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THERE ARE MOMENTS in life where we tend to be particularly contemplative, when we reflect back on our lives journey and take stock of what we have accomplished, appreciate those who have helped shape our lives and helped us along the way as we became who we are including parents, siblings, friends and mentors. We look back at what we have accomplished and then with a sense of excitement and yes, some apprehension look to the future and take stock of the opportunities afforded by virtue of your youth, intelligence and yes courage and passion and tempered as life goes on by the wisdom you gain by every life experience.

As I get older, I seem to be getting more reflective then contemplative but it's the contemplation that keeps your spirit and perhaps body young as you ponder that wide and deep ocean of opportunity while its the reflection, thinking back about how much more of what could have and should have accomplished which is what gives away my age. At my age, as a net apoptoser, I am closer to the end of my life journey while you young people all are net mitosers and so much closer to the beginning of your journey. You are so lucky. Either way as the saying goes, “so much to do and so little time”.

There is a Jewish concept that has played and continues to play a major role in my life and I suspect in your lives as well, in Hebrew it is called Tikun Olam. It is a concept defined by acts of kindness performed to perfect, repair or heal the world. As physicians, we do Tikun Olam every day, as we have been trained to heal, healing the world one person at a time. But the other half of Tikun Olam, is social action and I want to emphasize the action part, as this is the part we as physicians sometimes drop the ball. Is it because of how hard we work day in and day out and the feeling we have that we have performed enough Tikun Olam or healing, that saps our energy, drive and time or is it the lack of courage or presence of apathy that has us thinking that we will leave the social action part of Tikun Olam for others to deal with. Well, without getting into politics too much, this lack of action among our physician colleagues whether from exhaustion or apathy has created a void and allowed others who are not healers and perhaps lack the empathy that we have for our fellow man or woman that we do as healers, to fill the gap and turn the field of medicine from a patient centric one where it is the relationship we have with our patients that is paramount, the doctor-patient relationship, to a more corporate, colder and aloof one where the relationship is morphing as we speak to a patient-corporate relationship, where we become less spiritually connected to our patients.

As a physician leader, I have found that so much of my time is taken up by trying to motivate my colleagues, young like you and older like me to the social action part. This I have found is no easy feat. At this moment, there are so much that we can and must do to impact and shape our medical profession going forward, a profession that we have dedicated our lives to perhaps
starting from junior high or high school or college, through medical school, residency and fellowship to wrestle to regain control of our professional destiny. No easy task but as the Talmud says “Do not be daunted by the enormity of the world’s grief. Do justly, now. You are not obligated to complete the work, but neither are you free to abandon it.”

Now I have picked up a new field of study-The Science of MOTIVATION or Motivation Science. How do we get our well meaning but perhaps overwhelmed and overworked colleagues, even as young as you to look beyond the day to day responsibilities and obligations and engage in organizations that make a difference when we are engaged such as the one I currently lead, The California Chapter of the American College of Cardiology which has as its mission, to transform cardiovascular health and help heart health and has as its enduring purpose, to improve cardiovascular health through education, research, quality care and health policy. And it’s our impact on health policy that we must make a bigger difference then we have done till now by being engaged in the political process.

Engagement is so important especially with our political representatives on a local, state and national levels. Your National ACC and California State ACC, have the platform set up for your engagement and for you to have an impact. But you have to show up to contribute. We need your ideas, your perspective and yes, we need your financial contributions as we have to put our money where our mouth is in the political process to back up our words and have a positive impact on the profession we all have dedicated our lives to.

Now that I made the pitch, lets get back to the Science of Motivation.

I have learned that one size does not fit all when it comes to motivating my colleagues. A “call to action” motivates I dare say 10% but seems to slip like Teflon from the other 90%. So how do we motivate maybe 15% or 20% or 30%?

My reading led me to the work of a psychiatrist, Dr. Alfred Adler. He lived from 1870-1937 and proposed the theory on the effects of birth order on personality with personality being defined as the way we deal with all the tasks of life including our professions, friendships and even the way we entertain ourselves.

Did you know that on a social interaction level, firstborns are more likely to associate with firstborns, middle-borns with middle-borns, last-borns with last-borns, and only children with only children. So as we deal with all the tasks of life including our professions, friendships and even the way we entertain ourselves.

