

# CARDIOLOGY

in California

Winter 2017

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

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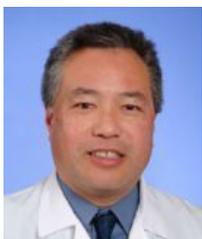


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# GOVERNORS CORNER

■ GARWOOD GEE, MD, FACC



I've lived through some terrible things in my life, some of which actually happened."

Attributed to Mark Twain, I can certainly take credit for having this aptly describe the last few months.

The ACC Cardiovascular Summit occurred last month in Orlando, with the overriding message being that our practices are no longer going to be able to continue on autopilot. Energizing and disquieting at the same time. Everyone in cardiology is destined to have to adapt, whether that is by reporting quality outcomes, adjusting to advanced payment models, or organizing with colleagues along cardiac service lines. Perhaps it is a good thing that a new paradigm should be that we should prove that we lengthen and improve the quality of life of those we care for. How to do so after so many years of just totalling up what services we have performed, is indeed a large shift in how we do business. The ACC is heavily invested in meaningful

change rather than minimal compliance. We at the ACC have access to the big data for cardiology care, and if you have a membership, you know how your practice stands compared to benchmarks, and can use this information to make practice and systems changes.

The last day of the conference, the President signed the since-overturned executive order restricting travel and immigration of a targeted minority. The ACC responded before I arrived home, and clearly made the point that a quarter of our colleagues in medicine were not native born. We made it clear that the medical care of our country would be adversely affected. We were among the first professional societies to protest this unconstitutional act.

Switching off of some terrible things, I can say I am proud of positive things that we get to do with our California Chapter work.

Help us continue to be effective in our advocacy work by making it to our combination Legislative Day and Board of Directors meeting this April 4 in Sacramento.

We have been blessed to have

great governors that have engaged legislators, an engaging and effective lobbyist, and a track record of being perceived as being on the side of our patients.

Our ability to be visible is a key part of that success. Just as importantly, the Political Action Committee has allowed us to support that mission. Please contribute!

[CA ACC Tech Symposium 2017: Future Innovations: The Promise and Peril of Digital Medicine](#)

The hope, hype, and harm of a digital future is set for June 10 in San Francisco. A truly homegrown event, with planning done entirely in California, it is going to be available at no cost to members. Take the opportunity to network, hear about great topics, touch new devices. [Click HERE](#) to register!

I hope to see many of you at the ACC Scientific Sessions, March 17 to 19. Especially if you are new to the Chapter, try to introduce yourself. I'm proud to be your Governor, after all. There's more to life than hoping the worst doesn't happen.

# NEWS

# YOU CAN USE

## 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](http://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](http://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](http://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](mailto: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.](#)

[Clinical Topics](#)[Latest In Cardiology](#)[Education and Meetings](#)[Tools and Pra](#)

## CMS Releases Final Rule Detailing Bundled Payment Models For Cardiac Services

Dec 20, 2016

ACC News Story

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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).

# CVT CORNER

■ TRACY FINEGAN, NP, AACC

## Just for CVTs in Washington, DC for ACC.17:

Increased disease complexities and a rapid growth in treatment options have changed the face of cardiovascular care to include a team of cardiovascular care professionals. And more and more evidence indicates that when patient care is managed by a team, outcomes improve. ACC has long recognized this reality and as a result ACC.17 offers an excellent, diverse and innovative interdisciplinary program that showcases the positive impact of participation of the entire CV team.

