



# CARDIOLOGY

in Colorado

Fall 2018

[www.COLORADOACC.org](http://www.COLORADOACC.org)

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# PRESIDENT'S LETTER

■ JOHN MESSENGER, MD, FACC



The Colorado Delegation joined about 450 cardiovascular professionals in Washington, DC on October 1-2, 2018 for the ACC's annual Legislative Conference. This two day meeting culminated in us making our walk rounds of Capitol Hill meeting with the legislative aides for our Colorado lawmakers (Sen. Bennett and Gardner, Rep. Buck, Coffman, DeGette and Perlmutter). During our visits, we spoke about the difference cardiovascular professionals make in the lives of our patients and shared our vision for how our elected officials could help us to continue the advancement of cardiovascular care for our patients in Colorado.

Our key talking points, developed by our Legislative Affairs staff in conjunction with the ACC's Health Affairs Committee, chaired by Thad Waites, MD included the following messages to our members of Congress:

- Foster medical innovation and research through robust funding for the National Institutes of Health (NIH), Food and Drug Administration (FDA), and Centers for Disease Control and Prevention (CDC).
- Exercise careful oversight of issues that contribute to administrative burden and detract from patient care, including undue limitation on access to medication and other necessary therapies, prior authorization and lack of EHR interoperability.
- Continue bipartisan collaboration on cardiovascular priorities. As an example, the Bipartisan Budget Act of 2018 included provisions of great importance to cardiovascular clinicians and the broader healthcare community.

A major focus of our discussion was on the issue of Prior Authorization and the burdens this is placing on patients and providers. We urged our Representatives in the House to sign on to a letter to CMS requesting review of prior authorization under Medicare Advantage to determine the potential negative impacts on providers and patients. This letter, led by Rep. Phil Roe, MD (R-TN) and Rep Ami Bera, MD (D-CA) only had one co-signer from Colorado, Rep. Mike Coffman (R-CO-6) at the time of our visit. After meeting with Janessa Lopez, legislative aide to Congressman Ken Buck (R-CO-4), we heard back this week that Rep. Buck has agreed to sign on the letter supporting the review by CMS of the Prior Authorization process. It was very rewarding to see that meeting with our elected officials as part of a cardiovascular care team on behalf of our patients in Colorado could have an impact so quickly. The ACC's Legislative Conference is a wonderful experience and I would recommend it highly to our Colorado ACC members. This meeting also heightened all of our awareness about the importance of advocacy on behalf of the ACC and our patients here in Colorado. For those interested in helping the ACC learn about the status of prior authorization denials in Colorado, the ACC Prior Authorization Reporting Tool is available for use by practices and providers to document

interactions with this process that are specific to Colorado at [www.acc.org/partool](http://www.acc.org/partool)

Coming up next for the CO ACC Chapter is the Heart Failure Summit 2018, being held December 13-15, 2018 at The Broadmoor, Colorado Springs, CO. This meeting is a comprehensive meeting focused on existing and novel strategies for the evaluation and management of heart failure as well as other cardiovascular diseases to a wide range of clinicians from the Mountain West. It also aims to highlight the collaborative and regional nature of advanced heart failure care. We are featuring a diverse faculty of more than 60 individuals who will present during the 2-day meeting. Please visit [www.coloradoacc.org](http://www.coloradoacc.org) to get more information and register for this upcoming meeting.

Thanks



Pictured Left to Right: Minakshi Biswas, MD; Ann Poteet, AGNP-C; John Messenger, MD; Joseph Cleveland, MD; Jolin Honas, NP and Nancy Lundy, NP

# WHAT IS YOUR INTERNET/ SOCIAL MEDIA REPUTATION?

BY JOHN ERWIN, III, MD, FACC, GOVERNOR OF THE TEXAS CHAPTER OF THE ACC.



Social media. At first glance, you might say: “I really don’t have time for that stuff. I’m not on it, so I don’t have a reputation.” You’re dead wrong. Whether a clinician actively participates on social media or not, each has an online reputation.

## “Who controls that reputation?”

I would encourage each of you to search your name on Google today. What comes up? Typically, it’s some type of doctor rating site such as Healthgrades, RateMDs, Vitals.com, or the like. These are generated by anonymous patient reviews. If you are doing nothing to proactively put your public face forward, this may be all that anyone can readily find about you – which can be good or bad. In general, this is less than ideal.

