

Caring for California

Winter 2013

*Happy
Holidays*

ACC Chapter & National Membership Renewal Due NOW!

ACC membership recognizes your accomplishments and places you among leading cardiovascular professionals committed to the discipline's science and practice.

Save money! Remember that members unpaid after December 31, 2013 will be assessed a late fee of \$25 and will be unable to access discounts on products/programs including ACC14 and will be unable to access the member portal. [Click here](#) to renew today!

AID to the Philippines

The ACC, its leaders and staff are pulling together to help provide support for those in need following the devastation in the Philippines, particularly in the Visayas Region, caused by Typhoon Haiyan. ACC President recently heard from several cardiovascular colleagues since the Typhoon, including Philippine Heart Association President Eugene Reyes, MD, and ACC Philippines Chapter Governor Saturnino Javier, MD. Learn more on the [ACC in Touch Blog](#) about the ways you can help and read excerpts from Javier and Reyes' letters to Harold about the impact of the storm thus far.



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California
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State of the State 2013 President John Gordon, MD, FACC

ADVOCACY

The major legislative issues for 2013-2014 for California are “house of medicine” issues. There is a major effort underway to repeal MICRA by a richly funded trial lawyer lobby. Fortunately, there was little support for repeal of MICRA in the California legislature in 2013 primarily due to strong opposition by the California Medical Association and the California ACC. That issue will come back with a vengeance in 2014.

- An effort to extend the scope of practice for nurse practitioners, pharmacists, and optometrists was also defeated. The CA ACC supported the current team approach for NP’s and opposed independent practice. This issue will continue to
- The largest medical issue in 2014 will be the roll out of the Affordable Health Care Act. California has yet to report progress with enrollment but it could be a bumpy rollout due to the complexity and uncertainties of the program.

QUALITY:

- An extensive nutrition and fitness program has been initiated in California public schools to reduce obesity and diabetes.
- California monitors PCI and/or CABG performed in the state for volume and outcome performance for participating hospitals. California also provides smoking, alcohol, and drug cessation programs throughout the state.

EDUCATION:

- CAACC leadership organize and endorse multiple educational meetings for local and national audiences, all posted on the CAACC website. I am particularly excited about hugely successful CAACC dinner discussion meetings initiated in 2013 in San Diego with 15 or so participants and a national expert. These “non-branded” meetings are modeled on Nathan Wong’s events in Orange County. We hope to see our Councilors adopting this type of meeting in their communities throughout the state.
- The Congenital heart disease (PATCH) has been featured in multiple CA ACC organized meetings (The Annual Maui Cardiovascular Symposium, and the Controversies & Advances Meeting, as well as the CA ACC Board Meeting). Multiple PATCH Grand Rounds presentations have been organized by the CA ACC.
- A health fair in association with Million Hearts was organized in San Francisco in 2013.

MEMBERSHIP:

The CA ACC membership mood: concerned. The SGR cut for Medicare reimbursement looms again in a very dysfunctional national political environment. The Affordable Health Care Act, along with PCI and EP RUC cuts make declining reimbursements a certainty in an uncertain world.

- A new activity is our development of a FIT “pod” system to have each training program select a FIT representative for local and statewide meetings. In turn these newly elected FIT representatives will become involved in our state and national advocacy programs.

California has a active CCA, Women In Cardiology, Early Career, and Practice Administrator programs with representation on our Board of Directors, team meetings, and an active networking program with quarterly conference calls.



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AMERICAN COLLEGE of CARDIOLOGY

2013 AHA/ACC/TOS GUIDELINE FOR THE MANAGEMENT OF OVERWEIGHT AND OBESITY IN ADULTS

5

POINTS TO REMEMBER

1 Measure height and weight and calculate body mass index (BMI)

at annual visits or more frequently to identify patients who need to lose weight



▶ Continue use of current cut points to identify adults who may be at increased risk for cardiovascular disease (CVD):

Overweight
(BMI > 25.0-29.9 kg/m²)

Obesity
(BMI ≥ 30 kg/m²)

▶ The obesity cut point should be used to identify adults at increased risk for all-cause mortality.

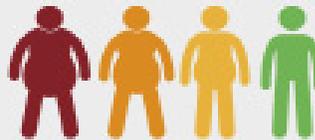
2 Measure waist circumference

at annual visits or more frequently in overweight and obese adults



▶ Use cut points defined by National Institutes of Health or World Health Organization

3 Overweight and obese adults with CVD risk factors should be counseled that even **modest weight loss** (3 - 5% of body weight) can result in clinically meaningful benefits for triglycerides, blood glucose, glycated hemoglobin, and development of diabetes.



