CVT CORNER
A few words from
Sandra L. Perlmutter, NP, AACC
PAGE 4

NEWS YOU CAN USE
Tools that are available to
you to use from ACC.org
PAGES 6-7

ACC ADVOCACY
General assembly actions
that affect cardiology
PAGE 8

PLUS
President's Corner
➲ p.3
Announcements
& Upcoming Events
➲ p.12-13
CONTENTS

NEWSLETTER

3 PRESIDENT’S CORNER
ACC President’s philosophical musings.

4 CVT CORNER
A few words from Sandra L. Perlmutter, NP, AACC

5-7 NEWS YOU CAN USE
Check out the tools available to you from ACC.org

8 ACC ADVOCACY
Read about the advocacy efforts by the ACC

9 MACRA
Medicare Access and CHIP Reauthorization

10-11 ASPIRIN
A great article about minimizing the side effects of Aspirin use

12-13 ANNOUNCEMENTS & UPCOMING EVENTS
Announcements and upcoming events to put on your calendar

14 ABIM ANNOUNCES NEW OPTION FOR MOC ASSESSMENT
Starting January 2018
In early April, while at this year’s ACC national annual meeting in Chicago, I had the opportunity to chat with John Gordon, M.D. FACC, a former California chapter president. It was one of those wonderful occurrences that happen at the national meetings. You run into and get a chance to catch up with people that you have not seen for a long time. The conversation was wide ranging and somewhat existential. We recognized the changing demographics of the cardiologists who attend the ACC annual meeting over the past few decades. While we still have a long way to go in addressing the gender gap, the marked influx of smart, hard-working second generation immigrants into our field has brought energy, ideas, cultural diversity and vitality to our profession. We are better and stronger for that. That our field is able to attract and energize such talent is wonderful.

One of the reasons that the ACC has become an increasingly international organization is our use of science and best scientific evidence to drive practice. The FACC designation is valued both inside and outside the USA. Some of the science shows that cheaper and less is better, some show clear clinical benefit from more expensive tests or procedures. The application of this science is universal and helps our colleagues and their patients throughout the world. We also acknowledged that the status of cardiologists in specific and physicians in general in the United States is very good in comparison with other parts of the world. For all of the problems that we think we have, compared to most other countries, we have a generally high standing in society, we have generous incomes, and relatively few restrictions on practice.

Your local ACC chapter is still trying to help with mundane, but bothersome issues such as insurance company pre-authorizations and pre-approvals, but let’s recognize how far we have come, and how well off we relatively are.

Have an enjoyable, calm and productive summer.

Tim Dewhurst, MD, FACC
The Washington Chapter Cardiovascular Team had our third annual educational day program on February 13, 2016. We had three great speakers who brought us up to date on three fascinating subjects. Ironically the day before St. Valentine's Day, Dr. Tom Amidon spoke on “broken heart” cardiomyopathy, also known as stress cardiomyopathy. He introduced us to new insights on pathophysiology, diagnosis and treatment on this neurocardiogenic phenomenon. Dr. Neal Perlmutter then shared the importance of the team approach to treating congestive heart failure that includes the CV team members as vital components. Our own Washington CV team member, LTC Leilani A. Siaki, PhD, FNP-BC Deputy Chief Center for Nursing Science, Madigan Army Medical Center. Deputy Chief Center for Nursing Science, Madigan Army Medical Center shared the trials and tribulations of doing human research in a combat zone.

We hope to see more of you next year!

The Annual Scientific Sessions of the ACC was held in Chicago this year. With pathways about different aspects of cardiac care, the Scientific Sessions continue to be an excellent education value for team members. Not only is it an outstanding educational experience, it is also a great opportunity to network with other CVT members from around the country. The CVT Lounge was a great gathering spot, from offering help with CVs, having free professional photos done, grabbing a bagel and some coffee or just sitting and visiting with other team members.

Don’t forget to register for our upcoming CVT Symposium in Spokane! Watch the website for more details!

