



The Society for Cardiovascular Angiography and Interventions

SCAI President's Page

SCAI's Congenital Heart Disease Members: Leading the Way to Excellence in Patient Care

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In last month's President's Page, I gave you a summary of our recent efforts to update SCAI's strategic plan. All of our working groups invested a great deal of time and energy, and their efforts will serve our Society well in the years to come. However, in this installment of the President's Page, I want to acknowledge one of the hardest working and most active groups: our congenital heart disease (CHD) colleagues. I have long believed that CHD specialists are among the most highly skilled, superbly trained, and dedicated physicians anywhere, physicians we are proud to call colleagues and friends. In short, SCAI's CHD membership is a critical part of our worldwide Society.

The CHD working group began its strategic planning efforts this spring, approaching this responsibility with enthusiasm, dedication, and intensity. (In fact, they were the first working group to finish!) The goal developed by the CHD group (and enthusiastically endorsed by all present at our planning session): establish SCAI as THE premier organization for interventional cardiologists specializing in CHD.

I would like to publicly and enthusiastically thank our colleagues, including the chair, Ziyad Hijazi, and co-chair, Julie Vincent, and the members, including John Cheatham, Jose Ettedgui, Thomas K. Jones, Chuck Mullins, Carlos E. Ruiz, and Michael Slack, who prepared this part of our new proposed strategic plan. Thanks to the hard work of these colleagues (and many other similarly dedicated physicians in SCAI's CHD community), your Society has become the primary membership organization for CHD specialists.

The next goal: develop SCAI as a professional organization of choice for CHD interventionalists. The Society will take, with even greater intensity, this

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DOI 10.1002/ccd.20569

Published online 19 September 2005 in Wiley InterScience (www.interscience.wiley.com).

effort to the next level, addressing issues and developing programs focused on issues confronting the CHD interventional physician.

Among other recommendations outlined in the strategic plan, the CHD Planning Group proposed the following:

- Implementing, monitoring, and evaluating existing training guidelines and criteria for diagnostic and catheterization procedures on CHD patients.
- Developing new guidelines as the state-of-the-art in treating CHD patients continues to evolve.
- Working with the FDA to develop a new review process for approving new interventional devices to treat congenital heart disease, and encouraging the adoption of objective performance criteria (OPCs).
- Developing credentialing criteria and standards for physicians performing interventional procedures.
- Developing a special recognition from the Society for proficiency in performance of CHD interventional procedures.
- Developing a CHD educational model similar to that used for adult interventional board review.
- Developing a curriculum for a CHD subspecialty certification, significantly expanding the dialogue with ACGME regarding training programs and standards.
- Including CHD physicians on Fellowship Award Committees.

The Executive Committee of your Society will work closely with the CHD Planning Group to bring these recommendations to the Board of Trustees for review, and join me in thanking these dedicated individuals for their efforts.

In the remainder of this column, I will present excerpts from the CHD working group's presentation at this summer's strategic planning session (with gratitude to that working group for allowing me to present the results of their hard work) to allow them to describe in their own words their plans for the future. While not every item may be implemented (or implemented immediately), and some are very complex, requiring intensive exploration, the CHD working group's report provides an important framework for the coming years.

The Society's bottom-line commitment: our CHD colleagues are a vital, integral part of the SCAI family, and we will continue to work toward mutually shared goals: excellence in education, excellence in patient care, and advocacy toward quality in patient care.

EXCERPTS FROM THE CHD WORKING GROUP'S REPORT

“INTRODUCTION. The congenital heart disease section of SCAI is a small but an important part of the

Society. Currently, interventional pediatric (congenital) cardiologists have no formal association with any other society and they usually have no voice in any of the large societies/academies/colleges. There is no society to speak on their behalf. Therefore, we believe that SCAI represents the only voice and venue for us. However, to strengthen the association and to increase membership of congenital cardiologists into the Society and to have the Society be the sole venue for us to turn to, there are many things that we believe the Society can do on our behalf. Such potential strategic initiatives will strengthen the role of congenital cardiologists and of course this in turn will enhance membership into the Society.

Potential Strategic Initiatives

1. Training Guidelines and Criteria for Diagnostic and Interventional Cardiac Catheterization on Patients with Congenital Heart Disease:

We believe SCAI should take lead in implementing existing guidelines and developing new ones as the need arises. We recommend that, over the next two years, SCAI should form a committee charged to set guidelines for fourth-year training in this field as well for a certifying examination, similar in a way to the adult interventional board.