## Make Note of These Special CV Team Opportunities:

- **CV Team Lounge:** A venue for CV Team Members to network and connect with each other. Programming and special events take place in the lounge throughout the meeting. The lounge is open 8 a.m. to 5 p.m. during the meeting.
- **CV Team Section Committee Events:** Attendees are invite to attend to learn more about the important initiatives the committee pursues on behalf of the CV Team membership and opportunities to get involved.
- **CV Team Section Annual Meeting, Networking & Recognition Event:** Featuring a keynote speaker, recognition of the current year's class of Associates of the ACC (AACC) and member volunteers. The event is open to ACC CV Team Members and prospective members.
- **CV Team Cases:** Moderated poster sessions highlighting collaboration with interdisciplinary colleagues and providing clinical pearls that can be immediately replicated in your practice.
- **66th Annual Convocation:** In addition to the recognition and induction of the new Fellows of the ACC (FACC), the ACC will award Associate of the ACC (AACC) designations to CV Team members who have achieved outstanding credentials, achievements and community contributions.

# CVT CORNER

■ TRACY FINEGAN, NP, AACC

## Essentials of Cardiovascular Care in Older Adults (ECCOA)

**FREE educational program! Earn 17 continuing education for nurses and pharmacists!**

**Hurry- expires July 2017!!**

- The geriatric population will double between 2010 and 2030. Improve your knowledge, skills and confidence in providing optimal care to older cardiovascular disease patients with ECCOA.
- Use this interactive, web-based program will improve understanding of age-related changes in pharmacology, physiology, CVD presentation, management of CV disease and prevention strategies.
- Visit [www.ACC.org/ECCOAD3](http://www.ACC.org/ECCOAD3)

## Join the Conversation With #ACCCVT

Interested in connecting with the ACC and other cardiovascular team members on Twitter? Use hashtag #ACCCVT in Cardiovascular Team-related tweets and don't forget to tag [@ACCinTouch](https://twitter.com/ACCinTouch) – ACC's main Twitter account. Learn more about ACC's social media channels on [ACC.org/ACCinTouch](http://ACC.org/ACCinTouch).

## DAPT Risk Calculator App Now Available

The ACC recently launched the DAPT Risk Calculator App to provide decision support for clinicians evaluating the risks and benefits of continuing dual antiplatelet therapy (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. The app also calculates the percentage of risk for myocardial infarction, stent thrombosis, major adverse cardiovascular and cerebrovascular events, and bleeding. [Download the app today](#). Find out more about ACC's clinical apps at [ACC.org/Apps](http://ACC.org/Apps). For more information about the DAPT Focus Update and related tools and resources, [visit ACC.org/DAPT](http://ACC.org/DAPT).

**AND** Plan for the Annual CVT Symposium in San Francisco in August 2017! More info to come in the next few months!

Tracy Finegan, NP, AACC

California Chapter of the American College of Cardiology

Southern: Co-Chair CVT Liaison

# STATE OF THE STATE 2016

NORMAN LEPOR, MD, FACC, FAHA, FSCAI

## 1. MEMBER VALUE AND ENGAGEMENT – ACCOMPLISHMENTS AND OPPORTUNITIES

- After 2015 implementation, we have established our merit based points program for Board members. In 2016, we provided 16 (of 54- 30%) scholarships for the ACC Scientific Sessions. We also replaced nine Board members for not having participated even minimally.
- New Technology Committee was formed and a brand new event, the California Chapter of the ACC Technology Fair, was held August 6, 2016 and had 104 attendees and 8 exhibitors.
- Certification and Licensure Committee chaired by Dr. Teirstein, with a focus to alternatives to draconian ABIM certification, presented to the Board, and as well to our legislative meeting in Sacramento.
- Legislative Day in Sacramento on April 22, 2016 attended by 27 members, and presentations by 5 Assembly members.
- FIT event scheduled for December 15, 2016, focusing on training and early career opportunities.

## 2. POPULATION HEALTH MANAGEMENT – ACCOMPLISHMENTS AND OPPORTUNITIES

- Cal Valve successfully rolled out with 34 presentations at 31 sites, and total attendance of 2,050. This provided peer-to-peer education about the emerging area of structural heart disease interventions.
- SB 906 implementation with 10 hospitals (soon to be 20) now able to provide off-site surgical backup PCI.
- Successful passage of Prop 56, a major increase in the smoking tax in California, first since 1978.
- Successful passage of Prop 63, a requirement to have a license to buy ammunition.