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Leader</td>
<td>Flexible</td>
<td>Risk-taker</td>
<td>Close to parents</td>
</tr>
<tr>
<td>High Achiever</td>
<td>Easy-going</td>
<td>Outgoing</td>
<td>Self-control</td>
</tr>
<tr>
<td>Organized</td>
<td>Social</td>
<td>Creative</td>
<td>Leader</td>
</tr>
<tr>
<td>On-time</td>
<td>Peacemakers</td>
<td>Self-centered</td>
<td>Mature</td>
</tr>
<tr>
<td>Know-it-all</td>
<td>Independent</td>
<td>Financially irresponsible</td>
<td>Dependable</td>
</tr>
<tr>
<td>Bossy</td>
<td>Secretive</td>
<td>Competitive</td>
<td>Demanding</td>
</tr>
<tr>
<td>Responsible</td>
<td>May feel life is unfair</td>
<td>Bored easily</td>
<td>Unforgiving</td>
</tr>
<tr>
<td>Adult-pleaser</td>
<td>Strong negotiator</td>
<td>Likes to be pampered</td>
<td>Private</td>
</tr>
<tr>
<td>Obeys the rules</td>
<td>Generous</td>
<td>Sense of humor</td>
<td>Sensitive</td>
</tr>
</tbody>
</table>

Its the firstborn child (or one with the “oldest” role) who would be most likely to take on a leadership position, to like it when people stick to rules and order, and to strive toward achievement goals. The firstborn may be sensitive to being “dethroned” by younger sibs who drain away the attention of parents that the firstborn enjoyed before they came along. The youngest child may feel less capable and experienced, and perhaps a bit pampered by parents and even older sibs. As a result, the youngest may develop social skills that will get other people to do things for them,
thus contributing to their image as charming and popular.

Then there’s the all-too-easy-to-ignore middle child, who feels robbed of the prized youngest child status, and perhaps feels rejected. On the positive side, the middle child may also develop particularly good social skills in order to keep from being ignored.

For the only child, there’s the possible advantage of receiving all the attention from parents, but this is balanced by the feeling of constantly being scrutinized and controlled.

So to close the loop on this birth order thing here are some traits associated with order:

But or biggest fight is against apathy. Apathy is not a new concept.

Plato from antiquity was quoted, “The price of apathy towards public affairs is to be ruled by evil men”. Perhaps the greatest genius of all time, Albert Einstein said, “the world is not dangerous because of those who do harm but because of those who look at it without doing anything. And one of our greatest first ladies of America, Eleanor Roosevelt is quoted. “So much attention is paid to the aggressive sins, such as violence and cruelty, and greed with all their tragic effects, that too little attention is paid to the passive sins, such as apathy and laziness, which in the long run can have a more devastating and destructive effect upon society than the others.”

Mike Moore claims that no one can motivate someone else to do anything. All a person can do for another is provide them with incentives to motivate themselves. Here are some very effective strategies to help you get up and get moving toward actualizing your enormous, untapped potential.

*Be willing to leave your comfort zone. The greatest barrier to achieving your potential is your comfort zone. Great things happen when you make friends with your discomfort zone.

*Don’t be afraid to make mistakes. Wisdom helps us avoid making mistakes and comes from making a million of them.

*Don’t indulge in self-limiting thinking. Think empowering, expansive thoughts.

*Choose to be happy. Happy people are easily motivated. Happiness is your birthright so don’t settle for anything else.

*Train yourself to finish what you start. So many of us become scattered as we try to accomplish a task. Finish one task before you begin another.

*Live fully in the present moment. When you live in the past or the future you aren’t able to make things happen in the present.”

*Never quit when you experience a setback or frustration. Success could be just around the corner.

Dare to dream big dreams. If there is anything to the law of expectation then we are moving in the direction of our dreams, goals and expectations.

The real tragedy in life is not in how much we suffer, but rather in how much we miss, so don’t miss a thing.

Charles Dubois once said, “We must be prepared, at any moment, to sacrifice who we are for who we are capable of becoming.”

I want to wish you all success in your professional journey and happiness and contentment in your personal journey.

