice & 1,000+ procedures (375+ for pediatric)
  - Two sponsorship letters (required)*

- Member: ........................................ $525
  - Significant percent of time performing catheterization / interventions but not eligible for / desiring fellowship

- Advancement to Fellowship: .................. $100
  (current member only)
  - A CV is required for Fellowship.

**INTERNATIONAL APPLICANTS** (SELECT MEMBERSHIP TYPE)

- International Fellow (FSCAI): ...... $335
  - 5 years in practice & 1,000+ procedures (375+ for pediatric)
  - Two sponsorship letters (required)*

- International Associate (online journal only): ... $100
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SCAI Fulfills Demand for Transradial Training

With a growing body of evidence supporting the use of transradial procedures, including the recently presented results of the RIVAL study, physicians have stepped up their interest in educational opportunities in this growing area. SCAI’s TransRadial Interventional Program (TRIP) series, launched to sold-out audiences last November, is filling an important void for physicians.

Evidence supporting the safety and effectiveness of transradial procedures has continued to grow over the last few years, culminating in this spring’s announcement of the RIVAL (RadIal Versus femorAL) trial results. “RIVAL found a significantly lower rate of vascular complications when patients were treated transradially,” said Samir Pancholy, M.D., FSCAI, an interventional cardiologist at the Commonwealth Medical College in Scranton, PA, who co-chairs SCAI’s Transradial Working Group along with Chair Kimberly A. Skelding, M.D., FSCAI. “This study more than any other highlighted that there is a shortage of high-quality training platforms, and a need for SCAI to have an active radial interventional program.”

Now about a year old, SCAI’s TRIP series remains the leader in providing physicians with the opportunities to build on and expand their knowledge of transradial access and intervention. At TRIP programs, interventional cardiologists and their teams – including cath lab nurses and technicians – learn the basic, intermediate, and advanced aspects of the procedure. More than 450 cardiovascular providers have attended TRIP programs in cities ranging from Boston to Los Angeles.

“The RIVAL trial shows that our sickest patients will benefit the most if we invest in training physicians to perform the radial technique frequently and safely, and therefore making it available when patients need it the most,” said Dr. Pancholy.

The TRIP programs present didactic lectures, case reviews, and simulation training by the most highly trained and well-respected experts in the field, as well as guidance for physicians wishing to start a transradial access and intervention program at their institution. Additionally, in an effort to cover the most up-to-date information, the programs change from meeting to meeting.

During the SCAI 2011 Scientific Sessions, a Transradial Symposium was added as part of the program. The symposium was so well-attended – with more than 200 attendees – that an overflow room was set up to accommodate additional attendees. The session was one of the highest rated throughout the entire program. Many of the attendees indicated they wanted the Transradial Symposium offered as part of the program for SCAI 2012, which will be held May 9–12, 2012, in Las Vegas.

“Since our first radial program last November, interest has increased. We will be offering four programs dedicated to radial procedures this year,” said Dr. Pancholy. “The Transradial Working Group is planning a roster of two or three more radial programs in 2012.”

For interventional cardiologists who are interested in radial techniques but aren’t able to attend the courses, and for course attendees who wish to reinforce what they’ve learned the Transradial Working Group has developed the Radial Summit Online, an online continuing medical education course that can be accessed through SCAI’s website for a modest fee.

For more information on SCAI’s TRIP series or to register for a program this year, visit www.SCAI.org/TRIP. To access the Radial Summit online, visit www.SCAI.org/RadialSummitOnline.
In August, more than 200 physicians participated in the first SCAI Fellows course held in Beijing, China. Featuring didactic presentations and case studies, the busy 1½-day agenda provided attendees with new exposure to interventional cardiology as well as opportunities to interact with SCAI faculty.

A condensed version of the popular SCAI Fall Fellows course, the Chinese program featured core didactic education as well as case-based content that introduced physicians to interventional cardiac procedures and techniques. During workshops, attendees also gained exposure to rotational atherectomy, IVUS, and FFR.

Convened as part of the China Heart Congress and International Forum and in conjunction with the Chinese Society of Cardiology and Fuwai Hospital, the program was developed with an eye toward the educational needs of Chinese physicians. “We have many fellows-in-training and practicing interventionalists in China,” explained Runlin Gao, M.D., FSCAI, program director for the course. “This opportunity provides a great opportunity for our fellows to learn from international faculty experts.”