## 3. PURPOSEFUL EDUCATION – ACCOMPLISHMENTS AND OPPORTUNITIES

- Availability of all Cedars-Sinai Heart Institute Grand Rounds via the Chapter web-site.
- Cal Valve implementation.
- Co-sponsorship of 51 Educational Programs.
- Northern and Southern Cardiovascular Team Conferences, with 223 total attendees.

## 4. TRANSFORMATION OF CARE – ACCOMPLISHMENTS AND OPPORTUNITIES

- New Technology Fair, August 6, 2016 as above.
- Participation in of members as part of the ACC Leadership Academy.
- FIT participation in ACC Summit.

# 2016 ACC LEGISLATIVE CONFERENCE EXPERIENCE

JAYSON MORGAN, MD

My Experience at the ACC Legislative Conference in Washington, D.C. September 13th, 2016.

The ACC legislative conference run by the ACCPAC was one of the most influential experiences of my fellowship. Meeting fellow ACC and FIT members from across the country in the seat of American policy-making was informative, inspiring, and offered a unique perspective on a complicated topic that will affect the practice of medicine and cardiology for my entire career. After just over 48 hours in Washington D.C., it is clear to me this trip was just the beginning of my involvement with the ACC and my political representatives.

The conference started with high yield lectures pertinent to our practice of cardiology. During medical school, residency, and even fellowship, billing and physician reimbursement are often not discussed due to time constraints and the exponential

growth of medical knowledge necessary to be proficient in your field.

Unfortunately, this doesn't protect new physicians from reimbursement cuts. For far too long, non-physician policy makers used physician salaries as release valves to achieve necessary budget cuts in health care spending partly because the physician lobby was not as strong as other interested parties. Last year that changed, and the SGR formula was finally repealed, avoiding a 21% across the board cut to medicare reimbursement. In theory this was a great success, however the catch was the enactment of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) that has the potential to cost certain medical practitioners even more money in information technology overhead and penalties if they don't achieve certain quality metrics (some of which currently aren't even related to the specialists' domain of practice). While the complete implementation of MACRA has recently been

delayed for another year, the knitty gritty details of the legislation (how episode groups and MIPS will be implemented, for example) will affect your practice, big or small, for the rest of your career. If you weren't able to make the conference, check out the ACC's information about MACRA here (<https://www.acc.org/tools-and-practice-support/advocacy-at-the-acc/macra-information-hub>).

Armed with the new knowledge of just how MACRA could adversely affect the field of cardiology, ACC members spread out across Capitol Hill. I had the opportunity to visit 4 senate and 3 house offices, meeting two representatives in person.

# 2016 ACC LEGISLATIVE CONFERENCE EXPERIENCE

JAYSON MORGAN, MD

Walking in between offices, and accompanying one congressman through the underground tunnels of the Capitol to his vote in the House, I shared the halls with cancer survivors and rheumatology patients lobbying for increased funding to help combat their diseases. I met with extremely bright health care legislative aids that had a commendable knowledge of the intricacies and politics behind the health care legislation their Representative has voted for or against. And I had the opportunity to meet with Dr. Joe Heck, a physician who is a Nevada Congressman currently running for Senate. We had a long conversation about the specific challenges Nevada and California cardiologists and physicians will face if the legislation is implemented without careful consideration of the differences between rural clinics and large hospital systems. In just one day, I got taste for how complicated legislating, executing, and enforcing health care policy can

be, and how crucial it is for our representatives and their aides to have physician input and feedback about these difficult decisions.

With a new President in office, the variability of successes and failures of the Affordable Care Act, and the continued rising health care costs, implementing health care policy is on track to stay a complicated, politically charged issue with multiple powerful stakeholders.

