California
CHAPTER
American College of Cardiology

CARDIOLOGY

The Official Quarterly Newsletter
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www.caacc.org

PRESIDENT'S CORNER

Dear Colleagues,

As summer of 2022 is winding down, the realities of living in a post pandemic world continues to bring up new challenges in both our healthcare landscape and personal lives. This is my last communication from “President’s Corner”. At the end of September, I pass on the baton to my counterpart **Anthony Hilliard MD, FACC**, Governor Southern California as the next President of California ACC. I will continue to serve as Northern California Governor until April 2024, while Anthony will take on the helm since we function as one chapter. It gives me immense confidence and pleasure that Anthony will be taking on this responsibility. He astutely understands leadership and organizational operations, brilliant in his approach and has proven be the best partner I could have wished for.

Epictetus (circa 55-135 CE) said “Events do not rise to meet our expectations”, my term started in April 2021 amid unprecedent times of uncertainty, something none of us had expected. It is how we react and deal with the events that eventually counts. Therefore, I started the term to get our professional chapter re-energized with the message of **“Emergence and Transformation”**. I am grateful for the incredible response and support from so many of you. Silver lining of the virtual format was near 100% attendance for Board meeting in spring of 2021, followed by an equally successful and fun hybrid winter meeting.

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Despite all odds our Chapter remained extremely active during my term. I was thrilled to see our Fellows in Training (FIT) and Early Career Catalysts standing up and energizing so many. From the blockbuster success of the first of its kind **"FIT virtual Bootcamp"** with faculty from fellowships across California to **"California ACC Leadership Forum"** roll out with top notch leaders from all around the state sharing their wisdom and inspiring a whole generation of future leaders. We should feel reassured that the pipeline is strong, and the future of our profession is in bright hands. You will find the details of the remarkable Leadership Forum in this newsletter and I want to personally thank all the faculty who volunteered their time from their extremely busy schedules!

My hope is that work in our Chapter continues to flourish around what we have now established to be our four main streams of work:

Advocacy & Operations; Partnerships & Future; Sub-specialties; Inclusion, Innovation & Wellness

I encourage you to explore our website at **https://caacc.org**. You will find a world of resources as all webinar recordings are available on the website as enduring content. I am excited to share some of the recent highlights of our ongoing and future work, it is not a complete list by any means.

- **"Planning FIT to FACC:** Benefits and Process updates to launch your career forward" we had Dr. Malissa Wood MD, FACC, Chair BOG ACC as special guest and it was hosted by our Early Career Catalysts Drs. Yong (Stanford) & Bharadwaj (Loma Linda) and FIT Catalysts Drs Pelter (Scripps) & Vafaei (Kaiser Permanente).
- **"Emerging sub-specialties Series:** Critical Care Cardiology, A New Rhythm for the Cardiac ICU" moderated by our district councilor Dr. Connor O'Brien (UCSF) and upcoming "Cardio-Rheumatology, getting to the heart of inflammation" moderated by another district councilor Dr. Risheen Reejhsinghami (Stanford).
- **"How to Harness Power of Social Media"** hosted by our Catalyst Dr. Purvi Parwani and star speakers Dr. Michelle Kittleson (Cedars-Sinai), Dr. Jane Han (UCLA), Dr. Amit Goyal (Cardio Nerds) & Dr. Martha Gulati (Cedars-Sinai)
- Advocacy work continues regarding various issues with our Government Relations Committee led by Dr. Teresa Daniele. We are aligned with national ACC against the proposed 2023 Medicare cuts for ablations services effecting our EP colleagues.
- Please see write ups in the current newsletter about ACC national and California ACC stance on decision about Roe vs Wade by Women in Cardiology Catalyst and treasurer Dr. Janet Wei and on the efforts of very active Prevention Committee by Dr. John Baker.
- Our Diversity, Equity & Inclusion committee is recruiting mentors & mentees for a program called **"Building Diverse Communities in Cardiology"**, more details to follow.
- We have wonderful new FIT Catalysts Dr. Natalie Tapaskar (Stanford) and Dr. Nikhil Ghatnekar (Loma Linda) who have hit the ground running with program called **"Connecting California"**.

- Importantly, I am excited to introduce you to the four amazing **candidates for Governor-Elect positions**, two from Southern California and two from Northern California as nominees to serve our Chapter. Ballots will open soon- details in the following pages, do not forget to vote!

As always, a special thanks to our Chapter Executive **Ms. Lianna Collinge** who makes all our visions a reality! We are so fortunate to have someone like her working with us.