SCAI faculty included SCAI Vice President and International Committee Chair Theodore Bass, M.D., FSCAI; SCAI Past President Michael J. Cowley, M.D., FSCAI; Daniel Kolansky, M.D., FSCAI; and John Douglas, M.D., FSCAI.

“We have seen great successes with our international fellows courses,” Dr. Bass said. “The need for this type of opportunity is clear, and SCAI is proud to partner with international societies and working groups to offer high-quality programming for training fellows around the world.”

Physicians who successfully completed the course received Affiliate membership in SCAI, allowing them access to educational tools and benefits that will encourage growth and continued education within their profession.

“One of the benefits of attending the course is SCAI membership,” said Dr. Cowley. “The education and networking opportunities available to these physicians as SCAI members will keep them engaged, and their feedback will add a great value to our current membership.”

The SCAI Fellows Course in China is the second international fellows course co-sponsored by the Society, following the success of the SCAI Fellows Course – Asia Pacific, which has become an annual event in India thanks to the efforts of Ashok Seth, M.D., FSCAI, and Upendra Kaul, M.D., FSCAI. Two more international fellows courses, in South Korea and Argentina, are planned for later this year.

“The demand for international fellows training increases with each program we offer,” said Dr. Cowley. “SCAI’s Fall Fellows Course continues to be the gold standard in fellows training. Bringing that same high-quality didactic education to other countries eliminates travel costs and time away for the attendee while allowing us to connect with physicians in a whole new way.”

For more information about upcoming SCAI Fellows Courses, visit www.SCAI.org or contact Stephanie Hubka at shubka@scai.org or 800-992-7224.
SCAI Adds New Educational Units to IFI and ICI

Just added to SCAI’s highly regarded Interventional Fellows Institute (IFI) and the Interventional Cardiologists Institute (ICI) online courses are three new units that offer important information for interventional cardiologists. The topics feature up-to-date information on everolimus- and zotarolimus-eluting stents as well as sought-after online education on transradial PCI.

“SCAI is committed to providing excellent educational programming, and we recognize the importance of keeping the IFI and ICI courses current and relevant,” said IFI and ICI Course Director Manish Parikh, M.D., FSCAI. “These three brand-new presentations round out the program by adding content not previously available.”

Sneak Preview of New Content
Each of the new IFI and ICI units features full narration by the authors to accompany the presentations. Assessment questions allow physicians to evaluate their knowledge after completing the units. The new units are highlighted in the sidebar.

High Quality and User Friendly
Like all of the IFI and ICI presentations, the three new units feature expanded search capabilities that allow physicians to locate key terms within the presentations and audio recordings.

“The ease of use of the IFI and ICI programs is one of their biggest assets,” Dr. Parikh explained. “Interventionalists use the site to both learn and refresh their knowledge, and the search functionality allows physicians to quickly and reliably locate information.”

The IFI program provides program directors with the opportunity to create a custom curriculum for interventional fellows by selecting topics from the offered courses, and the ICI program acts as a review tool for physicians as they prepare for Board review and skill improvement. These unique and interactive courses have gained increasing popularity around the world.

The IFI and ICI program are supported by an educational grant provided by the Cordis Cardiac & Vascular Institute. Registration for both IFI and ICI is complimentary. Visit www.interventionalcardiologistsinstitute.com or www.interventionalfellowsinstitute.com to learn more and register for the courses. For more information, contact Stephanie Hubka at shubka@scai.org or 800-922-7224.

In the new unit titled “Everolimus-Eluting Stents,” Robert Applegate, M.D., FSCAI, discusses the efficacy and safety of first-generation drug-eluting stents as well as everolimus-eluting stent system components and clinical trials.

Developed by David Kandzari, M.D., FSCAI, “ENDEAVOR and RESOLUTE Zotarolimus-Eluting Stents” analyzes the ENDEAVOR and RESOLUTE clinical trials as well as their results to highlight the practical take-away messages from these important studies.