Norman Lepor, MD
Coronary Artery Disease Infographic Now Available
Coronary artery disease (CAD) affects more than 15 million American adults, making it the most common type of heart disease. It’s also the leading cause of death in men and women in the U.S. Since CAD usually progresses over many decades, patients have troubles understanding this disease. ACC’s CardioSmart CAD Infographic explains this condition in an easy-to-understand and interactive format. CardioSmart’s infographic posters are ideal point-of-care graphics for your waiting and exam rooms, and can be downloaded for free. To receive more tools and resources, sign up to become a CardioSmart Practice!
Performance, Quality Measures Updated For Treating AFib
Updated clinical performance and quality measures for treating adult patients with atrial fibrillation (AFib) or atrial flutter have been expanded to include the inpatient setting, and now address care domains that were not previously included, such as patient safety, effective clinical care, communication and care coordination. The updated measure set was released June 27 by the ACC and the American Heart Association, and published in the Journal of the American College of Cardiology. “The writing committee believes that implementation of this clinical performance and quality measure set by providers, physician practices, and hospital systems will help to enhance the quality of care provided to patients with AFib in both the inpatient and outpatient settings, and thereby improve their quality of life,” says Paul A. Heidenreich, MD, MS, FACC, chair of the writing committee. Read more on ACC.org.

ACC Submits Comments to CMS on Proposed MACRA Structure
The ACC has submitted extensive comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed regulations to implement the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) based on the feedback of key member groups. The MACRA legislation repealed the flawed Sustainable Growth Rate (SGR) formula, which focused on fee-for-service payment, where higher-performing physicians had no ability to earn more for outcomes. Replacing SGR with MACRA will pave the way for a new payment system that places importance on quality care. MACRA also creates stability for Medicare payments by mapping out payment updates for ten years and beyond – stability that was severely lacking under the SGR formula. CMS will release the final regulations by Nov. 1, 2016, which will go into effect on Jan. 1, 2017 – the proposed start of the reporting period under the new payment program. The ACC will continue to work with CMS throughout the regulatory process to establish details of how the law will function. The ACC will also be developing education and resources to help members prepare for the changes ahead. Read the College’s comments on ACC.org.
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.

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.
INCE 2011, THE annual decline in heart-disease death rates among Americans has essentially remained flat at less than 1%, researchers said Wednesday, a contrast to some 40 years of continuous and generally much steeper annual reductions. Photo: Associated Press/Boston Scientific

BY RON WINSLOW FEATURING DR. JAMAL S. RANA

After four decades of dramatic progress, the public-health battle in the U.S. against the ravages of heart disease may have hit a wall.

Since 2011, the annual decline in heart-disease death rates among Americans has essentially remained flat at less than 1%, researchers said Wednesday, a contrast to some 40 years of continuous and generally much steeper annual reductions. In the decade ending in 2010, the average annual decline in heart-disease mortality was 3.7%.

The likely culprits, researchers said, are the epidemic of obesity and the resulting increase in prevalence of Type 2 diabetes, both important risk factors for cardiovascular disease. The rise in obesity first emerged across all ages in the U.S. in about 1985 and researchers believe the consequences are now beginning to turn up in mortality data.

“This is a startling observation,” Jamal S. Rana, a cardiologist and researcher at Kaiser Permanente in Oakland, Calif. “Things are slowing down. We need to redouble our efforts” on innovative prevention strategies “to turn the tide,” he said. Dr. Rana is senior author of the study, which was published online Wednesday in JAMA Cardiology, a journal of the American Medical Association.

Cardiovascular disease has been the leading killer of Americans for nearly a century. But since 1970, deaths from heart disease and stroke have dropped more than 70% in the U.S. and most other Western countries, a result of concerted public-health efforts and major medical advances.

Antismoking campaigns, healthier lifestyles, the development of medicines to control blood pressure and cholesterol, and new strategies for treating heart attacks are among key contributors to the decline, researchers say.

Progress was so pronounced in the past decade that by 2010 projections were that cancer would overtake heart disease as the nation’s leading cause of death by 2013. Cardiologists prepared to celebrate a “We’re No. 2” moment, said Donald Lloyd-Jones, head of preventive medicine at Northwestern University’s Feinberg School of Medicine.

But the party never happened. When the cancer deaths didn’t pass heart-disease in 2014, Stephen Sidney, an epidemiologist at Kaiser Permanente who was tracking the trends, decided to take a deeper look.

He and his colleagues at Kaiser Permanente used the U.S. Centers for Disease Control and Prevention’s public-health database called Wonder (for Wide-ranging Online Data for Epidemiological Research),
which includes death-certificate data filed in all 50 states and Washington, D.C.