On a personal note, we published research in JAMA Open Network, that showed a sharp increase in deaths in heart disease and stroke during pandemic. The results brought out how COVID-19 magnified the underlying structural racism and systemic inequities in social determinants of health. The findings were highlighted in Wall Street Journal with my reflection that **"The pandemic melted the tip of the iceberg to reveal how precarious our health care system is for many populations"**

As cardiologists and cardiovascular teams, we are routinely faced with life and death situations for our patients in Cath labs to ICUs. We continue to face challenges of great resignation, socio-economic turmoil, existential crisis of climate change, clinician burnout along with sense of moral injury, are all a sobering reminder that there remains much work ahead of us.

At the same time there is promise of effective new therapies in heart failure and cardioembolic disease. Flexibility of telehealth is here to stay. The area of structural heart disease continues to grow at an exciting pace. Role of cardiac CT is taking a central role with new Chest Pain Guidelines and the list can go on. We lean on our years of training, sheer grit, and a sense of hope to propel us forward. It is okay if we pause, reflect, and recognize the courage we have all shown.

We must continue to remind ourselves the **Why** of what we chose to do. It is our privilege to be able to heal, to share sorrows and joys with our patients, obstacles notwithstanding, to live a life with meaning. As for California ACC, it continues to be your professional home, a place where you can belong and a place where you can volunteer to give back. We have successfully **emerged** through a seemingly unsurmountable inflection point, and I am optimistic that the **transformation** will keep pace with changing times.

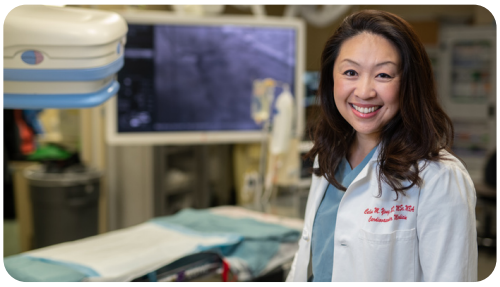
Thank you for giving me the privilege to serve the largest chapter in ACC. I remain eternally grateful to all the **Catalysts** who stepped up and supported our mission and to all of **You** who continue to be the healers of our patients.

With gratitude,

Jamal S. Rana MD, PhD FACC
President, California ACC
Governor Northern California ACC

@JamalRanaMD

CALIFORNIA ACC LEADERSHIP FORUM



Our Early Career Catalysts Aditya Bharadwaj, MD, FACC and Celina Yong, MD, MBA, MSc, FACC have been instrumental in organizing the inaugural California ACC Leadership Forum. The Leadership Forum aims to nurture talent and grow future leaders in the field of Cardiology. It was created to address an unmet need for formal leadership training and build a network of leaders within California. Monthly virtual sessions cover leadership best practices in various practice settings including academia, private practice, research, and within professional organizations, benefiting from the expertise of esteemed speakers from the CA ACC community.

Our Leadership Forum Class of 2022 consists of 10 Fellows-in-Training and Early Career cardiologists who represent a diverse group of leaders from across California. We would like to thank all the leaders in the field who have volunteered their time to share their valuable insights with the Leadership Forum

Leadership Forum sessions and speakers:

Leadership & ACC
Dipti Itchhaporia MD, FACC (Immediate past President ACC), Jamal Rana MD, FACC (President California ACC) Anthony Hilliard MD, FACC (President-Elect California ACC)

Business side of Medicine
Rita Ng MD, FACC (Physician in Chief Kaiser Permanente, Oakland), Jared Herr MD (Director of Medical Education and Program Director, CPMC Advanced Heart Failure and Transplant Cardiology Fellowship) , Rahul Sharma MBBS, FRACP (Clinical Associate Professor, Director of Structural Interventions), Mathew Bringer, JD

Academia & Research
Priscilla Hsue MD FACC (Chief of cardiology, San Francisco General, UCSF), Ehtisham Mahmud MD, FACC (Chief Cardiovascular Medicine UCSD, Past President SCAI)

Education
Kalyanam Shivkumar MD FACC (Director, UCLA Cardiac Arrhythmia Center & EP Programs), Purvi Purwani MD FACC (Loma Linda)

Diversity, Equity and Inclusion
Karol Watson MD FACC (Director UCLA Women's CV Health Center), Martha Gulati MD, FACC (Cedars-Sinai Medical Center)