“Transradial Access for PCI,” by Tift Mann III, M.D., FSCAI, presents rationale and advantages for using transradial access as alternative for the interventionalist as well as appropriateness for using the technique in the cath lab.
SCAI Announces New eLearning Library

Key Points
- SCAI’s new eLearning Library provides high-quality, on-demand education on topics core interventional cardiology content as well as PVD, high-risk PCI, and transradial procedures.
- New features include links to SCAI’s growing library of archived webinars, including the popular SCAI-Quality Improvement Toolkit series.
- For busy physicians and their teams worldwide, SCAI’s eLearning Library is an unbeatable value. Learn more at www.SCAI.org/eLearning.

In response to member feedback and consistently high online course usage, SCAI has opened the virtual doors of its new eLearning library dedicated to connecting interventionalists to all of its online learning courses and programs.

Beginning with the popular Interventional Fellows Institute (IFI) and Interventional Cardiologists Institute (ICI), SCAI has rapidly expanded its catalog of online education courses. With the development of its own Learning Management System in 2009, SCAI’s capacity for developing and managing online courses quickly increased. In addition to IFI and ICI, SCAI released the Peripheral Vascular Disease (PVD) and the High-Risk Percutaneous Coronary Intervention (PCI) online courses this year. Also featured in SCAI’s eLearning Library is the eagerly anticipated SCAI Radial Summit Online. New programs, including a course on Major Adverse Cardiac Events (MACE), will be available in 2012.

“Feedback from our membership has been clear—high-quality online learning programs are a greatly requested supplement to physician educational resources,” said Timothy Sanborn, M.D., FSCAI, chair of SCAI’s Education Committee. “Busy physicians are looking for cost-effective and time-efficient opportunities to enhance their knowledge. Online education courses provide that combination without sacrificing quality.”

Featuring SCAI 2011 On Demand, Educational Webinars, and More

In addition to the online learning courses, the eLearning Library connects physicians to the SCAI 2011 On Demand website, which features content from the SCAI 2011 Scientific Sessions held in May. SCAI 2011 On Demand provides educational content, both slide presentations and audio, for physicians who missed a session or could not travel to the meeting. Access to this content is available for a fee and is significantly discounted for all SCAI members as well as non-members who attended SCAI 2011 in person.

The new eLearning library also links physicians to webinars, including the popular Quality Improvement Toolkit (QIT) webinars hosted by SCAI this summer following the launch of SCAI-QIT. Webinar archives ensure members can instantly access the information they need. The webinars feature the same full audio and visual presentations that participants experienced during the live events. SCAI plans to roll out new webinars on various topics through the eLearning Library this year and in the future.

Resources for International Members

“The SCAI eLearning Library is a particularly strong benefit for SCAI’s international members,” said Dr. Sanborn. “We recognize international members do not always have the ability to travel to SCAI meetings and events in the United States. The eLearning Library bridges the gap between international member needs and SCAI offerings.”

In fact, SCAI’s international members are among the most active users of the online education courses, with registrants from more than 80 countries, noted Theodore Bass, M.D., FSCAI, SCAI vice president and chair of the International Committee. “Opening this connection between SCAI education and our growing international membership is a great way to engage our members who do not live in the United States,” he said. “We are committed to developing and providing excellent educational opportunities for our full membership, and the eLearning library grants access to these programs regardless of location.”

CME Credits

SCAI eLearning courses are developed by some of the leading experts in the field, and many of the offerings are available for CME credit. Jim Dwyer, M.D., FSCAI (e-SCAI Committee chair), Bonnie Weiner, M.D., MSEC, MBA, FSCAI, and many contributing authors/editors are among those playing key roles in development of this library. All online courses require a high-speed Internet connection and feature 24/7 access to content, including assessment tests and case studies for some programs.

The SCAI eLearning Library will be continuously updated and refreshed as new online learning courses and opportunities are developed. SCAI welcomes suggestions for both the eLearning Library and enhancements to SCAI’s online education offerings. For more information, visit www.SCAI.org/elearning. For questions, comments, or registration assistance, contact Stephanie Hubka at shubka@scai.org or 202-992-7224.
SEPTEMBER 2011

👀 – TRANSRADIAL INTERVENTIONAL PROGRAM
Date: Sept. 11, 2011
Location: Las Vegas, NV
Directors: Richard R. Heuser, M.D., FSCAI, and John E. Lasseter, M.D., FSCAI
For more info: www.promedicacme.com

