



The Society for Cardiac Angiography & Interventions

SCAI President's Page



The Retreat

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“We fix broken hearts”. Interestingly, this tongue-in-cheek byline offered by one attendee seemed to describe the 25 of us who met for the SCAI leadership retreat fairly well! For many years, the leadership of the Society has met early in the term of each new president to step back and see if your Society is on track. I am happy to report that we are. Our mission statement still rings true:

“To promote excellence in invasive and interventional cardiovascular medicine through physician education and representation and the advancement of quality standards to enhance patient care.”

We remain committed to the original reasons the Society was formed; to promote optimal patient care through careful physician education and dissemination of critical standards and guidelines.

During a retreat several years ago convened by President Joseph Babb, M.D. FSCAI, five goals for the SCAI were established [1]. At our 2003 retreat, we determined that these goals remain as important now as then. They include ensuring the Society has a strong financial position, providing physician education, advocacy in the field of invasive cardiovascular legislation, strong inter-societal relations, and effective communication. During the

past two years, under Drs. Babb and, subsequently, Feldman's leadership, the Society has made many important advances to meet these goals [2,3]. Our professional administrative staff has never been better, our membership has blossomed by over 1000 members, we have made important advances in advocacy, and our scientific CME activities have expanded dramatically. Our goals are being realized, but we now face new hurdles. With growth come “growing pains.”

Our 2003 retreat focused on building a Society that is positioned for the “long haul.” Our field is no longer fledgling. Our Society is no longer fledgling. We must position ourselves organizationally for continued US growth, far greater inclusion of our international colleagues, and enhanced member participation. One of our unique strengths is the open committee structure. Any member can join a committee (and are encouraged to do so). This is distinctly different than other professional

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societies. We plan to improve our ability to introduce new members to our working committees and encourage involvement in active projects. Such a structure allows the SCAI to be rapidly responsive to the issues and needs of our members.

We will continue to practice fiscal responsibility. New ideas or projects will be assessed (usually through the committee structure) for their relative merits. The mechanism for this evaluation will not be cumbersome, but will allow us to prioritize, stay focused, and remain “on-time” with on-going projects. All initiatives will be reviewed with several “filters” in mind. First and foremost, does the initiative fit with the SCAI’s mission and goals? Second, what is the initiative’s “endure-ability?” In other words, will it complement, sustain and promote our mission, and are we able to accomplish it given our available resources? Staff and physician leadership will expand as needed to accommodate priority initiatives. We are committed to remaining responsive to the “issues of the day” and to our member’s concerns.

In an effort to continue the momentum in the “communication” department, an enhanced public relations committee (under the direction of J. Jeffery Marshall, MD, FSCAI) will enable us to remain responsive to our members and to the patients we seek to assist. We envision SCAI as the “go-to” professional organization for objective information on issues in invasive cardiovascular medicine. By coupling the PR committee with a proactive advocacy committee and a strong position in the newly formed Counsel of Cardiovascular Organizations (CCO) we anticipate achieving that vision. The CCO is an excellent example of how your Society is working to improve relations with other professional societies. This group (for whom SCAI past-president Joe Babb is president-elect) was formed in November of 2002 and is already tackling the important issues of cooperation in the areas of advocacy, publications, and media relations.

Above shared inter-societal goals, advocacy, and talk of fiscal responsibility there remains a uniqueness to SCAI. We invasive cardiologists find ourselves in many “exciting” and often stressful situations (“rich emotional

experiences” as David Holmes, MD, FSCAI, says). One enduring quality of membership in SCAI is that we find comrades with whom to “share the adventure”. Few echocardiographers can relate to that sinking feeling one gets when we see dye spurting into the pericardium from within the just-dilated LAD lesion! Your colleagues in SCAI can! Just prior to the retreat, past SCAI president and founding editor of *Catheterization and Cardiovascular Diagnosis* (now *Catheterization and Cardiovascular Interventions*) presented “A politically incorrect look at 35 years of invasive cardiology.” He recalled the early pioneering spirit of the founders of the Society (Judkins, Sones) and of the early interventionalists (such as Grüntzig, Myler, and Hartzler). They were passionate about ensuring that the fledgling specialty they were shaping stayed on course. The beacon they lit for all invasive cardiovascular physicians in those early days continues to burn bright. We continue pushing the envelope with innovative, pioneering therapies which have dramatic impact on patient lives while maintaining an unprecedented concern for quality care and patient outcome. Dr. Hildner’s lecture can be viewed on line, and I encourage everyone to take advantage of his insights (www.scai.org).

As in 1978 when a spirited few founded our Society, the 2003 retreat re-established the common bond and commitment we have to our specialty. SCAI has a unique, relevant and increasingly important voice. With a continued commitment to the highest of quality we will continue to pursue the goals outlined above. We will build on our excellent foundation and continue to shore up the walls of endure-ability. If you are not a member, please join us; if you are, be prepared to get out your torch and add another bit of fire to our collective beacon!

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