Over-burdensome regulations and reimbursement penalties can devastate existing cardiology practices, pushing some out of business and others towards an early retirement: both threaten to exacerbate an already significant physician shortage. On the other hand, successful implementation with appropriate and adaptable quality standards for large hospital systems, rural clinics, and smaller independent practices could improve the quality of care for all patients while rewarding physicians who take the extra time to quantitatively

improve their quality of care. I hope that my time in D. C. helped to ensure the ACC's seat at the table throughout the process of MACRA implementation to make sure Congress, the Centers for Medicare and Medicaid Services, and the ACC achieve our joint goals of healthier people, better care, and smarter spending while ensuring stable and fair physician reimbursements.

# UPCOMING EVENTS

## EVENTS

## MAR

### 5th-10th INTERVENTIONAL CARDIOLOGY 2017

Location: Westin Snowmass | 100 Ebert Ln, Snowmass Village, CO 81615 | [Click HERE](#) to register  
| Stay tuned at: [CAACC.org/calendar](http://CAACC.org/calendar)

### 23rd CALVALVE EDUCATION PROGRAM: TAVR TALK

Location: Southern California Hospital, 3828 Delmas Terrace, Culver City, CA 90232 | Credit: 1.0 CPME | Stay tuned at: [CAACC.org/calendar](http://CAACC.org/calendar)

## APR

### 7th 13TH ANNUAL BIOMARKERS IN HEART FAILURE AND ACUTE CORONARY SYNDROMES: DIAGNOSIS, TREATMENT AND DEVICES

Location: Estancia La Jolla Hotel 9700 North Torrey Pines Road, La Jolla, CA 92037 | [Click HERE](#) to register | Stay tuned at: [CAACC.org/calendar](http://CAACC.org/calendar)

### 7th CARDIOLOGY UPDATE 2017: CONVENTIONAL WISDOM & BEYOND

Location: Torrance Memorial Medical Center | Hoffman Health Conference Center | 3330 Lomita Blvd. Torrance, CA 90505 | [Click HERE](#) to register | Stay tuned at: [CAACC.org/calendar](http://CAACC.org/calendar)

### 22nd 21ST ANNUAL HEART FAILURE 2017. UPDATE ON DIAGNOSIS THERAPY

Location: Millennium Biltmore Hotel | 506 S. Grand Avenue, Los Angeles, California, 90071 | [Click HERE](#) to register | Stay tuned at: [CAACC.org/calendar](http://CAACC.org/calendar)

### 28th-30th FOURTH ANNUAL CLINICAL ADVANCES IN HEART FAILURE AND ARRHYTHMIAS

Location: Loews Coronado Bay Resort | 4000 Coronado bay Road, Coronado, California 92118 | [Click HERE](#) to register | Stay tuned at: [CAACC.org/calendar](http://CAACC.org/calendar)

## MAY

### 12th 11TH ANNUAL WOMEN AND ISCHEMIC HEART DISEASE SYMPOSIUM

Location: Cedars-Sinai | Harvey Morse Conference Center, Los Angeles, CA | Earn up to 7.0 AMA PRA Category 1 Credits | [Click HERE](#) to register | Stay tuned at: [CAACC.org/calendar](http://CAACC.org/calendar)

For more events throughout the year, please [CLICK HERE!](#)

# ANNOUNCEMENTS

## ANNOUNCEMENTS

California ACC Members Serving on National Committees: Thank you for your contributions!