👀 – WOMEN IN INTERVENTIONAL CARDIOLOGY
Date: Sept. 15–17, 2011
Location: Chicago, IL
Directors: Kimberly A. Skelding, M.D., FSCAI, and Patricia Best, M.D., FSCAI
For more info: www.SCAI-win.org

👀 – TRANSRADIAL INTERVENTIONAL PROGRAM – NORTH CAROLINA
Date: Sept. 16, 2011
Location: Cary, NC
Directors: Sunil V. Rao, M.D., FSCAI, and Mitchell W. Krucoff, M.D., FSCAI
For more info: http://www.SCAI.org/TRIPNC

👀 – RADIAL LIVE 2011
Date: Sept. 17–18, 2011
Location: Gurgaon, India
Sponsor: Wellness and Radial Interventional Society (WARIS)
Directors: S.K. Chugh, M.D., FSCAI
For more info: www.radiallive.com

👀 – ENCORE SEOUL 2011
Date: Sept. 22–24, 2011
Sponsor: Korean Society of Cardiology
Location: Seoul, South Korea
Directors: Taehoon Ahn, M.D., Yang Soo Jang, M.D., Hyo-Soo Kim, M.D., and Hyeon-Cheol Gwon, M.D.
For more info: www.SCAI.org/Education/CosponsoredEvents.aspx

👀 – THE VEINS CHICAGO 2011: NATIONAL VENOUS INTERVENTIONAL SUMMIT
Date: Sept. 23–25, 2011
Sponsor: Prairie Education and Research Cooperative (PERC)
Location: Chicago, IL
Directors: Gregory Mishkel, M.D., FSCAI, and Raghu Kolluri, M.D.
For more info: www.SCAI.org/Education/CosponsoredEvents.aspx

OCTOBER 2011

👀 – M3 INTERCONTINENTAL CARDIOVASCULAR CONFERENCE
Date: Oct. 3–5, 2011
Location: Miami, FL
Directors: Eduardo de Marchena, M.D., FSCAI, and Robert M. Bersin, M.D., MPH, FSCAI
For more info: www.SCAI.org/m3

👀 – BEST YOUNG INTERVENTIONAL CASES
Date: Oct. 11, 2011
Location: Genoa, Italy
Sponsor: Italian Society of Invasive Cardiology (GISE)
Directors: Gennaro Sardella, M.D., and Giulio Gaugliumi, M.D.
For more info: http://www.oic.it/gise2011/

👀 – EDUCATIONAL FELLOWS COURSE IN PCI FOR YOUNG INTERVENTIONALISTS
Date: Oct. 11–14, 2011
Location: Philadelphia, PA
Directors: Zoltan G. Turi, M.D., FSCAI, and Priscilla J. Peters, M.D.
For more info: (856) 382-6480

👀 – THE CARDIOLOGY HANDBOOK LIVE VII: MASTERS OF THE NONINVASIVE AND INVASIVE LABORATORIES
Date: Oct. 12–15, 2011
Location: Chicago, IL
Directors: David H. Adams, M.D., Steven F. Bolling, M.D., Robert O. Bonow, M.D., and Howard C. Herrmann, M.D., FSCAI
For more info: www.SCAI.org/Education/CosponsoredEvents.aspx

👀 – 2011 HEART VALVE SUMMIT: MEDICAL, SURGICAL AND INTERVENTIONAL DECISION MAKING
Date: Oct. 13–15, 2011
Sponsors: American Society of Echocardiography; Learning Pathways: Heart Disease
Location: Chicago, IL
Directors: David H. Adams, M.D., Steven F. Bolling, M.D., Robert O. Bonow, M.D., and Howard C. Herrmann, M.D., FSCAI
For more info: www.SCAI.org/Education/CosponsoredEvents.aspx

👀 – TRANSRADIAL INTERVENTIONAL PROGRAM – SAN FRANCISCO
Date: Oct. 14, 2011
Location: San Francisco, CA
Directors: Morton J. Kern, M.D., FSCAI, and Jennifer A. Tremmel, M.D., FSCAI
For more info: http://www.SCAI.org/TRIP