The analysis found the stalling of the death-rate decline for cardiovascular disease and stroke began in 2011 and remained flat through 2014. It occurred across genders and racial and ethnic groups. In addition, death rates from cancer, which had declined on average 1.5% a year between 2000 and 2010, continued to drop at about the same rate through 2014.

Dr. Sidney, who is lead author of study, said a look at some provisional data in the third quarter of 2015 indicated death rates for heart disease and stroke were higher than in 2014. If that were confirmed throughout the full year, “it would mark a potential reversal” of the favorable heart-disease trends, he said.

While the data can’t explain the reasons for the change, Dr. Lloyd-Jones said that “there is every reason to think that obesity is a major driver of what we’re seeing.” About a decade ago, he said, research indicated an increase in heart-disease death rates among young people, likely a harbinger of the new findings. Dr. Lloyd-Jones is author of an editorial accompanying the study but wasn’t involved in the research.

To combat the trends, he said, “we need to use every tool in the toolbox.” That includes continued efforts to eliminate smoking, control blood pressure and cholesterol and to prevent obesity.

The key to long-term sustained progress, he said, is to maintain “healthy weight through childhood and early adulthood,” to prevent risk factors from taking root at a young age. If that happens “these problems will melt away.”

Dr. Lloyd-Jones noted that while the study focuses on death rates, prevention strategies can help reduce the number of people who suffer heart attacks and strokes to begin with. “It would not only improve death rates,” he said. “It would improve the quality of life for millions of Americans.”

Write to Ron Winslow at ron.winslow@wsj.com
Ask any physician what they wish they had more of and you’re sure to hear a resounding reply: “Time!”

Doctors are extraordinarily pressed for time, and ever-increasing demands mean doctors are spread more thinly than ever.

Fortunately, cardiologists and their staffs have a new tool that helps save time. CardioVisual is a free mobile app that helps busy physicians explain thoroughly and concisely cardiovascular conditions, complex treatments and procedures.

Helping frightened patients and their families simply understand details of treatments and potential complications is a time-consuming and sometimes frustrating process. Educational materials are often outdated, commercially biased or are hard to come by. Patients often turn to Dr. Google, which can be difficult to navigate for accurate information and further confuse understanding.

CardioVisual, available for iPad, iPhone and Android, uses carefully curated videos from authoritative sources to facilitate and simplify discussion of problems in four specialties: cardiac, electrophysiology, structural and vascular. Healthcare professionals can access over 70 videos detailing conditions, treatments and devices related to each of the four specialties. Some examples include: what is atrial fibrillation, heart failure, heart attack, atherosclerosis, PAD, valve disease; with their various treatments such as anticoagulation to ablation, coronary stent, heart failure monitoring with CardioMems to ICD; and devices such as self-expanding stents, TAVR, mitral valve clip, VAD, drug-coated balloons, atherectomy to closure devices.
To further facilitate patient understanding, healthcare professionals can use the app's “draw-on” functionality to mark up illustrations and send them via email or text message; as part of their conversations with patients.

CardioVisual also offers a patient version of the app, which enables physicians to send patients home with a “prescription” to download the app and revisit the learnings of the doctor’s office in a more comfortable environment, and with loved ones nearby to further aid understanding. The patient version (same app — users select “healthcare professional” or “patient” when launching the app the first time) uses more layperson-friendly language, so as not to bewilder patients unfamiliar with medical terminology.

CardioVisual was conceived of and created by Manish Chauhan, MD FACC, an Austin, TX-based cardiologist who saw a need for more efficient patient communication in his own practice.

“Patients who have better understanding of heart issues and procedures are less frightened and tend to have better outcomes,” says Chauhan. “As doctors, it’s our goal to make the process as stress-free as possible, and to help patients heal quickly and completely.”

CardioVisual was invited to showcase as an innovative healthcare company at the inaugural Technology Fair of the California Chapter of American College of Cardiology in Hollywood on August 6, 2016.