Greater weight loss (> 5%)

can further reduce blood pressure, improve lipids, and reduce the need of medications to control blood pressure, blood glucose, and lipids.

4 A diet prescribed for weight loss is recommended to be part of a comprehensive lifestyle intervention, a component of which includes a plan to achieve reduced caloric intake. Any one of the following methods can be used:

Prescribe

FOR WOMEN:

1,200 -1,500*
kcal/day

FOR MEN:

1,500 -1,800*
kcal/day



Prescribe a
500
kcal/day
or
750
kcal/day

ENERGY DEFICIT



Prescribe one of the

Evidence-Based

Diets that restricts certain food types (such as high-carbohydrate foods, low-fiber foods, or high-fat foods) in order to create an energy deficit by reduced food intake.

*kcal levels are usually adjusted for the individual's body

5 Prescribing a calorie-restricted diet should be based on the patient's preferences and health status, and preferably with a referral to a nutrition professional for counseling.



Source: 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines, and The Obesity Society



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News You Can Use

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New Prevention Guidelines Released Nov. 12

The ACC and the American Heart Association (AHA), in collaboration with the National Heart, Lung, and Blood Institute (NHLBI) and other specialty societies, on Nov. 12 released four guidelines focused on the assessment of cardiovascular risk, lifestyle modifications to reduce cardiovascular risk and management of elevated blood cholesterol and body weight in adults. These four prevention guidelines were among five initially commissioned by NHLBI starting in 2008 and transitioned to the ACC and AHA in June 2013 as part of a [collaborative arrangement](#) to facilitate their completion and publication. A fifth guideline addressing hypertension will be initiated in early 2014. Each provides important updated guidance for primary care providers, nurses, pharmacists and specialty medicine providers on how best to manage care of individuals at risk for cardiovascular-related diseases based on the latest scientific evidence. Full coverage is available on [CardioSource.org](#). Guideline information for patients is available on [CardioSmart.org](#).

ACC Takes Action to Protect Patient Access

The ACC and 90 other medical groups in early November sent a joint letter to the Centers for Medicare and Medicaid Services (CMS) Administrator pushing for additional transparency from United Healthcare (UHC) and warning that narrowing networks may lead to decreased patient access and disruptions in continuity of care. The ACC has raised similar questions and concerns with several members of Congress. The ACC encourages affected members to appeal the terminations as outlined in the letter from UHC and to proactively speak with patients before the Medicare Open Enrollment ends on Dec. 7, 2013.

New Societal Overview of Transcatheter Therapies for Mitral Regurgitation

A new societal overview of transcatheter therapies for mitral regurgitation (MR) was released November 25 2013 by the ACC, the American Association for Thoracic Surgery (AATS), the Society of Thoracic Surgeons (STS), and the Society of Cardiovascular Angiography and Interventions (SCAI) Foundation.

With a number of transcatheter therapies for MR expected to be available for clinical use in selected patients in the coming years, the overview highlights the need for professional societies, industry, payers, and regulatory agencies to work collaboratively to promote needed research and ensure appropriate integration of these therapies into medical practice with appropriate safeguards.

The societal overview, which is the first of what is expected to be several documents on this topic, contains recommendations for appropriate integration. Among the highlights:

- * Further research involving a wider spectrum of patients and devices.
- * Continued development of regional heart valve referral centers of excellence that consist of a dedicated, multidisciplinary heart team and dedicated care pathways.
- * Required participation of all centers in the ongoing TVT Registry, with limitation of new devices and reimbursement for their application to those centers that meet national criteria.
- * Establishment of operator training and credentialing criteria for mitral valve procedures.
- * Creation of guidelines, performance measures and appropriate use criteria for transcatheter MR interventions. [Click here](#) to read more details.



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Futuremed 2013

Submitted by Allin Barseghian

I want to thank you for the amazing opportunity to attend the FutureMed conference. It was an absolutely inspiring experience. Each day of the conference I asked myself, how in the world does one summarize this out-of-this-world experience. Most of the speakers were just brilliant. I couldn't help but think their MD degrees may have just been a hobby. The attendees were an even mix of doctors, industry reps and information technology, but all were either the CEO, Chairmen, or Director of the institution they were representing. The crowd totaled approximately 300-350.

Keynote speakers included Dr. Topol and Dr. Dean Ornish, both of who I had the fortune of meeting, as well as Dr. Catherine Mohr, the Director of Medical Research of Intuitive Surgical, who touched on the potential/goal of the DiVinci robot to do surgery at the level of the single cell with a femtosecond laser.

