



CARDIOLOGY

in Colorado

Winter 2017

www.COLORADOACC.org

STATE OF THE STATE

John C. Messenger, MD, FACC
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NEWS

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INFORMATIONAL

Third Professional Life Survey Shows Changes in CV Workforce

Differences in career experiences between female and male cardiologists have lessened over the past 20 years; however, personal life choices and levels of discrimination continue to diverge significantly, according to a Council Perspective from ACC's Women in Cardiology (WIC) Section published Dec. 21 in the [Journal of the American College of Cardiology](#). The third decennial Professional Life Survey, conducted by the Leadership Council of the WIC Section, found that career satisfaction remains high for both female and male cardiologists, and cardiologists are satisfied with profession overall, but sex-based career discrepancies remain. "With the third iteration of the Professional Life Survey, we now have data that provide us with 20 years of longitudinal information on the personal and professional lives of U.S. cardiologists – the largest study of its kind," reflected Claire Duvernoy, MD, FACC, chair of the WIC Section and senior author of the study. [Read more on ACC.org](#).


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Third Professional Life Survey Shows Changes in CV Workforce

Cardiologists Satisfied With Profession Overall, But Sex-Based Career Discrepancies Remain

Dec 21, 2016

ACC News Story

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Differences in career experiences between female and male cardiologists have lessened over the past 20 years; however, personal life choices and levels of discrimination continue to

New Guidance Released For TAVR

A new expert consensus decision pathway will assist clinicians and hospitals in assessing patients' eligibility for transcatheter aortic valve replacement (TAVR), successfully performing the procedure and providing appropriate follow-up. The 2017 ACC Expert Consensus Decision Pathway for Transcatheter Aortic Valve Replacement in the Management of Adults with Aortic Stenosis builds on recommendations set forth in the 2014 AHA/ACC Guidelines for Management of Patients with Valvular Heart Disease, and was published Jan. 4 in the [Journal of the American College of Cardiology](#). In order to develop practice tools that could readily help centers improve their TAVR processes, patient safety and outcomes, the writing committee developed checklists that serve as a starting point for managing patients who are being considered for TAVR. The document also takes clinicians through the steps that are needed to successfully perform the procedure, including what imaging tests are needed and how to ensure continuity of care when patients transition back to their treating physicians. [Read more on ACC.org](#).

NCDR Report Highlights National Trends For Common CV Procedures

Clinical data registry programs like ACC's NCDR "provide unique opportunities to advance the understanding of the clinical characteristics, care and outcomes of patients with cardiovascular disease," according to a report recently published in the [Journal of the American College of Cardiology](#) (JACC). The report provides insights based on 2014 data into the patient populations, participating centers and patterns of care from four of the 10 NCDR registry programs – CathPCI Registry, ICD Registry, ACTION Registry-GWTG and IMPACT Registry. These registry programs focus on percutaneous coronary interventions (PCI), implantable cardioverter-defibrillator implantation, acute coronary treatment and outcomes and pediatric and adult congenital heart disease. "NCDR data provide a unique, clinically rich national perspective on the care and outcomes of high-impact cardiovascular conditions and procedures that are not available elsewhere," said Frederick A. Masoudi, MD, MSPH, FACC, chair of the NCDR Management Board, et al., in a corresponding Executive Summary also published in JACC. [Read more on ACC.org](#).

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NCDR Report Highlights National Trends For Common CV Procedures

Jan 17, 2017

ACC News Story

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Clinical data registry programs like ACC's NCDR "provide unique opportunities to advance the understanding of the clinical characteristics, care and outcomes of patients with cardiovascular disease," according to a report published Dec. 23 in the [Journal of the American College of Cardiology](#) [↗](#) (JACC).

The report provides insights based on 2014 data into the patient populations, participating centers and patterns of care from four of the 10 NCDR registry programs – CathPCI Registry,

Is Your ACC Member Profile Up-To-Date?

The ACC wants to make sure it's sending members only the most relevant information. To that end, the College is encouraging all members to update their ACC profile, including contact information, specialty areas, clinical interest areas and practice information. Don't miss out on the latest cardiovascular research, new clinical guidelines, advocacy updates, ACC news and member benefits. Update your profile online at ACC.org/MyProfile.

