



CARDIOLOGY

in Colorado

Winter 2019

www.COLORADOACC.org

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Colorado
CHAPTER

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PRESIDENT'S LETTER

■ JOHN MESSENGER, MD, FACC

2018 State of the State Report

MEMBER VALUE AND ENGAGEMENT – ACCOMPLISHMENTS AND OPPORTUNITIES

Held our Fifth Annual Chapter meeting December 13-14, 2018. This meeting was held jointly with a Heart Failure Summit sponsored in conjunction with University of Colorado School of Medicine. Attendance at the meeting again increased and was the highest we have ever had for a state chapter meeting with over 230 attendees including CVT members in a parallel track for the morning session on 12/14/18. This included CME and MOC for attendees. We plan to co-sponsor the 2019 annual meeting with the Colorado ACC Heart Failure Summit that will be held December 12-14th, 2019 at the Broadmoor Hotel in Colorado Springs, CO. Hosted online and in person CME opportunities for members throughout Denver area. Plan to expand to other cities for 2019 (Grand Junction, Pueblo, Fort Collins, CO). We held our largest CVT Symposium (organized by our CVT Liaison, Jolin Honas, NP, AACC) in Denver on Saturday 9/22/2018 with more than 75 CVT members in attendance. This is being followed up by a CVT meeting in February 9th, 2019 in conjunction with the 28th Annual Cardiovascular Conference at Beaver Creek, co-sponsored by the CO ACC Chapter for the third year in a row. Finally, for the third time, we have an FIT team representing Colorado in a Trivia competition at the ACC Annual Scientific Sessions in 2019.

POPULATION HEALTH – ACCOMPLISHMENTS AND OPPORTUNITIES

Continued representation by ACC members on state appointed STEMI task force to address gaps and opportunities in reforming STEMI care to improve patient care and access. Our goal from CO ACC standpoint during meetings and process is to use NCDR as mechanism to improve quality outcomes rather than imposing new, duplicative efforts by the state. Also had ACC representation in the Colorado Mission:Lifeline Accelerator project (John Messenger, MD, FACC). Had seven members from Colorado at the 2018 ACC Legislative Conference. Will revamp the process for 2019 and work with our chapter executive to recruit CVT, ECP and FIT attendees. Will look to fund out of CO ACC Chapter budget.

We added a new event this year co-sponsored by the CO ACC Chapter entitled Advances in Cardiovascular Disease Prevention: Understanding the Latest in Medications, Lifestyle, and Risk Factor Reduction. This half day conference, featuring Drs. Dean Ornish, Robert Vogel and Andrew Freeman was held

on 10/12/2018 at Saint Joseph Hospital in Denver and was co-sponsored with SCL Health focused on lifestyle and diet to improve cardiovascular health.

PURPOSEFUL EDUCATION – ACCOMPLISHMENTS AND OPPORTUNITIES

Annual chapter meeting December 2018 highest attendance to date. Educational topics well received. Meeting planning committee will debrief in early 2019 and review evaluations for planning educational content for 2019. Will continue with CVT track at the annual meeting which has been well received. Educational meeting for February 2019 CVT meeting in Beaver Creek set up with faculty from Duke by our CVT Liason, Jolin Honas, NP, AACC).

TRANSFORMATION OF CARE – ACCOMPLISHMENTS AND OPPORTUNITIES

Advocacy representation was less than anticipated in 2018 at state level.

Dr. Joseph Cleveland, incoming CO Governor and Dr John Messenger, Current CO Governor met with Representative Michael Coffman in 2018 and have plans to meet with Sen. Cory Gardner and Sen. Michael Bennett in early 2019. We will continue to work with the CO AHA on navigation of legislation that might affect STEMI systems of care in Colorado with a focus on utilizing NCDR Data only for quality improvement efforts. Plan to work with the Colorado Medical Society in 2019 to develop an advocacy day in the Colorado state legislature.

CVT CORNER



ACC CVT membership

The Cardiovascular Team is growing. For the year of 2018 we had 26 new members, bringing us to a total of 155 members. The number of CVT members USA wide has grown too. For a breakdown of the CO members, there are 50 NP's, 16 PA's, 11 PharmD's, 31 RN's, 6 BSRN's, and 41 undeclared members. We have 11 Associates of the American College of Cardiology (AACC) members, which I hope will grow. Many of you are eligible for this status if you apply. Please see the ACC website for more details.