There were a few that prominent themes:

1. **Big Data.** The ability now and in the near future to gather and process the information we have in seconds. Most of the attendees were most fascinated by IBM's supercomputer "Watson". Watson can understand natural human language (so you can ask it something in a normal human question form) and it processes up to 65 million pages of text per second. Then it generates a list of hypotheses from which the physician can review and decide the best solution. A partnership already exists with Memorial Sloan-Kettering.

2. **Bioinformatics, the genome and stem cells.** So many of the members of the audience had already undergone a DNA test, mostly with "at home kits" such as 23andMe (currently \$99) which reports over 240 health conditions. I wondered if having one dedicated to heart conditions would add any additional value.

3. **"Quantified Self" or "Personalized Self"** was also dominant, mostly referring to how patients have increasing access to continuous self monitoring which we assume will contribute to a change in behavior or the "engaged patient". This leads to the other prevailing theme of prevention.

4. **3D printing**, the concept of scanning something, for example a wrist, and being able to, within hours, 3D "print" or produce a customized brace within hours. While many of the attendees were fascinated by this, I wasn't really able to identify how this technology would impact cardiology anytime soon.

A major observation at this conference was how industries that are generally considered to be on the fringes of medicine such as bioengineering, information technology, etc, play a very critical role in the healthcare of the future.

Ninety percent of the conference was focused on the bigger picture of healthcare, but a couple items particularly relevant to cardiology were presented:

- CT coronary with FFR and "virtual stenting"
- The CEO of the Morpheus, the company that provides the 8-minute MRI based on research done at Stanford (published in Radiology 2012), was present and said he was seeking pioneers to test run the device.
- Mobile monitoring devices (such as AliveCor, iRhythm, EPI Life, Corventis, Preventice) as well as a device called VitalsConnect which won an award at the conference were present. You may have also heard of Scanadu (which was presold on indiegogo.com and is due to be shipped in March 2014). HeartMath, a software program that allows people to monitor and effect heart rate variability was also represented.



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UPCOMING EVENTS

Check out our website at www.caacc.org for details on all events.

January:

- 7th: ICD - 9/10-CM, Reimbursement & Coding Seminar For Cardiology, 9 am - 4 pm, Milbrae
- 9th: ICD - 9/10-CM, Reimbursement & Coding Seminar For Cardiology, 9 am - 4 pm, Sacramento
- 15th: Use Of Echocardiography In Patients With Mechanical Circulatory Support Devices, 6 pm, Los Angeles
- 16th-18th: CV Summit, Las Vegas
- 20th-24th: 24th Annual Echo Hawaii, Kohala Coast, Big Island of Hawaii
- 24th-26th: Advances in Nuclear Cardiology & Cardiac CT: 29th Annual Case Review with the Experts with 101 Evidence-based Cases, Los Angeles
- 25th: 14th Annual UCSD Heart Failure Symposium for Primary Care & Internal Medicine Physicians, La Jolla

February:

- 6th-7th: Structural Heart Intervention and Imaging 2014: A Practical Approach, La Jolla
- 14th: Sheila Kar Health Foundation Event, Beverly Hills
- 14th-17th: Cardiovascular Disease Prevention: Novel Strategies and Emerging Therapies, Cancun, Mexico
- 20th-24th: Vascular Interpretation Preceptorship (VIP), San Francisco
- 21st-22nd: Cardiac Care Associates Educational Session & Networking Reception, 9 am - 2 pm, Los Angeles
- 24th: Understanding the 2014 Peripheral Coding Process for Cardiology, 9 am - 3:30 pm, Sacramento

March:

- 9th - 14th: Interventional Cardiology 2014: 29th Annual International Symposium - in partnership with the CO College of Cardiology, Snowmass Village CO
- 29th-31st: ACC '14, Washington D.C.

April:

- 5th: 18th Annual Heart Failure 2014: Update on Diagnosis and Therapy, Los Angeles
- 25th-26th: Best of ACC. 14: Take Home Messages for the Clinician, Los Angeles

August:

- 7th: Annual CCA Northern Conference, 8 am - 5 pm, San Francisco

September:

- 10th-12th: Vascular Interpretation Preceptorship (VIP), San Francisco
- 14th-16th: National Legislative Conference, Washington D.C.

October:

- 16th-18th: 14th Annual Maui Cardiovascular Summit, Maui, HI

November:

- 6th-8th: Vascular Interpretation Preceptorship (VIP), San Francisco



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