Career Transitions
Byron Lee MD, FACC (Professor of Medicine, Director of the Electrophysiology Laboratories and Clinics, UCSF, Division of Cardiology), Joseph Ebinger MD FACC (Director of Ebinger Laboratory, Cedars Sinai)

FROM OUR WOMEN IN CARDIOLOGY COMMITTEE: MATERNAL CV CARE

From our Women In Cardiology Committee:
A note about the recent Supreme Court decision on Dobbs vs. Jackson Women's Health Organization overturning Roe vs. Wade. The California ACC shares the ACC's deep concerns, expressed in this statement, about the implications of this decision on the ability for patients and clinicians to engage in free, unfettered, critical shared discussions and pursue previously available health care options to protect maternal health, especially giving the growing maternal health – and maternal cardiovascular health - crisis in this state and country.

California ACC will continue to work with the ACC and the larger House of Medicine to address policies and laws threatening or criminalizing patient and clinician discussions on evidence-based, equitable maternal cardiovascular care.

Additionally, the ACC's Cardio-Obstetrics Workgroup has and is developing a series of tools, including this 5-part Focus Seminar published in JACC, to help support you in caring for women of reproductive age with cardiovascular disease.

UPCOMING CALIFORNIA ACC GOVERNORS' ELECTION

ELECTION **OPEN**: 9/19 ELECTION **CLOSE**: 10/7

NORTHERN CANDIDATES:

TERESA DANIELE, MD, FACC

As I reflect on the last 9 years serving on the CAACC Board of Directors and being involved on various committees, I am amazed by the amount of professional growth, partnerships, support, education and opportunity it has provided me. I have gained a deep understanding of the importance of getting involved in your professional home the ACC, and how imperative it is to stay present in all aspects of your field including Advocacy, Education, Wellness, Diversity and Research to further guide Cardiologists throughout their career.

Often times as a busy practicing physician we take for granted how delicate our field of Medicine is and how easily hurdles can be placed upon us as non-physicians make decisions that affect our practice impacting us financially, limiting our participation in clinical research and ultimately impacting patient care.

As Chair of the Government Relations Committee for the past few years and during the past 9 years participating in our annual Lobby Day in Sacramento meeting with our California politicians, I gained a great deal of understanding of how we physicians can actually make a difference in laws being introduced and passed. One of those bills was AB 1278 which would require physicians to both verbally and in writing disclose to patients any monies received from a drug company prior to prescribing or implanting a device. We were persistent with our advocacy efforts and I personally met with the author of the bill to help him understand how detrimental this type of bill would be in our clinical practice. We were able to reach a reasonable compromise in the end where physicians nor patients would be directly impacted and the author felt he could put his efforts to rest as well.

My experience in private practice, academic , research, working and partnering with executive leadership in hospitals, having a strong educational background, community outreach and having a passion for Advocacy I feel has provided me with a unique perspective on how all of the above interplays and the importance of how we Physicians can make a difference. Practicing in the Central Valley has also allowed me to witness firsthand the challenges in access to care for our patients and physician retention issues. The state of California is vast with particular challenges and by meeting colleagues through ACC and discussing these differences has allowed me to gain direct knowledge and for me once again strengthened the importance of listening to our members, advocating on their behalf and most importantly, standing together as a united voice.

The American College of Cardiology has been a strong uniting organization both at the State and National level and feel that with continued strong leadership we can continue to advocate for our profession encompassing all members of our Cardiovascular Team. In addition, supporting our fellows in training and new career members so we can train the next generation of Advocates for the sustainability of our profession. I am honored to have been nominated and would appreciate your vote in support.

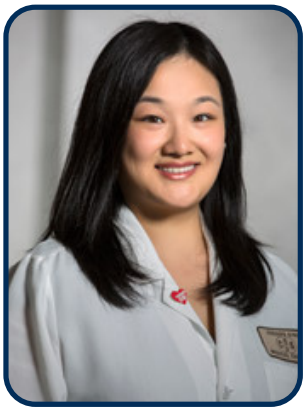
BRAD ANGEJA, MD, FACC

In my daily practice, my first concern is always, “What is best for the patient?” That is certainly true when choosing a diagnostic strategy, recommending invasive versus conservative treatments, and optimizing guideline-directed medications. There may be competing interests; the best test might be a coronary CT at the hospital rather than a stress test in the office, and RVUs are at risk. Nonetheless, I pursue the best evidence-based path to diagnosis and treatment. Of course, we cannot ignore the question, “What is best for the practice?” To position ourselves to help patients, our