With the growth of the CVT we are recognized by the physicians as vital parts of the cardiology care process. Let's continue to grow. I request that you spread the word about your membership and the many benefits you reap as a result. I encourage you to reach out if you would like to become more active in the CV team. I think 2019 is going to be an exciting year for us. Thank you for your commitment to the ACC.

ACC CVT Liaison transition

I was able to be the ACC CVT Liaison from 2015-2018. I am proud of the accomplishments the CV team has had in that time frame. We now have an annual CVT symposium. We have had 3 successful conferences thus far. The CV team has an executive team. This team collaborates to recruit new CVT members, create the newsletter, to formulate topics to be discussed at the symposiums, as well as the minute details that go by unnoticed.

I have seen the benefits that being a member of the ACC CV team provides. We are a community of professionals striving to become the best cardiology providers that we can be. This platform allows us to network with one another. I went to the ACC core curriculum in October, 2018. I learned so much. The course was held at the Heart House in DC. It was a four-day class covering what seemed like every topic that was pertinent to providing cardiology care. I encourage you to keep your eyes out for the 2019 session. Overall, I feel the education available through ACC is invaluable. I did become an AACC, and am proud to have that credential behind my name.

I have seen the amazing work Jolin has done in the transition year. I am excited about the upcoming year ahead!

Heather Mazzola ACNP-BC, AACC

Greetings CVT Colleagues,

Over the last year or so there have been a number of significant updates to clinical guidelines that are relevant to CVT healthcare professionals. Below please find some quick highlights of these guideline updates and links/citations where you can get more information.

2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol. (<https://www.ahajournals.org/guidelines/cholesterol>)

The American Heart Association / American College of Cardiology (AHA/ACC) Task Force recently published the 2018 Guideline on the Management of Blood Cholesterol. Some key points include the following, but please see the full guidelines for more information:

- **LDL-C targets are back but not for initial therapy.** The 2018 guidelines continue to recommend the use of moderate- or high-intensity statins based on risk stratification to achieve LDL-C lowering of at least 30% for intermediate risk patients and greater than 50% for high risk/very high patients. What is new is using LDL-C targets to help clinicians decide when it's time to intensify or add non-statin therapy.

| Patient Management Group | Risk Stratification | Statin Recommendation | Consider additional therapy if not at LDL-C target |
|-----------------------------|-----------------------|-----------------------|---|
| Clinical ASCVD | Very high-risk* | High intensity | <70 mg/dL |
| | Not at very high-risk | High intensity | <70 mg/dL |
| Severe hypercholesterolemia | | High intensity | <100 mg/dL |
| Diabetes | High-risk† | High intensity | <50% reduction in LDL-C on maximally tolerated statin |
| | Not high-risk | Moderate intensity | N/A |
| Primary prevention | High-risk† | High intensity | N/A |
| | Intermediate-risk‡ | Moderate intensity | |

*Very high-risk includes a history of multiple major ASCVD events or 1 major ASCVD event plus multiple high-risk conditions

†10-year ASCVD risk ≥20% ‡ 10-year ASCVD risk 7.5% – <20%

- **Still can't decide whether or not to start statin?** Coronary Artery Calcium can be used to make clinical decisions. The decision to start a statin for primary prevention is not always clear cut. For intermediate-risk adults (10-year ASCVD risk 7.5% to 20%), there is a moderate quality evidence to consider measuring CAC to refine the risk assessment when either ASCVD risk is unclear or there are hesitations about initiating statin therapy. The CAC score further stratifies ASCVD risk and is independent of many risk factors included in the pooled cohort equation (e.g. age, sex, and ethnicity).

stratifies ASCVD risk and is independent of many risk factors included in the pooled cohort equation (e.g. age, sex, and ethnicity).

| CAC Score | ASCVD Risk | Comments |
|------------|--------------|--|
| 0 | Low | Statin therapy may be withheld or delayed* |
| 1–99 | Intermediate | Favors starting statin (especially if ≥ 55 years of age or older) |
| ≥ 100 | High | Statin therapy indicated |

*Except in smokers, those with diabetes, or strong family history of premature ASCVD

Atrial Fibrillation: Two recent guidelines have become available. Both contain mostly similar recommendations but clinicians should read through both to understand any differences Antithrombotic Therapy for Atrial Fibrillation. CHEST Guideline and Expert Panel Report. CHEST 2018; 154(5):1121-1201