The next thought that generally comes to mind for most busy clinicians is: “I really can’t see the point of documenting in pictures what I have for supper each evening. I need to finish my Epic charting.” Like any tool, social media can be used for both productive and destructive purposes. Social media can enrich one’s personal and professional experiences, but also act as another distraction or “time suck.”

Budget your time. I tend to check social media most when I’m either on the elliptical in the morning or walking from one end of my clinical complex to the other. Find the best times for you. Post and engage consistently, but also set boundaries to avoid addiction!

So how can you get started in taking control of your online reputation by engaging with social media? Here a few tips from my experience:

There now seems to be countless portals by which to enter the social media (SoMe) arena. I will admit that when I started out on SoMe, it was a somewhat scattershot approach mainly to stay connected to a wider group of friends and colleagues. My Twitter career was “launched” at #ACC13, when Dr. Farris Tamimi, who is a noted cardiologist and the Medical Director of the “Mayo Clinic Social Media Network,” convinced me to partner with him to help tweet highlights and pearls from that meeting. My list of followers grew from about 100 to around 3,000 over three days. Now, there are a lot of Twitter users swimming in that particular pool when reporting from meetings. So like anything else that we do, it’s important that we develop goals that we’d like to achieve before diving into an effort that does require some time. To determine which platforms will help you achieve your goals, it is helpful to know some general concepts about what’s out there. While I will not attempt to perform an exhaustive review, I’ve provided highlights of the more popular platforms:

## Professional Networking:

Two of the most popular professional networking sites are [LinkedIn](#) and [Doximity](#). Both sites allow one to have an online CV as well as to share articles, questions, and ideas. LinkedIn is not specific to health care, but it is probably the best foundational site for one to build connections. HR Departments typically use LinkedIn to help find or narrow down candidates for open positions. Doximity is specifically developed for physicians and allows for more specific medical networking and sharing of personal contacts. I would encourage all professionals to establish an account on one or both sites.

### **Social Networking:**

The first major social networking site with popular “staying power” has been Facebook. While the younger generations seem to be moving away from this platform, the more senior generations continue to utilize it with gusto. One would have had to spend the last several years in an underground bunker to have not read or heard things about this platform. Whether you use Facebook for marketing or personal connectivity, I would urge all to read thoroughly about [privacy settings for Facebook](#).

### **Blogs:**

Many people don't consider blog sites social networking, but they most certainly meet the definition, especially as it pertains to allowing others to know your story, opinions, experiences, etc. I highly recommend a [self-hosted site, with WordPress installed](#), if you are looking to enter this sphere. Like all social media, it's important to be consistent in terms of quality and frequency of posts to drive readers to your site. This can be quite time consuming and is one of the main reasons that I prefer “micro-blogging” on sites such as Twitter. The same principles of consistency apply to Twitter, but one is limited to only 280 characters to express a primary theme, so one must become adroit at being succinct. This can be augmented with links to pertinent articles, images, and videos as well as by creating short “threads” of tweets that would address the theme being discussed. More on Twitter later!

### **Media Sharing:**

YouTube and Instagram are popular media-sharing sites. They are excellent for both personal and professional topics, and many have used these sites well to demonstrate procedures, interesting imaging findings, present cases, and more. With all forms of SoMe, one must be cautious about the types of information that are shared. Even de-identified images/videos can be considered Protected Health Information (PHI) under the HIPAA regulations. One should always check with one's hospital/institution before sharing on social media. The safest bet is usually to obtain informed consent from a patient before posting images/videos.

### **Podcasts:**

If you'd prefer the longer format of blogging, but don't find that you particularly enjoy writing or note challenges in getting your points across in writing, a podcast may be the niche for you! [Learn about starting one here](#). There are many podcasting host sites out there, or you can host your own.

### **“Given all of this information, where do I start?”**

My recommendation, depending upon your intent, would be to start by opening and populating your CV on a LinkedIn account and simultaneously joining us on #CardioTwitter! It is important when getting started on Twitter that you set up your account with a [few quick, but important things](#) that really take only a few minutes to do. Follow a few trusted “Tweeps” like @MinnowWalsh, @MikeValentineMD, or Andy Miller (@apmille1) and like/retweet their tweets. That's an easy way to engage in dialogue with the many cardiology themed discussions on twitter for a while to gain some level of comfort. One can also follow any of the ACC's accounts,

which are full of great information: [@ACCinTouch](#), [@ACCCardioEd](#), [@ACCCVQuality](#), [@Cardiology](#) (which will be a big player with the upcoming #ACCLegConf). The majority of ACC State Chapters also have their own Twitter handles (e.g. [@txchapterACC](#), [@AlabamaACC](#)). One can also follow popular twitter hash tags for cardiology such as #CardioTwitter , #RadialFirst, #EchoFirst, #ACCWIC , #ACCJournalClub, etc. to gain insight into some interesting content and online discussions.

