



The Society for Cardiovascular Angiography and Interventions

SCAI President's Page

Quality: Then . . . Now . . . And Always

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1976: Just a Casual Dinner . . .

The following was written in 1989 by Dr. William Sheldon, SCAI Trustee-for-Life.

“Dr. Judkins and Dr. Sones had been looked upon as rivals because of the alternative methods for coronary arteriography which they pioneered. In reality, Dr. Judkins and Dr. Sones both knew that they shared common ideals with respect to quality and safety.

On November 15, 1976, Dr. Judkins, Dr. Sones and I had dinner during the meeting of the American Heart Association. I believe this was the first time that these men had ever sat down for an unhurried direct conversation. I was the listener, speaking up only when there was a lag in the conversation. As the evening went on, we became more relaxed and more candid. Nothing was settled, except to understand that we shared the same concerns, and we agreed to arrange a

second meeting, with a larger discussion group. . .”¹

This informal meal – about thirty years ago – led to the birth of what is now the Society for Cardiovascular Angiography and Interventions (SCAI). Dr. Sheldon, one of your Society’s founders and later our fifth President, was uniquely privileged to be present at that memorable dinner in 1976. Although Mel Judkins and Mason Sones didn’t know one another very well, they clearly shared a deep commitment to quality care above all else (Fig. 1).

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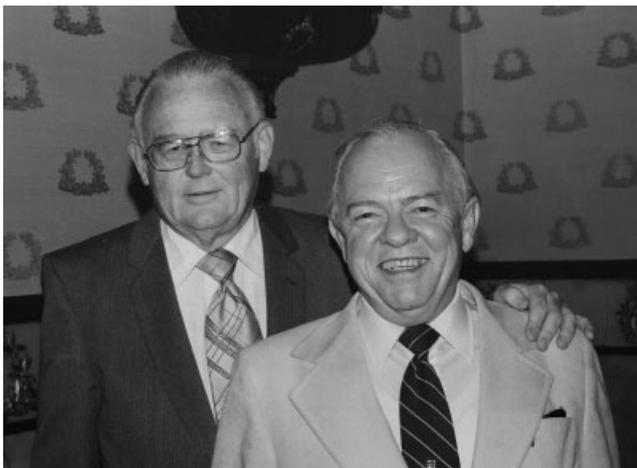


Fig. 1. Quality was the prevailing theme of the early conversations held by Drs. F. Mason Sones (right) and Melvin P. Judkins. These talks led them to co-found the organization that is now SCAI, which in 2006, with more than 3,500 members in its ranks, is still focused on the same theme of how to deliver the best quality of care to patients.

I find it inspiring that the first conversations regarding the creation of a professional society for angiographers focused on these new friends' shared commitment to quality and safety in patient care. These formative conversations set the tone that continues strongly to the present day; specifically, **quality** is the foundation of everything we promote as a Society.

As I wrote in my first SCAI President's Page², advancing SCAI's quality agenda is the theme of my year as SCAI's President and already has been my focus in several President's Pages. Over the past 30 years, the scope of invasive cardiology has dramatically changed from simply a diagnostic test to a major therapeutic option for patients with coronary artery disease. Moreover, it continues to expand with developing therapeutic options for valvular heart disease, other structural abnormalities, and congenital heart diseases. In this column, through an informal historical tour, I will hopefully show you, that although the science has changed, our Society's commitment to quality has not. **Quality** has always been our organization's constant, and we should all be proud that we have kept that commitment.

1977: Turning an Idea Into Reality

"A meeting of the Cardiac Catheterization and Angiographic Laboratory Study Group was held in Las Vegas, Nevada on March 8, 1977. Mason Sones and Mel Judkins opened the discussion by reviewing their concerns regarding the quality of

*performance of cardiac catheterization and angiographic studies in laboratories throughout the country... There was general agreement that there was a need for professionals working in these areas to police themselves and for standards of performance developed by those of acknowledged experience..."*³

As reported by Dr. Sheldon, the three of them quickly went to work. Scarcely six months later, they and twenty colleagues met to plan the framework of their proposed society. From the beginning, they knew the number of hospitals performing cardiac catheterization was growing rapidly and there was a critical need for the profession to police itself lest the quality of patient care suffer. In early 1978, a group of 42 cardiologists assembled to formally organize what was called then the Society for Cardiac Angiography.

1981: Advocacy – a Vital Part of Ensuring Quality

"Recently, the Society published a position paper that addressed itself directly to the performance of cardiac angiography as a clinically useful diagnostic procedure⁴ We felt it appropriate to emphasize the efforts and goals of our Society to increase the quality and safety of cardiac angiography as a whole and to underline the reasons why we think that coronary angiography makes a significant contribution to the medical profession's fight against coronary disease, the number one killer in modern society".

"We found such a paper even more important in light of voices that, by using demeaning and insulting generalizations, implied that coronary arteriography is increasingly abused by angiographers because of profit motives. Similar position papers and reports that relate to our activities are planned for the future".⁵ (Dr. Sven Paulin, SCAI's fourth President).