For more information and use of this app in various clinical situations, please visit:


Download CardioVisual for iOS here:

https://itunes.apple.com/us/app/cardiovisual-heart-app/id1009028152?mt=8 and

UPCOMING EVENTS

SEP

11th-13th  ACC LEGISLATIVE CONFERENCE 2016 Location: Fairmont Hotel Washington, DC More details to come. Stay tuned at: ACC.org/LegislativeConference

13th  STANFORD FRONTIERS IN CARDIOVASCULAR SCIENCE WEEKLY MEETING Location: LKSC | TBD, but likely 12-1PM. Speaker: Glenn I Fishman, MD New York University School of Medicine Stay tuned at: CAACC.org/calendar

20th  STANFORD FRONTIERS IN CARDIOVASCULAR SCIENCE WEEKLY MEETING Location: LKSC | TBD, but likely 12-1PM. Speaker: James Weiss, MD Kawata Professor of Medicine & Physiology Chief, Division of Cardiology Director, Cardiolovascular Research Laboratory, David Geffen School of Medicine at UCLA Stay tuned at: CAACC.org/calendar

25th - 27th  HOAG 33RD ADVANCED ECHO CONFERENCE Location: The Waterfront Beach Resort 21100 Pacific Coast Highway, Huntington Beach, CA 92648 Join your colleagues for an interactive, case-based learning of the latest in echocardiography today. This program will explore the role of real time 3-D echo and other advanced imaging modalities in cardiac diagnosis, in cutaneous interventions for valve and other disorders, and in intraoperative echocardiography. Stay tuned at: CAACC.org/calendar MORE INFO | Register
27th CPT | HCPCS | ICD-10-CM: REIMBURSEMENT & CODING SEMINAR FOR CARDIOLOGY
Location: Four Points by Sheraton  1471 N 4th Street
San Jose, CA 95112 | A full day of coding for physicians and staff given by Ray Cathey, Certified Physician Assistant & Administrator. ICD-10-CM is being updated again with over 2,000 new codes, changes and deletions for 2017!! Get updates & answers. Bring your CPT Books.
** Workshop also held: ** San Francisco October 11, 2016 Sacramento Stay tuned at: CAACC.org/ calendar MORE INFO | Register

28th CPT | HCPCS | ICD-10-CM: REIMBURSEMENT & CODING SEMINAR FOR CARDIOLOGY
Location: Holiday Inn Express - SFO North Airport 373 South Airport Blvd.
So. San Francisco, CA 94080
A full day of coding for physicians and staff given by Ray Cathey, Certified Physician Assistant & Administrator. ICD-10-CM is being updated again with over 2,000 new codes, changes and deletions for 2017!! Get updates & answers. Bring your CPT Books.
** Workshop also held: ** San Jose Sept 27, Sacramento Oct 11 2016 Stay tuned at: CAACC.org/ calendar MORE INFO | Register

30th - Oct 2nd 9TH ANNUAL INTERNATIONAL SADS FOUNDATION CONFERENCE: PUTTING IT TOGETHER: FROM THE GENOME TO THE PHENOTYPE From the SADS Foundation and endorsed by The California Chapter of the American College of Cardiology Location: San Diego Marriot Mission Valley | Program Highlights | Family and Patient Sessions are Friday, Saturday, and Sunday, September 30 - October 2 | CME Registration Please check the website for more information.

OCT

1st CA ACC 27TH ANNUAL MEETING  7TH ANNUAL CARDIOLOGY UPDATE CONFERENCE
Course director: Dipti Itchhaporia, MD, FACC. Location: Island Hotel Newport Beach 8:15AM - 5:00PM *Note: FREE Featured Event During Conference: 4-6PM CA ACC Women in Cardiology. Please check the website for more information.

1st UCLA-UCSD LEAD MANAGEMENT UPDATE - 2016
This course is designed to provide the learner with the most up to date knowledge of lead management in patients with implanted pacemaker and ICD devices. Please check the website for more information.

4th ICD-10-CM | CPT | HCPCS: REIMBURSEMENT & CODING SEMINAR FOR CARDIOLOGY
On behalf of the Cardiovasular Disease Management: A Case-Based Approach, 4th Annual Symposium (“CMD 2016”). Save the date! See website for more details.
6th  **ICD-10-CM | CPT | HCPCS: REIMBURSEMENT & CODING SEMINAR FOR CARDIOLOGY**
A full day of coding for physicians and staff given by Terry A. Fletcher BS, CPC, CCC, CEMC, SCP-CA, ACS-CA, CCS-P, CCS, CMSCS, CMC, CMCS.  See website for more details.

8th  **8TH ANNUAL ORANGE COUNTY SYMPOSIUM ON CARDIOVASCULAR DISEASE PREVENTION**
From UC Irvine Health and endorsed by The California Chapter of the American College of Cardiology. Theme: Essentials for Contemporary Clinical Practice.
This symposium will expand upon and fill knowledge gaps in the fast-evolving field of preventive cardiology  See website for more details.

