



The Society for Cardiac Angiography & Interventions



President's Page

A Year in Review, a Year Ahead

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The year past: Under the stewardship of Joseph Babb, M. D., F.S.C.A.I., SCA&I made tremendous progress on many fronts. Membership grew from 1,800 to nearly 2,200. A new pathway to Fellowship via passage of the Interventional Board Examination has been instituted. This simplifies the previously mandatory five year delay after completion of fellowship training while maintaining high standards. Planning for a new international associate member category is underway, which will extend connection with the Society to the members of numerous international organizations.

Advocacy efforts on your behalf have blossomed, led by Carl Tommaso, M.D., F.S.C.A.I. Our Advocacy Committee's efforts almost certainly soon will result in Medicare reimbursement for-practice expenses (you previously incurred them but didn't get paid for them) in performing coronary angiograms. Given the decline in reimbursement experienced by interventional cardiologists, this is real progress.

There has been tremendous growth in the use of our CME organization for certification of interventional programs and for program co-sponsorship. To advance physician education—the core of SCA&I's mission—we are working with international organizations from Europe and South America, and strengthening ties with the Cardiovascular Research Foundation and the American Col-

lege of Cardiology. We continue to provide coordination and grading of the abstract program for the TCT meeting in conjunction with the CRF. We have had increasing partnership with the ACC in preparation of guideline statements.

SCA&I has become the parent organization for a regular meeting of interventional program directors with the Accreditation Council for Graduate Medical Education (ACGME). Problems with the accreditation process and manpower needs assessments have been addressed. An ACGME representative has kindly visited our group to clarify program requirements and listen to feedback. Our committee suggested changes in some of the requirements for accreditation and ACGME has initiated new policies in response.

SCA&I's Laboratory Survey Committee has become a busy group, providing a critically needed laboratory quality survey service to cath labs across the country. In a time when labs are faced with increased external scru-

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tiny, demonstrating that the profession itself is taking the lead in maintaining quality fulfills a critical responsibility. Similarly, the Lab Performance Standards Committee has developed a standard for construction and use of a fluoroscopy Phantom, to meet the vital need of promoting image quality in the lab.

These are all part of our mission as a voice for the invasive physician. While many organizations represent some part of our interest, there is no place where such a clear voice speaks to our specific needs.

The year ahead: SCA&I remains unique. All of us have a shared experience working in the special environment of the Cardiac Catheterization Laboratory. The complexity of new therapy has made the Cath Lab a "black box." Patients go in, and then reappear with little sign of the technical expertise or technology that contributes to their therapy.

The Society is critical to help us communicate about our work in this special environment, since no one else is positioned to speak with the rest of the medical community and the community at large about what we do. This is necessary to insure their continued support for the "magic" we work. The "black box" perception needs to be replaced with a clear understanding of how we have transformed therapy for cardiovascular disease to the point that myocardial infarction patients often have such an easy and short

hospitalization that they do not appreciate their peril. Our potential to garner the support we need to continue this work and to maintain pace and progress depends on this communication. In the coming year, we will broadcast that message through our revitalized Publicity Committee and in every other way possible.

The recent SCAI meeting in Seattle advanced all of these goals. The meeting was remarkable for the information exchange, interaction and the collegiality it provided. The SCA&I meeting provides a broad review and update on intervention coupled with attendees who have a high level of experience. This results in a level of discourse and an intimacy not found elsewhere. The ability to really speak with our colleagues is unparalleled. Our greater voice comes from this interaction and I look forward to the next year as that voice.

I feel especially fortunate to have found the most critical mentoring for my professional development within SCA&I. The one-on-one exchange that comes from participation in Society committee work, the annual meeting and Society interactions through catheterization and cardiovascular interventions remain the pillars of our Society and the elements that differentiate it from other organizations.