👀 – TRANSRADIAL INTERVENTIONAL COURSE
Date: Oct. 15–16, 2011
Location: Ahmedabad, India
Sponsor: TRICO
Directors: Tejas Patel, M.D., and Sanjay Shah, M.D.
For more info: www.SCAI.org/Education/CosponsoredEvents.aspx
VIVA: VASCULAR INTERVENTIONAL ADVANCES
Date: Oct. 18–21, 2011
Location: Las Vegas, NV
For more info: www.vivapvd.com

DUKE ADVANCED COURSE IN TRANSRADIAL ANGIOGRAPHY AND INTERVENTION
Date: Oct. 20, 2011
Location: Cary, NC
Directors: Sunil Rao, M.D., FSCAI, Mitchell W. Krucoff, M.D., and Mauricio Cohen, M.D., FACC.
For more info: https://dcri.org/education-training/meetings/transradial-master-course

DECEMBER 2011
SCAI 2011 FALL FELLOWS COURSES
Date: Dec. 5–9, 2011
Location: Las Vegas, NV
Directors: Michael J. Cowley, M.D., FSCAI, Ted Feldman, M.D., FSCAI, and Ziyad M. Hijazi, M.D., MPH, FSCAI
For more info: www.SCAI.org/Fellows

DECEMBER 2012
SCAI ADULT INTERVENTIONAL CARDIOLOGY FELLOWS COURSE – ASIA 2012
Date: Jan. 25–27, 2012
Location: New Delhi, India
Directors: Ashok Seth, M.D., FSCAI, Michael J. Cowley, M.D., FSCAI, and Christopher J. White, M.D., FSCAI

NATIONAL HEART VALVE SUMMIT
Date: Jan. 27–29, 2012
Location: New Delhi, India
Sponsor: Fortis Escorts Heart Institute and Research Centre, Ltd.
Directors: Ashok Seth, M.D., FSCAI, Ashok Omar, M.D., and Samir Srivastava, M.D.

MAY 2012
SCAI 2012 ANNUAL SCIENTIFIC SESSIONS
Date: May 9–12, 2012
Location: Las Vegas, NV
Directors: James B. Hermiller, M.D., FSCAI, Kenneth Rosenfield, M.D., FSCAI, Daniel S. Levi, M.D., FSCAI, and Thomas Fagan, M.D., FSCAI
For more info: www.SCAI.org/SCAI2012

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Changing Environment Poses New Challenges for Interventionalists

By Thomas Tu, M.D., FSCAI

Much has changed in Interventional Cardiology since I completed my fellowship in 2002. Back then most of us were primarily coronary interventionalists. Drug-eluting stents (DES) were newly approved, and the idea of 60- to 90-minute door-to-balloon times was still a distant goal. Peripheral interventions were only beginning to interest us, and only busy cath labs might have had a single person performing valvuloplasty and early ASD closure. PCI volume was increasing annually, as were advances in scientific discovery and drug/device development. We envisioned helping an increasing number of patients in ways our specialty’s founders could not have imagined.

Today, the tools we use have improved, enabling us to treat more complex disease, but the decision making has become more complicated. The challenging global economy is draining money away from healthcare and medical research. Coding and billing issues are becoming as important to our livelihood as the technical aspects of performing successful interventions. Doctors are making headlines for all the wrong reasons, amid allegations of conflict of interest and inappropriate interventions.

In less than a decade, the bright future we forecasted changed dramatically, altering the professional landscape for all of us. These changes can be both dizzying and frightening. It helps to examine some of the trends that will influence our careers at least over the next few years.

Hospital-Owned and -Affiliated Employment

When I started my career, most cardiologists were self-employed, often small business owners. Changes in reimbursement and fears over further erosion of physician income have pressured most independent cardiologists to seek financial relationships with their hospital networks. I predict more than 80 percent of cardiologists will be affiliated with a hospital by year’s end. This may be contrary to our natural tendencies toward independent thinking and quick decision making, but it doesn’t have to result in conflict. In fact, working in partnership with a hospital network may help us accomplish bigger goals, such as system-wide improvements in access and quality of care.

Declining PCI Volume and Reimbursements

Every year we get paid less despite providing increasing levels of care. PCI volumes are static or declining due to a combination of factors, including better preventive care, reduced restenosis, and increasing interest in medical management of chronic stable angina.