Advocacy on behalf of members and their patients has always been a vital function of your Society. Advocacy involves more than the "bread-and-butter" economic issues (although those are, of course, important). Of paramount importance is advocating for our members' right to practice medicine in accordance with objectively prepared clinical guidelines, in the best interests of their patients. To the present day, we continue as a Society to counter efforts aimed at restricting our ability to provide the best care possible for our patients in emerging areas such as carotid stenting, CT imaging, peripheral intervention, and others.

1989: Looking Back Then, Looking Back Now

*"It is of interest to note that many of the issues related to interventional cardiology today, i.e., credentialing, standards for performance, quality and safety are virtually identical to those that confronted us in 1978 when the Society was formed."*¹ (Dr. William Sheldon).

As I am now writing in this President's Page, in 1989 Dr. Sheldon looked back at how the Society had changed – and had not changed – since its founding eleven years earlier. His words provide reassurance that our Society's commitment to quality remained constant in both word and actions. In Dr. Sheldon's brief remark above, he notes three areas where your Society is active and perhaps even more active than in the past.

- **Credentialing:** SCAI is totally engaged in the complex multi-society dialogue now underway regarding physician credentialing in CT imaging and carotid stenting, and will do so as new technologies continue to emerge;
- **Standards for performance:** As noted above, we are likewise closely monitoring developments in the "pay-for-performance" arena, and working to ensure your voice is heard as policies are proposed; and
- **Safety:** I could proudly cite all of the specific SCAI guidelines, protocols, projects, and other initiatives devoted to patient safety, but will note just two – our effort to develop and implement the use of an imaging phantom to test and quantify image quality, and our working group on occupational safety and health in the catheterization laboratory – focused not only on the safety of patients, but also physicians and all laboratory personnel.

1999: The SCAI Laboratory Survey – An Unbiased External Review

"In 1981, our Trustees developed a plan for the voluntary review of cardiac catheterization laboratories. By 1983, the Society was receiving requests for reviews and some laboratories were visited. In 1989, the Laboratory Survey Committee was formally created to serve by providing comprehensive independent outside review services for cardiac catheterization laboratories regarding facilities, equipment, personnel, policies, procedures, and quality assurance.

With the proliferation of cardiac catheterization laboratories, critical self-assessment and effective quality assurance mechanisms become

*increasingly important for hospital administration, physicians, and patients. An unbiased, professional external review of a laboratory can provide valuable insight into its strengths and deficiencies... It was our impression that the laboratories visited had a strong desire to provide high-quality care, but sometimes just needed a little direction or an external push to get certain critical issues into the proper focus."*⁶ (report from the Laboratory Survey Committee).

One of the Society's most important quality assurance programs has developed through the Laboratory Survey Committee. The members of this Committee provide objective, independent reviews to laboratories seeking to provide the best care possible. Now in its 26th year, the Committee's services are being requested with greater frequency than ever before. This program is perhaps the Society's most visible demonstration of our commitment to excellence in cardiovascular care. I suspect both Drs. Sones and Judkins would be well-pleased by this effort.

The above paragraphs provide just a glimpse of the development of the Society and our focus on quality over the past 30 years. Perhaps the best summary of our Society's commitment to quality was written by Dr. Frank Hildner, a Trustee-for-Life and the founding Editor of this journal, when he was SCAI President in 1990.

1990: Quality Is the Only Issue

In May 1990, Dr. Hildner summarized his thoughts about his year as the 12th President of SCAI, noting that he had been privileged *"to walk in the footsteps of giants: Drs. F. Mason Sones, Melvin Judkins, Goffredo Gensini and others. Although I never filled their shoes, I have attempted to guide the Society along the path of quality toward the ultimate goal of the best possible care of patients."*⁷

Frank listed the many quality-related initiatives started or strengthened under his watch, including physician credentialing criteria, design/performance of lab equipment, training program standards, and numerous others. He then observed, in words as true today as they were then: *"But after the discussions, evaluations and standards have been completed, we shall find that the underlying reason for it all remains unchanged: the reason is quality."*

Frank elaborated on several areas where the Society's work had made critical contributions to quality:

- **Physician performance and competence:** *"The Society has established degrees of membership with pro-*

gressively rigorous requirements. Fellowship indicates that the successful candidate has substantial practical experience, a documented record of performance and, above all, maturity.”

- Laboratory standards: “Guidelines have been developed for organization and quality assurance in cardiovascular laboratories, radiation protection, electrical safety, angiographic imaging, and similar topics.” This remains true today as our own efforts in guideline development and collaboration with other professional organizations continues to expand.
- Education: “Operation of the highly specialized equipment should not be entrusted to untrained hands... Because education improves job performance and patient care, the Society sponsors the annual Melvin P. Judkins Seminar and other programs.” Our educational programs continue to grow with stronger and broader offerings than ever.

The More Things Change . . .

The commitment to quality as expressed by our founders years ago holds just as true today. As they noted in 1981:

“We share the public concern regarding appropriate use, quality performance, and cost effectiveness of coronary arteriography... The practice of clinical medicine is evolving continuously. What was considered to be optimal treatment in the past is outdated today, and the present status of our understanding of disease processes and

*the ability to help our patients will undoubtedly be superseded by increasing knowledge and experience in the future”.*⁴

After all, as Dr. Hildner said so succinctly, “quality is the only issue.”

Please send your thoughts and ideas to me at president@scai.org. I would be grateful to hear from you and will respond to every message.

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