- a. This would include necessary training requirements/criteria for:
 - i. General CHD training
 - ii. Training for physicians desiring to care for adults with CHD
 - iii. Advanced training in interventional therapies
 - iv. Proficiency exams and/or certification exams

- b. Standardize fourth-year interventional training programs

- c. Link candidates for subspecialty training to fourth-year fellowship positions. This is an important aspect where SCAI becomes the place to turn in order to secure a spot in a training program.

- d. Allow a process to assess or track the workforce needs in the subspecialty: what is available, what is needed, and where the need is.

LET US TAKE THE LEAD ON GUIDELINES FOR TRAINING!

2. Revision of the FDA Process for New Device Evaluation:

Currently, the FDA has stringent criteria for approval of devices for CHD, including randomized trials. Unfortunately, due to the small number of patients, conducting randomized clinical trials in

CHD patients is very difficult, if not impossible. Therefore, we would like SCAI to foster the dialogue between CHD interventionalists and the FDA. We plan to

- a. Develop more position statements
- b. Advocate for those position statements through legislative, regulatory, and administrative efforts (just plain meeting with and talking to FDA officials).
- c. Write Objective Performance Criteria (OPCs) for different devices, working with our CHD physician peers/colleagues and with congenital heart surgeons.
- d. Recommend to the FDA to consider reviewing/approving new devices for CHD once they have met the device-specific OPCs, versus the current system of randomized clinical trials. While such trials are fundamental to the device review process, the relatively small number of CHD patients has a practical drawback: our patient population numbers are such that it can take years to get to an 'end point,' or a point where a device could be approved. The unintended but serious result: CHD physicians are unduly limited in the spectrum of approved devices available to meet our patients' unique needs.

We are in need of a system that responds to the needs of our patients toward the best possible care. The goal is a system that facilitates clinical trials, augments trial data with OPC information, and streamlines the approval process for medical devices used in CHD.

3. Hospital Credentialing:

- a. SCAI should be the organization in charge of credentialing physicians who are interested in performing procedures related to CHD. Therefore, a CHD subcommittee should be formed to standardize credentialing criteria/guidelines for physicians wanting to perform diagnostic and interventional cardiac catheterizations on patients with congenital/acquired heart disease in the pediatric population and on adult patients with CHD. Guidelines should include:
 - i. Specific criteria for past training and/or experience
 - ii. Proficiency testing or certification required
 - iii. Number of procedures (diagnostic and interventional) that must be performed per year (i.e., requirements to maintain credentials)

- iv. Device- or procedure-specific 'proctoring' or credentialing criteria/requirements

4. Education/Research Subcommittee:

- a. There is a need for a presence of an SCAI subcommittee that would advocate research and education in CHD. This subcommittee would help support:
 - i. Funding for fourth-year fellowship training in CHD.
 - ii. Travel grants for educational meetings, such as the SCAI and/or PICS meetings
 - iii. Academic credibility for CHD.

We hope over the next few years the SCAI will adopt such initiatives. We believe if the SCAI does adopt these initiatives, the membership will definitely increase in our Society and, moreover, SCAI will truly be the voice for invasive cardiologists who care for patients with CHD."

I will conclude by mentioning that in addition to the ambitious goals proposed above, the CHD working group has enthusiastically led the way in developing better ways to communicate with their colleagues worldwide. Most recently, an educational working group was formed consisting of Drs. Frank Ing, Tom Jones, Thomas Fagan, John Rhodes, and Jeffrey Feinstein to create a major presence for their community on www.scai.org. Their plans are to add significant content in CHD in a wide variety of modalities, including cases/cine presentations, slide sets, didactic lectures, information for patients and families, clinical guidelines, committee member roster, advocacy-related information, fellowship training slots (locations, contact information), and other information for CHD fellows.

The working group needs and wants your help! Do you have interesting cases, educational slide sets, or other information that would be valuable to your colleagues? Contact Andrea Frazier at afrazier@scai.org (or 800-992-7224) if you would like to share your materials.

To summarize the CHD members' plans for our Society: ambitious plans, ambitious goals, but vitally important work. What do YOU think about these goals? Please email your comments to me at president@scai.org. I will share your comments with Dr. Julie Vincent, SCAI Congenital Heart Disease Committee Chair.