practices need to be successful financially. We need a well-run support team, engaging non-MD expertise. For instance, in my PAMF practice, we are piloting a pharmacist-led protocol to advance CHF medication regimens. In my leadership positions, my first concern is also, "What is best for the patient?" Sometimes, territorial competition clouds the answer. Smart, well-trained specialists have valid, different opinions about approaches to care. One example is stroke care; in particular, the approach to workup for cardiac source of embolus, which has long been a mixed bag of well-intentioned but variable practice. In my hospital (and then expanded to other Sutter affiliates), we have streamlined an approach to stroke workup, clarifying indications for transesophageal echocardiography and rhythm monitoring, with a focus on implantable loop recorders. Not only does such alignment foster better patient care, it also shortens hospital stays and minimizes interdepartmental conflict. Shared best practices benefit patients, doctors, and health systems. That is true whether we are in independent practice, a foundation model, or an HMO.

As Governor of the California Chapter, my first goal will also be to promote what is best for the patient. I have seen the power of advocacy within the halls of government, lobbying for smoking cessation and health access legislation. The quality of educational programs for patients and families, both within the Chapter and within ACC nationally, is superb. For the good of the patient, we must also support cardiology providers. The ACC does not just compile evidence-based CME programs; it works with accrediting boards to make MOC compliance less burdensome. The ACC defends fair reimbursement with government and private payers. Finally, I applaud the ACC's inclusion of the whole spectrum of CV Team providers. By helping coordinate these successful tools of the California ACC, we really can support cardiologists to do "what is best for the patient" - every day.

SOUTHERN CANDIDATES:



JANET WEI, MD, FACC

Through my service in the California and national ACC, I have witnessed the advocacy and impact of the ACC in our state and nation's healthcare practices, particularly during this pandemic. In my prior training and current practice, I have cared for patients from diverse clinical settings: county, VA, tertiary care, and private practice—in person and virtually. Experiences in various care models are crucial to promote optimal care delivery. Healthcare policy requires the input of the key players, and cardiologists continue to stand at the forefront of fighting the leading cause of mortality in the United States. I believe the ACC is a remarkable platform for cardiologists to affect change, to address critical opportunities for improvement in cardiovascular care, and to promote a culture of equitable cardiovascular care and heart health for all.

JOHN BAKER, MD, FACC

Health Care in the field of Cardiology, what we all do and love, as you know is changing all around us. I firmly believe that The California Chapter of the American College of Cardiology, through all of our combined voices is, and should always be a very influential and important organization to help promote and ensure continuances of providing the best in care for our patients and instituting positive changes in an ever-changing landscape of healthcare. We of the California Chapter of the American College of Cardiology, should be leaders, and be able to set examples of how other States and ACC statewide chapters manage the issues before them. We have a wealth of outstanding clinicians and passionate thinkers such as yourself, and if I am elected to represent you as Southern California Governor, I would like to engage you to bring your ideas and voices forward, such that together, we can help solidify and implement necessary changes and continued success of our professional practices in all practice environments. Our voices can, and should make a significant positive difference in our professional practices throughout our State and beyond.

I would be humbly honored to represent you as your Southern California ACC Governor for the term of April 2024 through March 2027.

PREVENTION COMMITTEE UPDATE

Excellent progress is being made on the bans on flavored/ vaping tobacco products sale in California. Through the hard work of the Prevention Committee and many others, 17 counties across California have issued Flavored Tobacco and Vaping Bans as of last month. A stern law that bans the sale of all flavored tobacco products within California which the committee assisted and encouraged its formation, was signed into law on August 28, 2020 by our Governor, but enaction has been blocked by a referendum paid for by Large Tobacco corporations to stop this law from being enacted. Enacting this law would be a huge win for preventing Cardiovascular disease, deaths and tobacco addition starting in very young school age children who typically start with candy flavored vaping products then graduate to tobacco addicts as adults. California Chapter of the ACC will be listed as a supporter of this Proposition on the November 2022 Ballot, along with many other health organizations, including the AHA, ACP, CMA and many others.

Here is where we can use your help. Please join the CA ACC Prevention Committee and many other organizations in supporting a YES vote on Proposition 31 this November. Please also enlighten and educate your colleagues and people who would listen and respect your opinion. For those of you on social media, please go to TobaccoFreeKids.org, share and post on your social media accounts. There is very likely to be a major, probably very misleading, well - funded campaign paid for by the Tobacco Companies in the next few months to try to defeat this proposition, or confuse voters to vote against this potentially very misleading, intentionally reversely crafted proposition, as some uninformed voters might think a No vote means they are against childhood smoking.