11th  **CPT | HCPCS | ICD-10-CM: REIMBURSEMENT & CODING SEMINAR FOR CARDIOLOGY**
A full day of coding for physicians and staff given by Ray Cathey, Certified Physician Assistant & Administrator. ICD-10-CM is being updated again with over 2,000 new codes, changes and deletions for 2017!! Get updates & answers. Bring your CPT Books. See website for more details.

13-14th  **PROMEDICA INTERNATIONAL CME**
On behalf of the Cardiovascular Disease Management: A Case-Based Approach, 4th Annual Symposium (“CMD 2016”). Save the date! See website for more details.

13-15th  **16TH ANNUAL MAUI CARDIOVASCULAR SYMPOSIUM**
From the San Diego Medical Program and endorsed by the Hawaii and California Chapters of the American College and Presented by John B. Gordon Location: Fairmont Kea Lani Maui 4100 Wailea Alanui Wailea Maui, HI 96753 For discount Fairmont Reservations, please click here to register CME Provided by San Diego Cardiac Center Information: muisymposium@aol.com or 979-219-3710 Save the Date Info Flyer | Register For The Event

14-16th  **CARDIOMETABOLIC RISK SUMMIT FALL CONFERENCE**
CRS Fall is designed by leaders in primary care and cardiometabolic risk. Come a day early on Oct. 13 for the Clinician Wellness Pre-Conference and an expanded program on Comorbidities in the Cardiometabolic Patient. Location: Caesars Palace | MORE INFO | Register

15th  **SIXTH ANNUAL FETAL ECHOCARDIOGRAPHY SYMPOSIUM AT UCLA**
Endorsed by the California Chapter of the American College Presentations will review current guidelines, discuss how to optimize the image and minimize false positives/false negatives, present how-to tutorials on how to scan and interpret the four-chamber view/right and left ventricular outflow tracts/three-vessel trachea view, review how to recognize and interpret major forms of heart disease and more. See website for more details.
NOV

1-4th **3RD ANNUAL CARDIOCASULAR DISEASE PREVENTION CONFERENCE**
Scientific programme endorsed by the World Heart Federation and the California Chapter of the American College of Cardiology **Topic:** “Global Priorities, New Guidelines and Novel Therapeutic Approaches for Reducing Cardiovascular Risk” Key Sessions Global Priorities in CVD Prevention for Achieving the WHO 2025 Goals New Guidelines for CVD. **Location:** The Annabelle Paphos, Cyprus | Website | Register

8th-11th **27TH ANNUAL CARDIOVASCULAR INTERVENTIONS 2016**
From ProMedica CME and endorsed by the California Chapter of the American College
This activity has been approved for AMA PRA Category 1 Credit™. Nursing CEUs and Perfusion CEs will also be available. **Please check the website for more information.**

17th-18th **CONTROVERSIES AND ADVANCES IN THE TREATMENT OF CARDIOVASCULAR DISEASE: THE SIXTEENTH IN THE SERIES** From ProMedica CME and endorsed by the California Chapter of the American College Please check the website for more information.

DEC

1st - 3rd **THE 6TH ANNUAL INTERNATIONAL HAWAII SYMPOSIUM ON DIAGNOSTIC AND THERAPEUTIC MODALITIES IN HEART FAILURE** A Comprehensive and Practical Review of Advances in Heart Failure and Biomarkers. Endorsed by the California, WA, AZ, CO, Hawaii and NM Chapters of the American College Please check the website for more information.

2nd **2016 ARRHYTHMIA SYMPOSIUM** From the Cedars-Sinai Heart Institute and endorsed by the California Chapter of the American College. The overall goal of this program is to provide clinically relevant, state of the art information to healthcare providers regarding the diagnosis, triage, management and tertiary referral of patients presenting with heart rhythm disorders. **Please check the website for more information.**
Congratulations to the following members chosen to receive one of the Early Career member travel awards to attend ACC’s 2016 Legislative Conference, Sept. 11-13, 2016

David Cho, MD UCLA Davide Geffen School of Medicine Los Angeles, CA
Seema Pursnani, MD Kaiser Permanante San Leandro, CA
Katrine Zhiroff, MD Los Angeles Cardiology Associates Los Angeles, CA