It will also be important that you consider who you would eventually like for your audience or network to be. Will you be predominately using this to keep up with colleagues, networking, and scientific meetings, or will you be focused on a specific practice aspect or discipline? Alternatively, or additionally, do you want to direct some of your content to patient populations in the TwitterSphere?

Many keep their professional and personal accounts separated, but I prefer to tweet mainly about medicine with some personal mixed in so that others can see a few of my other facets! My current breakdown of content that I create or retweet about is 80 percent medicine (mostly cardiology), 10 percent leadership, and 10 percent miscellaneous (which ranges from good movies to [@NCAAFootball](#) and [@NFL](#), from my family to my specific workplace and colleagues). I specifically avoid any partisan politics on my account and I would highly recommend that you do the same. One can still advocate for our profession and our patients without stepping out so far to cause the conversation to stop secondary to partisanship to a candidate, party, or political slant. We would all likely make the assertion that it shouldn't stop the conversation, but it is very difficult to convince others to change stances 280 characters at a time!

Here are some [general Twitter mistakes](#) and how to “fix” them, as well as some #MedicalTwitter specific pearls. My “Twitter Guru,” Dr. Timimi also has a nice 12-word set of guidelines for SoMe usage:

- Don't Lie, Don't Pry
- Don't Cheat, Can't Delete
- Don't Steal, Don't Reveal

That is explained in [more detail here](#).

The ACC also has a wonderful hashtag booklet and official SoMe policy that can answer many other questions that you may have. [Everything can be found here](#).

In addition to helping to shape your online reputation, SoMe can be a very enriching platform by which to ask direct questions to the world's experts in a particular subject matter, engage in lively case discussions, and educate in #MedEd. It can also help one keep up to date with new science and techniques, broaden one's network of professional colleagues, open partnerships for new research/writing projects, and generally allow one to have a great deal of fun in the process!

I hope to see y'all online and/or in person very soon! Please feel free to reach out to me by email at [jperwinmd@gmail.com](mailto:jperwinmd@gmail.com) or [@HeartOTXHeartMD](#) on Twitter if I can help you with any other navigational hints.

Best,

John

# UPCOMING EVENTS

EVENTS

## DEC



**13th-15th** 2018 COLORADO HEART FAILURE SUMMIT

Location: The Broadmoor | 1 Lake Avenue, Colorado Springs, CO 80906

Book Your Room by [CLICKING HERE!](#) Sponsorship Levels [CLICK HERE](#) Register [HERE](#)

# ANNOUNCEMENTS

## ANNOUNCEMENTS



### Addressing Prior Authorization Part of ACC Efforts to Reduce Administrative Burden

Mandated, payer-directed prior authorization for diagnostic imaging and medications continues to be a barrier to patient access in today's cardiovascular practice landscape. The ACC's efforts to drive prior authorization reform as part of its strategic focus to help reduce undue administrative burdens was a topic of discussion during the College's recent [Legislative Conference](#) in Washington, DC. Learn more about ACC's Prior Authorization Principles and take advantage of prior authorization reporting tools, which collect data from pre-authorization requestors on disputed prior authorization requests and denials, in order to help identify trends of inappropriate prior authorization decisions, at [ACC's online Prior Authorization hub](#). [Read more](#)

about the Legislative Conference.

### Feature | ACC 2018 Legislative Conference: A Lesson in Engagement, Collaboration and Influence

Oct 16, 2018

Cardiology Magazine

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FIGURE 2

Relative Risk of Cardiovascular Events in Men and Women With Diabetes



**Thank you** for the unique opportunity to participate in this year's **ACC Legislative Conference**. Not only did the conference provide excellent learning and networking opportunities, it empowered me to be an advocate for my patients outside of the true clinical setting. The experience provided insight into important issues affecting our cardiovascular teams throughout the nation and into current legislation on the Hill. We discussed these aspects of cardiovascular care with our lawmakers, planting the seed for future relationships. I will use these new experiences to work closely with the cardiovascular societies to promote excellent care for our diverse patient population, while focusing on the critical aspects of the Quadruple Aim. ~ **Dr. Minakshi Biswas**