2019 AHA/ACC/HRS Focused Update of the 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation. <https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000665> Top items to be aware of

- Edoxaban has been added to the list of nonvitamin K oral anticoagulants (NOACs [apixaban, dabigatran, and rivaroxaban]) that can be used for stroke prevention
- NOACs are recommended over warfarin except in patients with moderate to severe mitral stenosis or a prosthetic (mechanical) heart valve.
- The decision to use an anticoagulant should not be influenced by whether the AF is paroxysmal, persistent or permanent.
- Renal and hepatic function should be tested before initiation of a NOAC and at least annually thereafter
- In AF patients with a CHA₂DS₂-VASc score 2 in men or 3 in women and a creatinine clearance <15 ml/min or who are on dialysis, it is reasonable to use warfarin or apixaban for oral anticoagulation (Note this differs from recommendations in the CHEST guidelines are reflects the lack of solid information in this area)
- Idarucizumab is recommended for the reversal of dabigatran in the event of a life-threatening bleed or urgent procedure
- Andexanet alfa (recombinant factor Xa) can be useful for the reversal of rivaroxaban and apixaban in the event of life-threatening bleeding
- Percutaneous left atrial appendage occlusion may be considered for patients with AF at increased risk of stroke who have contraindications to long-term anticoagulation
- AF catheter ablation may be reasonable in symptomatic patients with heart failure and a reduced ejection fraction to reduce mortality and heart failure hospitalizations
- In at-risk AF patients who have undergone coronary artery stenting, double therapy with clopidogrel and a NOAC such as low-dose rivaroxaban (15 mg daily) or dabigatran (150 twice daily) is reasonable to reduce the risk of bleeding as compared to triple therapy.

CO ACC/HF SUMMIT COMES TO A CLOSE



This year was a record turnout for the 4th annual CO ACC/Heart Failure Summit at the Broadmoor in Colorado Springs. There were over 250 attendees with four symposia and two workshops. Lectures ranged from Great Debates in Cardiology to Hot Topics in Heart Failure. Dr. Ron Witteles, an Associate Professor of Cardiovascular Medicine at Stanford University in the Division of Cardiology, delivered a riveting plenary discussing the importance of cardio-oncology in which he focused on the cardiotoxicity of chemotherapy and strategies to avoid and treat. Please join your colleagues for fun, food, camaraderie and learning at next year's CO ACC/Heart Failure Summit which will be December 12-14, 2019 once again at the historic and luxurious Broadmoor.

Buyer Beware-The 2019 Angiotensin Receptor Blocker Recall

Beginning July 2018, the US Food and Drug Administration (FDA) announced a series of voluntary recalls for several lots of the angiotensin receptor blocker (ARB) valsartan and its combination products due to contamination with the possible carcinogen N-nitrosodimethylamine (NDMA). As of 2019, the recall list has now grown to include multiple lot numbers of ARBs such as losartan, irbesartan, and candesartan (at this time only Canadian Teva products) contaminated with NDMA or N-nitrosodiethylamine (NDEA). Both NDMA and NDEA are considered possible human carcinogens and should not be present in any drug products. However, not all ARB products contain these impurities and only certain lot numbers from specific generic manufactures have been impacted.

This has left many prescribers and patients in a major dilemma, especially for those HFrEF patients taking an ARB due to an intolerance to an angiotensin converting enzyme inhibitor (ACE-I). The FDA recommends that patients prescribed the affected products should not spontaneously discontinue treatment, as the risk of harm may be higher if the ARB is stopped immediately without any alternative treatment. If your patient is taking a generic ARB, have the patient call their pharmacy immediately to verify if their medication falls under the affected lot number(s). Of note, it is the manufacturer's responsibility to test for these impurities, so more lot numbers could be affected as testing is being completed. The FDA keeps an updated list of drug recalls at the following website:

<https://www.fda.gov/Drugs/DrugSafety/DrugRecalls/default.htm>

Below is a link to affected ARB products.

