One year ago you granted me the extraordinary honor of serving you as your President. To me, this represented not a stepping-stone in a career but the capstone—the finishing touch to a happy and rewarding career in invasive/interventional cardiology. No, I’m not ready to retire! It’s just that I can imagine no finer or greater compliment or satisfaction than serving our Society and you in this fashion. Whatever comes next, this will still feel like my chance to stand on the mountaintop and advance our profession.

Last year, at the annual banquet, I spoke of five areas where I hoped we could make tangible progress during the subsequent twelve months: fiscal enhancement; increased advocacy; improved inter-societal relationships; broadened educational activities; and information system integration.

Previous President’s pages have expanded on these areas and presented some of the opportunities and challenges each area held. My objectives in those pages? To inform, to question, and above all to challenge us all to pick up the baton and join the effort. Now it’s time to reflect and assess. The end of a Presidential year is a good time to take stock and evaluate our efforts. Let’s do that with these five areas.

**Intersocietal relationships.** The goal I set in my first President’s page: “In the United States, it is paramount that we have functional partnerships with ACC, AHA and with our fellow subspecialty organizations. Moving beyond the U.S., we have a unique opportunity to facilitate interaction among international interventional societies.”

How have we done in enhancing our intersocietal relationships at home and abroad? There is no question that our previously good relationship with ACC has become even stronger. ACC President Doug Zipes and I have begun an excellent dialogue about the importance of strengthen our ties. For the first time, the President and President-elect of ACC (Drs. Zipes and Bruce Fye) met with the President and President-elect of SCA&I (myself and Dr. Ted Feldman) along with our executive directors to strengthen this growing relationship. The outcome was very positive, with both sides agreeing that increased communication, mutual respect and heightened cooperation are essential.

Tangible proof of this increased recognition: At ACC’s request, SCA&I representatives took the lead in representing invasive/interventional cardiologists at the March AMA Practice Expense Advisory Committee (PEAC) meeting. The PEAC is a key player in the reimbursement process, and the goal is to gain increased, fair payment for cath codes. Additionally, ACC now routinely includes SCA&I in all discussions regarding invasive cardiology and requests input from us accord-
ingly. Further proof: Your President was invited to the ACC Cardiology Leaders dais during the annual ACC convocation—for the first time ever! We have more work to do with our fellow subspecialty organizations and AHA, but we’ve certainly made headway with ACC and the House of Cardiology! Grade for enhanced national society relationships: B+ to A−.

Internationally, we have made similar progress. Our Society was invited to participate in several international congresses because of our role in promoting education and representation for the invasive/interventional cardiologist, not just because of personal relationships. Examples: annual meetings of SOLACI (The Latin America Society of Interventional Cardiology), SOCIME (The Mexican Society of Interventional Cardiology), and CACI (The Argentine College of Interventional Cardiology) where we were active participants.

A new international interventional president’s council met, organized by SCA&I, at ACC to discuss ways in which we can productively collaborate. All of these efforts have met with significant success, and I believe our role in international relations has never been stronger nor more relevant. Grade for enhanced international society relationships: A−.

Advocacy. In the November President’s page I described our new advocacy efforts and plans. I can confidently say we have made enormous strides on the advocacy front. Our advocacy firm, MARC Associates, has done a wonderful job of representing, advising and preparing us for this role. We were invited (at ACC’s suggestion—another measure of improved relations!) to meet with the new Commissioner of the Centers for Medicare and Medicaid Services (CMS, formerly known as HCFA). Purpose: to discuss possible new demonstration projects in CABG, PCI and orthopedic procedures. Result: a promise from the Commissioner that SCA&I will be actively involved in any planning efforts for such a project. We spoke for cardiology at the Practice Expense Advisory Committee (PEAC) to gain increased payment for clinical staff time for invasive procedures and won. The data underlying the recommendations were derived from an SCA&I survey of Society members, who responded in gratifying numbers. This gave us a more powerful voice than we have ever had.

Under the leadership of Dr. Carl Tommaso, our Advocacy Committee has grown and will continue to actively represent our concerns. We still need to develop the infrastructure of the advocacy effort, to connect to your practices and develop credible data to effectively make our case. Thus, the effort is still in its infancy; much work remains to be done. But, the practice of invasive cardiology now has its own independent voice within the house of cardiology and at the negotiation tables. Grade for advocacy efforts and progress: A+.