Tip: Distinguish yourself from your peers in your community through patient outreach, excellent customer service, and unique services such as transradial, structural, or peripheral procedures.

Tip: Support our profession by participating in the societies that represent us, such as SCAI and ACC. Only through organization and cooperation can we influence policymakers and funders to support our positions.

Conflicts Over Appropriateness of PCI

Angioplasty has come full circle in the eyes of the public and some of our colleagues. What recently was hailed as the mainstay treatment for coronary artery disease is now assailed by some as expensive, overused, and potentially dangerous. Our judgment is being called into question by a small but vocal number of colleagues and by the media.

Meanwhile, we have better technology and data to guide our decision making than ever before. Noninvasive assessment of coronary ischemia continues to improve; angiographic image quality is vastly superior to the days of film; and advanced techniques such as FFR, IVUS, and OCT allow us to make better-informed decisions about which patients will benefit from intervention.

Tip: Accept that the future will bring more scrutiny of what we do, how we do it, and how much it costs. Have strong justification for each procedure you perform, and document it. In borderline cases, use additional imaging or functional studies to provide rationale for treatment strategies.

Internationalization of Cardiology

Historically, many advances in Interventional Cardiology have been conceptualized and developed in the United States and Europe, but research and technology investments are shifting as U.S. healthcare expenditures plateau or decline and as the incidence of cardiovascular disease grows globally.

Tip: Seek opportunities to draw on the experiences of colleagues in Asia, Latin America, and Australia.

(continued on page 18)
Challenges for Interventionalists (cont’d from pg 17)

Conclusions
Many of my senior colleagues grumble about the passing of “the good old days.” Having never seen them firsthand, I’m not sure exactly what I’m missing, but I do know that change is inevitable. The experience may be upsetting, but it also represents an opportunity to improve ourselves and our profession. One thing I know: there will always be room for thoughtful, compassionate doctors who perform procedures well and take good care of patients.

Dr. Tu is the director of the cardiac catheterization laboratory at Louisville Cardiology Group, Baptist Hospital East, in Louisville, KY. He is the co-chair of SCAI’s Interventional Career Development Committee, a SCAI-ELM Fellow, and the founder of World Health Initiative, a charitable organization.

How Does Co-surgeon Status Impact TAVI Coding and Reimbursement?

**Q:** All of the transcatheter aortic valve interventions (TAVI) occurring at our facility are performed by co-surgeon teams, including a thoracic surgeon and an interventional cardiologist. How does co-surgeon status impact coding and reimbursement?

**A:** First, some background on co-surgeon status: Typically, when two physicians perform the work described by a single procedure code, both physicians append modifier –62 (Co-surgeons) to the code on their respective claim submissions for service. This modifier communicates to the carrier that the two physicians performed the procedure in concert, on the same patient, during the same session. Under the Medicare system, this normally results in both physicians receiving five-eighths of the usual reimbursement rate. If one of the operators fails to append the modifier –62, this could result in complete non-payment for one of the physicians on the team. This is why co-operators are urged to discuss the issue of co-surgeon status prior to performing and reporting the procedure.

There is an important caveat for using modifier –62, namely that the procedure code must be approved for co-surgeons.

Now, regarding TAVI: At this time, few interventional cardiovascular codes are eligible for co-surgeon status and, as of July 2011, the TAVI Category III code 0256T (Implantation of catheter-delivered prosthetic aortic heart valve; endovascular approach) does not support co-surgeon modifier use. SCAI has submitted several requests to CMS to correct this oversight.

Until the Medicare Physician Fee Schedule is revised to allow for co-surgeon modifier use for code 0256T, only ONE physician may submit a claim for this code. However, because all Category III codes under the Medicare system are priced by the local carrier, a rate can be negotiated that reflects co-surgeon involvement. This does necessitate that the co-surgeons agree on a single claim submission to the carrier by only one member of the team with the received reimbursement divided privately between the physicians.