Irbesartan: <https://www.fda.gov/downloads/Drugs/DrugSafety/UCM624627.pdf>

Losartan: <https://www.fda.gov/downloads/Drugs/DrugSafety/UCM628993.pdf>

Valsartan: <https://www.fda.gov/downloads/Drugs/DrugSafety/UCM615703.pdf>

Save the Dates for Upcoming Educational Opportunities

28th Annual Cardiovascular Conference

February 9-13th, 2019

Park Hyatt Beaver Creek, Beaver Creek, CO

Beaver Creek, The Annual ACC conference, and the CVT symposium

[Brochure](#)

[Register Here](#)

2019 ACC Scientific Session

March 16-18, 2019

New Orleans, LA

2019 CO ACC CVT Symposium

September 13, 2019

JW Marriott Cherry Creek, Denver, CO

Courtney Shakowski, PharmD, BCPS, BCCCP
Clinical Pharmacy Specialist – Cardiology/Critical Care

University of Colorado Hospital

Department of Pharmacy

12505 E. 16th Ave., F757

Aurora, CO 80045

NEWS YOU CAN USE

INFORMATIONAL

Your Voice is Needed: ACC.19 Diversity and Inclusion Town Hall

All are welcome and invited to attend the ACC.19 Diversity and Inclusion (D&I) Town Hall to be held Friday, March 15 from 4 – 5 p.m. (CT) at the Sheraton New Orleans, Maurepas Room (500 Canal Street).

Join D&I ACC Task Force members and leaders to discuss the activities, accomplishments and challenges to increasing D&I in the cardiovascular workforce, including ACC's [newly approved D&I Principles](#).

The Task Force will host a discussion panel, representing perspectives of program directors, industry, center leadership, and payer and regulatory experts. The session will conclude with recognizing Richard Allen Williams, MD, FACC, ACC's inaugural Distinguished Awardee for D&I Leadership. Your participation, ideas and experience are needed! Please [RSVP here](#).

New Versions of ACCSAP, CathSAP and EP SAP Released

Discover three brand new self-assessment programs, created just for you. These new educational products include: [ACCSAP](#), [CathSAP](#), developed in collaboration with the Society for Cardiovascular Angiography and Interventions, and [EP SAP](#), developed in collaboration with the Heart Rhythm Society. All three products have moved to a continuous update model, with new science and guidelines added yearly. Plus, your purchase gives you five years of access, so you won't have to guess which version you should buy to meet your needs/timeline. Each product includes learning material and practice questions that offer both CME credit and MOC Medical Knowledge points. Plus, ECME credit and Canadian MOC credit are now available for users outside the U.S.

ONC, CMS Proposed Rules Promote EHR Interoperability

On Feb. 11, the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare and Medicaid Services (CMS) released two proposed rules supporting the seamless and secure access, exchange and use of electronic health information.