Alan C. Yeung, MD, FACC  
Alexandra Lajoie, MD  
Alistair Phillips, MD, FACC  
Anthony A. Hilliard, M.D., FACC  
Arnold H. Seto, M.D., FACC  
Ashok Krishnaswami, MBBS, FACC  
Binh An P. Phan, MD, FACC  
Brent M. Gordon, MD, FACC  
Bryan Ristow, MD, FACC  
Byron Kwock Lee, M.D., FACC  
C. Noel Bairey Merz, M.D., FACC  
Charles R. McKay, MD, FACC  
Cynthia Jackevicius, Pharm.D.  
Daniel Eric Westerdahl, MD  
David E. Kandzari  
Dean T. Mason, M.D., MACC  
Deepak Khanna, MD, FACC  
Dipti Itchhaporia, M.D., FACC  
Doff McElhinney, MD  
Donald R. Sperling, M.D., FACC  
Dorinna D. Mendoza, MD, FACC  
Douglas W. Zuckermann, MD, FACC  
Edward J. McNulty, M.D., FACC  
Ehtisham Mahmud, MD, FACC  
Eliot Corday, M.D., MACC  
Farhood Saremi  
Fatima Rodriguez, MD  
Forrest H. Adams, M.D., MACC  
Gabriel Vorobiof, MD, FACC  
Garwood Gee, M.D., FACC  
Gaurav Banka, MD  
Gerald M. Pohost, MD, FACC  
Gordon Kent Leung, MD  
Gregg C. Fonarow, M.D., FACC  
Gregory M. Marcus, M.D., FACC  
Harold J. C. Swan, M.D., Ph.D, MACC  
Heinrich R. Schelbert, MD, PHD, FACC  
Hossein Bahrami, MD, PHD  
Inderjit S. Anand, M.D., FACC

Gregory M. Marcus, M.D., FACC  
Harold J. C. Swan, M.D., Ph.D, MACC  
Heinrich R. Schelbert, MD, PHD, FACC  
Hossein Bahrami, MD, PHD  
Inderjit S. Anand, M.D., FACC  
J. Thomas Heywood, M.D., FACC  
Jacob M. Mishell, MD  
James S. Forrester, M.D., FACC  
Jamil A. Aboulhosn, M.D., FACC  
Jason H. Rogers, MD, FACC  
Jennifer M. Ballard-Hernandez, AACC, DNP  
Jennifer Tremmel, M.D., FACC  
John B. O'Connell, M.D., FACC  
John Bush Simpson, MD, PhD  
John Gordon Harold, MD, MACC  
John H. K. Vogel, MD, MACC  
John Ross, Jr., M.D., MACC  
John W. M. Moore, MD, FACC  
Jonathan Chong Hsu, MD, FACC  
Jorge A. Gonzalez, MD, FACC  
Karol E. Watson, M.D., FACC  
Kathleen A. Dracup, RN  
Kendrick A. Shunk, FACC  
Kenneth W. Mahaffey, MD, FACC  
Laura Beth Epstein Flink, MD  
Lori B. Daniels, M.D., FACC  
Lynn F. Peng, M.D., FACC  
Margo B. Minissian, A.A.C.C., ACNP, CNS, MSN  
Mark A. Hlatky, MD, FACC  
Matthew J. Budoff, M.D., FACC  
Matthew J. Price, MD, FACC  
Melvin D. Cheitlin, M.D., MACC  
Michelle Maya Kittleson, M.D., FACC  
Morton J. Kern, M.D., FACC  
Nader M. Banki, M.D.  
Nancy Houston-Miller, R.N., B.S.N.  
Nathalie De Michelis, RN

Nathan D. Wong, PHD, FACC  
Nelson B. Schiller, MD, FACC  
Norman E. Lepor, M.D., FACC  
Paul A. Ebert, M.D., MACC  
Paul A. Heidenreich, M.D., FACC  
Phillip Moore, M.D., FACC  
Prakash C. Deedwania, MD, FACC  
Pranav M. Patel, MD, FACC  
Pravin M. Shah, M.D., MACC  
Raj R. Makkar, MD, FACC  
Rajeev Mohan, MD  
Ralph G. Brindis, MD, MPH, MACC  
Ramin Manshadi, MD, FACC  
Ramprasad Dandillaya, M.D., FACC  
Richard E. Shaw, PHD, FACC  
Richard F. Wright, M.D., FACC  
Richard L. Popp, MD, MACC  
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Robert A. Harrington, MD, MACC  
Roberta G. Williams, MD, MACC  
Rose S. Cohen, M.D., FACC  
Sahar Naderi, MD, FACC  
Samir Ram Thadani, MD, FACC  
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Sheila Sahni, MD  
Somjot Singh Brar, M.D., FACC  
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