SCAI will continue to advocate with CMS on behalf of members for fair and appropriate reimbursement for TAVI and all other transcatheter valve procedures. SCAI has been successful in such efforts in the past. For example, SCAI took the lead in securing Category III codes for transcatheter aortic and pulmonic valve procedures. In fact, SCAI has submitted a request to CMS to allow the co-surgeon modifier with the existing Category III codes; this issue is still in development. In addition, SCAI is working on a proposal to convert the existing Category III TAVI code to a Category I code. This proposal presents co-surgeon teams as the typical scenario for performance of these procedures. Later this year SCAI members will be able to support this effort by completing RUC physician work valuation surveys. Stay tuned for details on how you can help, or contact Dawn Hopkins at dhopkins@scai.org to volunteer.

Finally, coding, reimbursement, and CMS coverage of TAVI are separate and distinct issues. SCAI is closely monitoring developments regarding TAVI in all of these areas. Visit www.SCAI.org often for updates on these evolving efforts.

**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
Michigan Interventional Cardiologist Calls Cath Lab Home

On its own a single clinical trial may not change practice, but for George S. Hanzel, M.D., FSCAI, one changed his life’s course. As an interventional cardiology fellow, he’d assumed he’d return to his hometown of Johnstown, PA. But after assisting in a transcatheter aortic valve trial at William Beaumont Hospital, the hospital’s cath lab had instead become home. “I’ve always felt very comfortable there,” Dr. Hanzel says. “Within the first several months as a cardiology fellow I fell in love with the cath lab and interventional procedures. There’s an intensity to what we do—it’s invigorating.”

He also found his passion. “What really stimulates me is the arena of structural heart disease,” he says. “Working with novel technologies is energizing and the clinical impact you can have on patients is really outstanding.”

Stops Along the Way

Although Dr. Hanzel considered other paths, he chose to pursue his childhood dream of becoming a doctor like his father. After medical school at Georgetown he served nine years in the Navy, first as a resident and fellow at Bethesda Naval Hospital, and then as a staff cardiologist at Great Lakes Naval Hospital, a recruit training hospital. “I was the only cardiologist there so I assumed a lot of responsibility early on that I might not have had the opportunity to do as a junior staff elsewhere.”

After leaving the Navy as a Lieutenant Commander, Dr. Hanzel joined the team at Beaumont where he completed his fellowship in interventional cardiology in 2004. “I owe my professional success to Bill,” says Dr. Hanzel of his fellowship mentor, William W. O’Neill, M.D., FSCAI. “He invited me to assist him in the planning and conduction of the first U.S. transcatheter aortic valve trials, which was an enormous boost to my professional development and career.”

A Good Fit

Now the director of the Cardiac Catheterization Laboratory and director of Structural Heart Disease at Beaumont, Dr. Hanzel likes the diversity of procedures, disease states, and pathology of structural heart disease. “You’ve always got to think it through, both in terms of pathophysiology and technical solutions to problems.”

“I’m also fascinated by the devices and how these technologies fit certain clinical niches,” headds. “Figuring out the best technical solution based on variations in people’s specific anatomy really keeps you on your toes.”

Dr. Hanzel also sees great potential for growth in this area. “Structural heart disease is a burgeoning field that’s just in its infancy. Some of that growth will be in niche procedures at larger, referral-based institutions, but I also think a fairly large subset of patients will benefit from these new procedures, particularly those who receive transcatheter aortic and mitral valve repairs.”

Dr. Hanzel says he is doing what he can to make sure the field continues to grow by working with his colleagues as a member of SCAI’s Structural Heart Disease Council. “By joining the Council early on I can lend support, help it grow, and steer this field forward.”

Dr. Hanzel joined SCAI soon after attending his first annual meeting as a grant recipient for a review article he wrote on carotid stenting. Since then, he has also served on the Interventional Career Development Committee.

A Home for His Passion

When not in the cath lab, Dr. Hanzel’s wife and three daughters keep him busy. “My interests have changed a little since having children,” he says with a smile. “If I’m not at work, I’m at swim meets and dance recitals.”

Meanwhile, his research continues, recently focused on transcatheter treatment of valvular heart disease. “In general, the ASD, PFO, and paravalvular closures, transcatheter aortic valve implantation and the MitraClip, have really kept me engaged and interested in the field.”

“My hope for the future is that we will have viable and approved treatments for a wide range of structural heart disease states,” says Dr. Hanzel. “I find it gratifying and stimulating to participate in the development and evaluation of novel devices that translate into transcatheter therapies that dramatically affect people’s lives. That’s why I absolutely love what I do.”
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