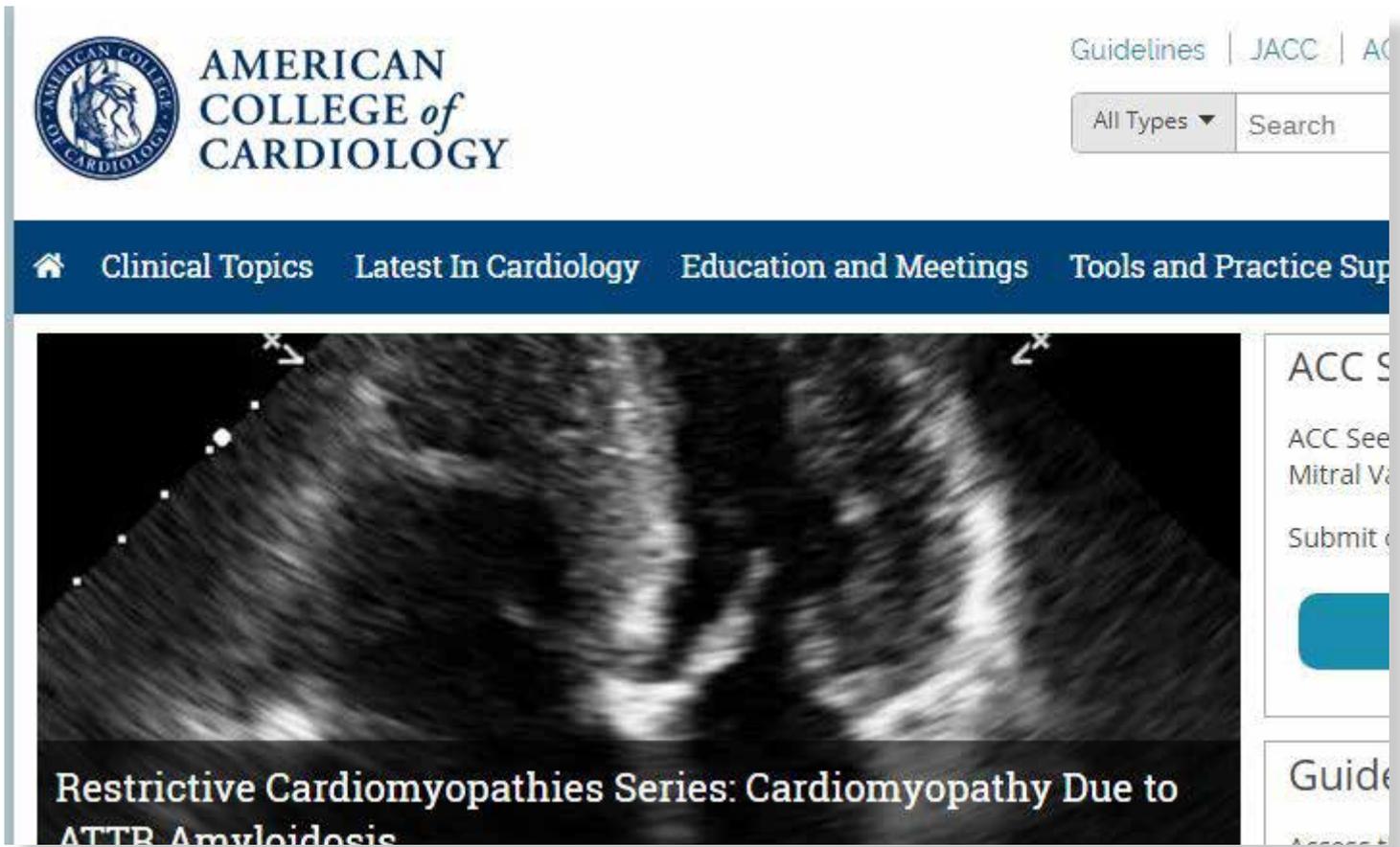
The proposed rules follow requirements in the 21st Century Cures Act, directing ONC and CMS to develop policies that foster interoperability through data sharing and identify activities that do not constitute information blocking.

The rules would increase choice and competition while promoting innovation to expand patient access to and control

over their health information. [Access fact sheets for both rules and more on ACC.org.](#)

ACC's Official Social Media Policy and Hashtag Guide

ACC has released its official social media policy on ACC.org – along with a handy guide to ACC's official hashtags. [Access both here.](#)



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"The ACC exists because of its members—no matter where they live and work," he writes. "While we may live in different places, speak different languages, and come from different cultures and backgrounds, our commitment to our patients is one and the same. We are all part of one world, and one College." ACC President C. Michael Valentine, MD, FACC, [Read more.](#)

ANNOUNCEMENTS

ANNOUNCEMENTS

Congrats to our 3 Amazon gift card winners who engaged with ALL of our Annual meeting sponsors and exhibitors in December:

Bri Lacey
Kelly Webster
Debbie Gill-Henry

[Mark your calendar for our 2019 Annual Meeting! Thursday Dec 12- Saturday Dec 14
The Broadmoor Registration and Hotel reservations open NOW! Click Here!](#)

CVT Team members, please be aware of our Cardiac Rehabilitation Appreciation campaign. As you know, Cardiac Rehab Week takes place from February 10 – 16, and the ACC is marking the occasion by offering nonmember cardiac rehabilitation specialists a discount when they join as members in February.

Board-certified cardiac rehab professionals can join the College as AACCs for \$110 with the promo code CrpAACC. All other cardiac rehabilitation specialists can join as CV Team members for \$95 with the code CRPSave19. Please share with colleagues! Contact [Kelli Bohannon](#) or [Eliezer Gonzalez](#) if you have any questions regarding the appreciation campaign.

UPCOMING EVENTS

EVENTS

MAY

17th HEART & VASCULAR ESSENTIALS SUMMIT [Register Here](#)

SEP

13th 2019 CO ACC CVT SYMPOSIUM Time: 7:15am – 5:00pm

Location: JW Marriott Cherry Creek 150 Clayton Lane Denver, CO 80206 [Register Here](#) [Click here for room reservations](#) **Cut off date to reserve a room at the discounted rate is August 14th 2019**

DEC

12th - 14th CO ACC HF SUMMIT

Location: [The Broadmoor 1 Lake Ave Colorado Springs, CO 80906](#)
[Click Here for room reservations](#)