



The Society for Cardiovascular Angiography and Interventions

SCAI President's Page

Your Society – The Next 12 Months

Gregory J. Dehmer, MD, FSCAI
Professor of Medicine
Texas A&M School of Medicine
Director
Cardiology Division
Scott & White Clinic
Temple, Texas
President
Society for Cardiovascular Angiography and Interventions



It is an honor and privilege to serve as your president for the coming year. I look forward to communicating with you via these “President’s Pages.” My intent is to use this format to keep you informed on SCAI’s progress related to issues facing our profession, our practice, and our patients. I wish to begin my term as your president by extending the following invitation to the entire membership: please send me your feedback (via president@scai.org) on the ideas presented in these President’s Pages, on activities the Society is undertaking, and on issues you think are important.

In the months since SCAI’s Nominating Committee invited me to become President of the Society, I have given considerable thought to the possibilities regarding how to approach this opportunity to serve: what goals should be set for the year and what “themes” should guide the Society in the year ahead. Fortunately, my predecessors, especially immediate past President Dr. Barry F. Uretsky, and SCAI’s Board of Trustees charted a course and established a clear set of priorities as I begin my term. In July 2005 a major strategic planning retreat was held to evaluate the current position of the Society and determine future directions for the next 3–5 years. Dr. Uretsky dedicated one of his President’s Pages to a summary of the conclusions from this retreat

[1]. Because of this thoughtful exercise, we understand our most urgent priorities. Nevertheless, even the most thorough planning process has limitations. Unexpected opportunities and challenges undoubtedly await, and we must be flexible enough to respond to these as well as remain focused on the critical issues identified at the planning retreat. In the paragraphs that follow, I will outline and expand a few of the major issues facing the Society in the next year.

Drive SCAI’s Quality Agenda

Without question, this is my highest priority for the next year. Although it seems to be discussed more often now than in the past, “quality” has always been in the roots of the Society. Consider, for example, SCAI’s Laboratory Survey Committee, which was established in the early days of the Society by Drs.

Correspondence to: Gregory J. Dehmer, MD, FSCAI, Professor of Medicine, Texas A&M School of Medicine; Director, Cardiology Division, Scott & White Clinic, 2401 South 31st Street, Temple, Texas 76508. E-mail: president@scai.org

DOI 10.1002/ccd.20777

Published online 30 April 2006 in Wiley InterScience (www.interscience.wiley.com).

Sones and Judkins. After I became a Fellow of the Society in 1992, I became a member of this committee and had the privilege of chairing the committee for several years. Members of this committee provide a formal external evaluation of catheterization laboratories, but the ultimate goal is to help laboratories improve their quality of care. However, our concepts of what constitutes “quality” have evolved over the years. First, it was “quality assurance,” a process which identifies “outliers,” but does little to actually improve quality. This was followed by continuous quality improvement (CQI), a more comprehensive approach designed to identify and repair problems that exist within a healthcare system. Now, there is considerable momentum building towards physician-level “Pay-for-Performance” (P4P), which more recently is being called “Pay for Quality” (P4Q). What once was a local hospital issue has now become a key goal of legislators, regulators, and payers. The mere title of these programs is threatening to some, and everyone appreciates that there will be money on the table.

At the same time, we all understand that healthcare expenditures are increasing at an alarming rate and agree that inappropriate or poor care should not be rewarded. If you hired a mechanic to fix your car and it still did not run properly, you would not want to pay until the job was done right. Would you be willing to pay a bit more if you knew the job would be done using the highest standards of automobile repair and done correctly the first time? Clearly, determining what constitutes “quality care” is very complex. How should the quality of invasive cardiology services be measured, and what are the proper metrics? We do not, as yet, have all the answers and thus need to proceed with appropriate caution, but this does not mean these efforts should be shunned at a local or national level. Many challenges exist, but as these efforts move forward it is important to remember that this is about patients and improving the quality of care for patients. What can you do? Become involved with the CQI efforts at your facility. Do not say these data are wrong or it's not my problem. Understand that the entire concept behind CQI is that, no matter how good you or your facilities are, you can improve. What will SCAI do? This is your Society, and you should understand that we are deeply committed to representing your interests to the best of our abilities.

Globalize Our Specialty

As we all know, international borders have become nearly invisible in medicine. We can now watch a complex coronary intervention performed in another country as easily as one performed in our own laboratory. This provides a rich atmosphere for collaboration

and partnership with our many talented peers outside the U.S.

The Society's goal is to continue, and expand, the recent efforts of our International Committee to partner with organizations in Latin America, Europe, and the Asia-Pacific region. If we are effective, SCAI members, as well as members of similar societies throughout the world, will benefit from enriched educational and collegial experiences.

Pursue a Proactive Stance in Advocacy

In the past several years, SCAI has established itself as the “go-to” organization for advocacy in interventional cardiology. Policymakers now seek input from the Society when making decisions that affect our patients or the practice of invasive cardiology. We have successfully moved from being an organization that *reacted* to the actions of policymakers to one that behaves proactively. We will continue to cultivate this proactive posture so officials from federal and state regulatory agencies and third-party payers seek our opinions on major issues that impact invasive cardiology. Specifically, our goals are to—

- Be present and included in all decision-making that affects our specialty, our members, and our patients.
- Make certain the voice of the interventional cardiology community is heard loudly and clearly enough to be effective and have a visible impact on policy.

Deliver High-Quality, Relevant Education

As the CME environment becomes increasingly competitive, with more organizations offering unique educational programs or expanded programs for interventional cardiologists, SCAI's remains a highly sought-after sponsor or cosponsor. Meanwhile, our own educational programs have grown in many ways: we offer more programs, on a growing range of topics, and to increasingly diverse audiences.

The challenge before us is to insure that all educational programs solely or jointly sponsored by SCAI are relevant and of the highest quality. To achieve this goal we must continue our policy of collecting and evaluating needs-assessment data, and using the information to improve subsequent offerings.

Increase Active Participation by Members

In the past four years, SCAI's ranks have more than doubled and currently stand at over 3,400. We continue to grow, and this further strengthens the Society and enables us to be increasingly effective in all of

our efforts. If you have a colleague who is not a member, ask them why and encourage them to join you as a member of SCAI.

One of the unique characteristics of SCAI is our open-door policy for committee membership. SCAI does not appoint members to most of our standing committees; instead members volunteer and participate in the governance of SCAI as their individual interests dictate. I know of few other professional medical societies that maintain such a policy. This is important since committees are where most of SCAI's work gets done.

Although I will have the honor of being your President for the next 12 months, *SCAI is really your Soci-*

ety and belongs to you. Please personally aim to increase your participation as an SCAI member. Join one committee for one year and see the benefits. Although our committees are increasingly active (and productive), they do much of their work by email, listserves, and conference calls. You can be involved in the Society — the Society will benefit by your participation, as will you.

REFERENCE

1. Uretsky, BF. Moving forward: results of the strategic planning session. *Catheter Cardiovasc Intervent* 2005;67:167–169.