TOP EDUCATION NEWS

Rise to the Challenge at ACC.17

Join the world's leading cardiovascular professionals in Washington, DC for 3 full days of innovative education, ground-breaking science and interactive debates and discussion. ACC.17 contains 11 Learning Pathways which covers the spectrum of cardiology and includes a plethora of information on every topic regardless of your specialty area. Plus, new this year, over 300 sessions will offer Dual CME/MOC Points allowing you to quickly and easily meet ABIM's MOC requirements. Advance registration ends Feb. 8! [Register now and SAVE up to \\$300!](#)

DIGITAL ACC RESOURCES

DAPT Risk Calculator App Now Available

The ACC recently launched the [DAPT Risk Calculator App](#) to provide decision support for clinicians evaluating the DAPT therapy for patients and the risks/benefits of continuing or discontinuing DAPT. The App provides a DAPT Risk Score as a numerical value between -2 and +9, where higher DAPT scores suggest that the benefit/risk ratio with prolonged DAPT may be favorable. Conversely, lower DAPT scores suggest that the benefit/risk ratio with prolonged DAPT is NOT favorable. The App also calculates the percentage of risk for: myocardial infarction (MI), stent thrombosis, major adverse cardiovascular and cerebrovascular events (MACCE), and bleeding. [Download the app](#) and find out more about ACC's clinical apps at ACC.org/Apps.

ACC Archived Webinars

Did you know that you can find archived webinars from throughout the years from the ACC on ACC.org? As a member, you have access to this wealth of information [here](#). To access them, you must have an ACC.org log-in and use the confirmation code and webinar access link emailed to you once you. Questions? Contact ACC's Resource Center at Phone: 202-375-6000, ext. 5603 or 800-253-4636, ext. 5603 or resource@acc.org.

[CMS Releases Final Rule Detailing Bundled Payment Models For Cardiac Services](#)

In an attempt to encourage coordinated care, improve the quality of care and decrease costs for heart attack patients, the Centers for Medicare and Medicaid Services (CMS) released the final rule for Advancing Care Coordination Through Episode Payment Models (EPMs); the Cardiac Rehabilitation Incentive Payment Model; and changes to the Comprehensive Care for Joint Replacement Model on Dec. 20 that finalize bundled payment models for certain cardiac conditions and procedures in select geographic areas. The final regulation introduces a new cardiac rehabilitation (rehab) model and a pathway that helps physicians who are heavily involved in bundled payment models to qualify for incentives as part of the Advanced Alternative Payment Model (APM) track beginning in performance year 2019, as part of the downside risk parameters under the Quality Payment Program (QPP), part of the [Medicare Access and CHIP Reauthorization Act of 2015](#) (MACRA). The final rule also creates new mandatory EPMs for the Acute Myocardial Infarction (AMI) Model and the Coronary Artery Bypass Graft (CABG) Model. "As we move from volume-based care to value-based care, this new path for cardiologists to participate in Advanced APMs under MACRA's QPP is a challenging step," said ACC President Richard A. Chazal, MD, FACC. "It is our sincere hope that the end result will be opportunities for coordinated care and improvement in quality, while also decreasing costs for patients with heart attack or who undergo bypass surgery." [Read more on ACC.org.](#)

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CMS Releases Final Rule Detailing Bundled Payment Models For Cardiac Services

Dec 20, 2016

ACC News Story

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STATE OF THE STATE 2016

■ JOHN C. MESSENGER, MD, FACC ■

MEMBER VALUE AND ENGAGEMENT – ACCOMPLISHMENTS AND OPPORTUNITIES

- Held our third year in a row annual chapter meeting December 2-3, 2016. This meeting was held jointly with a Heart Failure Summit sponsored by University of Colorado Health. Attendance at the meeting was the highest we have ever had for a state chapter meeting with over 200 attendees including CVT members in a parallel track for the afternoon session on 12/3. This was about four times larger than the annual meeting in 2015.
- We plan to co-sponsor annual meeting in 2017 with the University of Colorado Health Heart Failure Summit. Hosted online and in person CME opportunities for members throughout Denver area. Plan to expand to other cities for 2017. Held our largest CVT Symposium (organized by our CVT Liaison, Heather Mazzola ACNP-BC, AACC) in Denver in September, 2016 with more than 50 CVT members in attendance. This is being followed up by a CVT meeting in February 2017 in conjunction with the 26th Annual Cardiovascular Conference at Beaver Creek, co-sponsored by the CO ACC Chapter for the first time. For the first time ever, we have an FIT team representing Colorado in a Trivia competition at the Annual Scientific Sessions in 2017.