All voters need to know that a YES vote = the law against flavored vaping/tobacco is enacted, a No vote means the law banning flavored tobacco product sale in California is repealed. The Tobacco companies essentially have unlimited resources, and do not want to lose their thousands of children who are training to become tobacco addicts, which this law would take a bold step against Tobacco addiction, especially in children and teenagers.

Please join the ACC California Chapter Prevention Committee in supporting and educating voters to support and vote YES on Proposition 31, which if it passes, would be a huge win for all of California.

John D. Baker, MD, FACC, FACP, FSCAI
Invasive/Interventional Cardiology
Tele (877) 924-9009 | Fax (949) 266-9099

CA ACC PREVENTION COMMITTEE

John Baker MD; Nathan Wong PhD; Matt Glassy MD; Jamal Rana MD; Latha Palaniappan MD; Prakash Deedwania MD; Ailin Barshegian MD; Matthew Budoff MD; John Nelson MD; Mike Kelly; Nicole Harkin MD; Julia Itskson CNS; Robert Malloy NP; Dipka Gopal MD; Michelle Cuevas DNP

INTERESTED IN JOINING AN ACC COMMITTEE? NOMINATIONS NOW OPEN!

Nominations for available positions on ACC's Committees, including NCDR and ACC Accreditation Services' committees, are now being accepted until **Tuesday, Sept. 13th**. Interested applicants or nominators are encouraged to review the open positions on the Committee Nominations Portal. Applicants will be notified of results by the end of 2022.

Diversity and Inclusion are essential to ACC's Mission and Vision in addition to its Core Values, all patients, and Strategic Business Goals as a profession and as a professional society. The Nominating Committee strongly encourages applicants from a diversity of backgrounds, cultures, specialties, practice settings, and career stages. As leaders of the College, this is an opportunity to encourage and/or nominate colleagues, mentees and/or up-and-coming leaders to serve in leadership roles that are vital to implementation of ACC's Mission, Vision and Strategic Goals. As we seek to build and foster an ongoing pipeline of diverse leaders with a diverse set of competencies, participation in the committee nomination process is crucial.

For more information, view the Committee Nominations FAQs or email committees@acc.org with questions.

ACC leaders are encouraged to share the call for committee nominations on social media. Please tag @ACCinTouch and use #ACCLeadership in your post, or look for @ACCinTouch and American College of Cardiology on LinkedIn posts and retweet/share.

Upcoming Events

September 9-11, 2022

WOMEN'S CARDIOMETABOLIC HEALTH & WELLNESS MASTERCLASS

Register Now!

September 10, 2022

UCLA PRESENTS CALIFORNIA HEART RHYTHM SYMPOSIUM 2022

Register Now!

September 10, 2022

UCLA HEART FAILURE SYMPOSIUM 2022

Register Now!

September 14-16, 2022

ACC QUALITY SUMMIT LOS ANGELES & VIRTUAL

Register Now!

September 15, 2022

EMERGING SPECIALTIES SERIES: CARDIO-RHEUMATOLOGY GETTING TO THE HEART OF INFLAMMATION

Register Now!

September 22, 2022

ANEMIA IN PATIENTS WITH CVD AND CKD: CURRENT MANAGEMENT AND POTENTIAL ROLE OF HIF

Registration Coming Soon!

September 24, 2022

FIFTH ANNUAL SCRIPPS CARDIOMYOPATHY AND CARDIO-ONCOLOGY SYMPOSIUM

Register Now!

October 15, 2022

WOMEN IN CARDIOLOGY: USING OUR STRENGTHS TO OVERCOME OUR CHALLENGES

Register Now!

October 16-18, 2022

ACC'S LEGISLATIVE CONFERENCE 2022

Register Now!

October 17, 2022

CARDIO-ONCOLOGY: "WEBROUNDS"

Registration Coming Soon!

October 22, 2022

PRACTICUM IN MECHANICAL CIRCULATORY SUPPORT (MCS): MANAGING CARDIOGENIC SHOCK WITH SHORT-TERM DEVICES

Register Now!

October 25-28, 2022

33RD ANNUAL CARDIOVASCULAR INTERVENTIONS

Register Now!

November 1, 2022

MINERALOCORTICOID RECEPTOR ANTAGONISTS: ADDRESSING RESIDUAL RISK IN PATIENTS WITH CARDIAC DISEASE

Registration Coming Soon!