Education. Let’s turn now to another of the five areas and part of the core mission of SCA&I, professional education. Under the dynamic leadership of Dr. Ted Feldman, our new President, the Society’s education efforts have taken giant steps forward. He organized an Interventional Training Directors Committee to provide a forum to discuss issues relevant to interventional training (core curriculum and much more). A member of ACGME spoke at one of these meetings to provide information regarding program accreditation and review. Over sixty directors attended this session!

Concordant with this effort is another to develop a slide library, downloadable by members only from our web site, for providing a core curriculum for trainees. This library is under development, patterned after the successful ACC/SCAI Interventional Board Review Program. Other efforts:

- A Society presence at the Stone-Linnemeier Fellows’ Course;
- Development of Palm-based downloads from our web site based on SCA&I position papers and guidelines;
- Waiver of fees for Interventional Fellows to become Affiliate members and participate early in SCA&I education efforts;
- Participation in ACC’s ACCcardio web-based education effort; and
- Support for novel training tools (based on flight simulators) to educate physicians via computer-based medical simulations of actual procedures.

Our Annual Meeting, this year under the excellent leadership of Drs. Reisman and Dean, and the Judkins Imaging Symposium, under the continuing direction of Dr. Laskey, continue to grow. This year they were better than ever. Next year’s meeting in Boston will continue that heritage under the direction of Dr. Weiner. So, our education efforts grow and strengthen, but some of the efforts are still on the drawing board with tangible fruits still to come. Overall grade for enhancement of professional education in interventional cardiology: B+ to A−.

Information systems. Another major focus was new effort at information system integration. We have made progress in this area of which we can be proud. Our website has been completely redesigned, thanks to Dr. Bonnie Weiner and Rick Henegar. This reconstruction is an evolutionary process which is still underway. This web site will have (and in some cases, already has) portals to the slide library, a list of significant interventional meetings with links to those websites, Palm-based downloads for annual meeting schedules and committee schedules, a job bank, an online member directory, links to international societies and more. Digital infrastructure is a large project which develops over time. I am proud
of the progress to date, but we need still more effort on this front. Overall grade for information system integra-
tion: B.

One of my major concerns a year ago was fiscal enhancement. The CEO of my hospital is fond of saying “no money, no mission”. He’s correct. Without re-
sources, the best of plans cannot be implemented. The consolidation of SCA&I’s fundraising efforts under the fundraising committee chaired by Dr. Uretsky has helped enormously. For the first time we have organized and coordinated activities relative to industry contacts and fundraising. Drs. Reisman and Dean have done a remark-
able job this year developing and sticking to a budget for the annual meeting. We have made less progress than I had hoped in terms of endowments, industry roundtables, and the like which would provide us with increased access to funds for our core missions, but we’ve made a start. That is not due to lack of effort but to insufficient time to organize and resolve these crucial issues. This effort will continue and must continue if we are to shift from being 80% supported by member dues to 80% supported by other sources of revenue. Overall grade for fiscal enhancement: C.

There are several additional areas which merit brief comment. We formed the Membership Growth and En-
hancement (MGE) Task Force this year. Under the lead-
ership of Drs. Spencer King (chair) and Jeffrey Marshall (co-chair), this group has already developed concepts to help us grow our membership. They have also pointed to areas in which we could enhance the membership expe-
rience for our current members. This effort continues with great enthusiasm, and I consider it one of the most important efforts of the past year. It is my hope that this group can help us re-engineer our Society to have a more friendly face. We need to become the “must join” Society for the invasive/interventional cardiologist. More re-
cently, we are in the process of forming a new Task Force on Ethics (Dr. Airlie Cameron, chair, and Dr. Warren Laskey, co-chair), which will develop a white paper on ethics and our profession.

Our administrative staff has been absolutely remark-
able. Without them, we could not have accomplished a large part of our goals. Norm, Bea, and Rick, (and now Rose) are at the center of all our efforts. To them we owe a huge debt of gratitude. When you see them, please be sure to express your thanks for all they do. Or, simply drop them an e-mail at the office.

So, there we are with a year in review. We’ve had some smashing successes (advocacy, intersocietal rela-
tions, education) and some areas in which real progress was made but more needs to be done. That is not disap-
pointing nor unexpected. Indeed, one of my friends said to me after the acceptance speech that we should consider it a success if we could make progress on only one or two fronts. We’ve done much more than that. Therefore, I conclude this year with a genuine sadness that it is over and a genuine gladness and pride that our Society has risen to the challenge and done so much. My gratitude to all of you for allowing me this incredible honor is truly unending. Thank you again for the privilege of this year. Now, let’s get back to work and keep the momentum going!

As always, I welcome your thoughts; send them to president@scai.org