POPULATION HEALTH – ACCOMPLISHMENTS AND OPPORTUNITIES

- Participation in CDPH (CO Dept Public Health) meetings on “Million Hearts” initiative by Dr. David Rosenbaum, FACC (immediate Past Governor).
- 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. Legislation was unsuccessful at the state level. 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). Decreased CO representation at 2016 Legislative Conference with physician presence only this year. Will revamp process for 2017 and work with our chapter executive to recruit CVT, ECP and FIT attendees. Will likely fund out of CO ACC Chapter budget.

STATE OF THE STATE 2016

■ JOHN C. MESSENGER, MD, FACC

PURPOSEFUL EDUCATION – ACCOMPLISHMENTS AND OPPORTUNITIES

- Annual chapter meeting December 2016 highest attendance ever. Educational topics well received. Meeting planning committee meeting 12/19/2016 for debrief and review of evaluations for planning educational content for 2017. Will continue with CVT track at the annual meeting which was well received. Educational meeting for February 2017 CVT meeting in Beaver Creek set up with faculty from Duke by our CVT Liason, Heather Mazzola, ACNP-BC, AACC).

TRANSFORMATION OF CARE – ACCOMPLISHMENTS AND OPPORTUNITIES

- Advocacy representation was less than anticipated in 2016 at state level.
- Education about MACRA (Eugene Sherman, MD, FACC, Past Chair of Advocacy and past Governor) held at our annual meeting in 2016 was well received by those in attendance. Unfortunately the meeting coincided with the ACC Board of Trustees meeting so we could not have national representation (Drs. Walsh, Masoudi and Rumsfeld all unavailable to attend). We will work on addressing this next year. 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.

“Our mission is to ensure optimal Cardiovascular health for residents of Colorado through prevention, education, quality care, and advocacy.”

UPCOMING EVENTS

EVENTS

MAR

5th-10th INTERNATIONAL CARDIOLOGY 2017: 32ND ANNUAL INTERNATIONAL SYMPOSIUM

Location: Westin Snowmass | 100 Elbert Ln., Snowmass Village, CO 81615 | From Promedica International CME and endorsed by the Colorado and California Chapters of the American College of Cardiology | To Register [CLICK HERE](#) Stay tuned at: COLORADOACC.org/calendar

11th - 12th 1ST ANNUAL CARDIOVASCULAR TEAM CONFERENCE Location: Mayo Clinic Hospital in Arizona, Juanita Waugh Education Center 5777 E. Mayo Blvd., Phoenix, AZ 85054 | Hotels will book up fast so book your stay today! Stay tuned by [CLICKING HERE!](#)

SEP

23rd SAVE THE DATE: COLORADO CARDIOVASCULAR TEAM SYMPOSIUM

Location: Stay tuned for more information on location and details by [CLICKING HERE!](#)

DEC

7th-9th SAVE THE DATE: 1ST ANNUAL CARDIOVASCULAR TEAM CONFERENCE

Location: Broadmoor in Colorado Springs | 1 Lake Ave, Colorado Springs, CO 80906 | Registration \$195 until November 15th! Prices will increase to \$250. Fellows In Training & Students are \$99 | Book your hotel NOW before it sells out [CLICK HERE!](#) [REGISTER HERE!](#) | Stay tuned by [CLICKING HERE!](#)

ANNOUNCEMENTS

ANNOUNCEMENTS

AZ, WA & CO NETWORKING SOCIAL MARCH 18TH, 2017 IN WASHINGTON D.C.

If you are going to ACC'17 you are cordially invited to a joint networking event for Arizona, Colorado, and Washington states! Come network and enjoy food and beverages as a THANK YOU for being a chapter member!

NO RSVP required!

Where:

Corduroy | 1122 Ninth Street NW | Washington D.C. 2001

When:

Saturday, March 18th, 2017 5:30 - 7 PM



Colorado
CHAPTER

<http://www.coloradoacc.org/>

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