WA ACC Cardiovascular Team Member Dinner Program
Thursday, October 20, 2016
The Historic Davenport Hotel
10 S. Post St.
Spokane, WA 99201
5:00pm - 9:00pm

Agenda and more details coming soon.
NEWS
YOU CAN USE

INFORMATIONAL

Get Full Coverage of ACC.16
From trial summaries to presentation slides, videos and news articles, get all of the hot clinical news from ACC.16 on ACC.org. Get perspectives from leaders on the ACC in Touch Blog. You can find wrap up videos from each day of the annual scientific sessions and hot trial videos on YouTube. You can also view the ACC.16 videos from FITs on the GO, the roving reporters who also happen to be ACC Fellows-in-Training. All of the videos are archived here. Also, check out archived tweets by searching for the official meeting hashtag #ACC16 or scroll through our live coverage of the meeting via twitter at @ACCCardioEd.
• PARTNER 2a: Transcatheter Aortic Valve Replacement Compared with Surgery in Intermediate Risk Patients with Aortic Stenosis: Final Results from the Randomized Placement of Aortic Transcatheter Valves 2 Study
• HOPE-3: Blood Pressure Lowering in People at Moderate Risk; Effects of Rosuvastatin on Cardiovascular Disease in Moderate Risk Primary Prevention in Diverse Ethnic Groups; and the Effects of Combined Lipid and BP-Lowering on Cardiovascular Disease in a Moderate Risk Global Primary Prevention Population
• GAUSS-3: Comparison of PCSK9 Inhibitor Evolocumab Versus Ezetimibe in Statin-intolerant Patients: The Goal Achievement After Utilizing an Anti-PCSK9 Antibody in Statin Intolerant Subjects 3 Trial
• FIRE and ICE: Largest Randomized Trial Demonstrates an Effective Ablation of Atrial Fibrillation
• STAMPEDE: Bariatric Surgery vs. Intensive Medical Therapy for Long-term Glycemic Control and Complications of Diabetes: Final 5-Year STAMPEDE Trial Results
A new consensus statement, published April 15 in the *Journal of the American College of Cardiology* establishes guidance for conducting pre-participation screenings of college athletes and encourages emergency action plans for quickly responding to sudden cardiac arrest. The statement was developed by a 29-person task force convened by the National Collegiate Athletic Association (NCAA) in September 2014 that included multidisciplinary physician specialists and athletic trainers representing national sports and medical associations, including the ACC. The NCAA currently requires every student-athlete to undergo a pre-participation evaluation that is conducted by a physician or doctor of osteopathic medicine prior to participation in any NCAA sport. The ACC and the American Heart Association (AHA) both recommend taking an athlete's family history using the AHA's 14-point questionnaire and conducting a physical examination to determine the athlete's risk of cardiovascular disease before the athlete participates in sports.

Read more on ACC.org.
GET INVOLVED IN GRASS ROOTS

ACC ADVOCACY

Through its advocacy efforts, the ACC builds relationships with Congress, federal government agencies, state legislative and regulatory bodies, private insurers and other policy making groups to advance the College’s mission of improving heart health.

In 2016, the College’s advocacy priorities include creating a value-driven health care system; ensuring patient access to care and cardiovascular practice stability; promoting the use of clinical data to improve care; fostering research and innovation in cardiovascular care; and improving population health and preventing cardiovascular disease.

Member participation in advocacy efforts is crucial to shaping the future of cardiology. See how ACC members are ensuring cardiology’s voice is heard at the local, state and national level. Now is the time to get involved! Find out how you can make a difference by visiting ACC.org/Advocacy or contacting your Chapter!
MACRA

MEDICARE ACCESS & CHIP REAUTHORIZATION ACT

Achieving excellence as a provider of processes to maintain professional competency is one of the ACC’s six strategic priorities. As part of this effort, the College is committed to helping members understand and navigate the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) as it is rolled out.

MACRA will have profound impacts on care delivery in the United States; some believe these changes will have effects of a similar magnitude to when the Medicare and Medicaid programs were established in 1965. At the broadest level, MACRA repealed the flawed Sustainable Growth Rate formula used to calculate physician payment and established a definitive framework for moving Medicare from a volume to value-based system – a framework that private payers are already beginning to follow. It is likely that movement to risk-based, value-based contracting will only accelerate.

As with many laws, MACRA is written with broad directions that will be implemented through more specific regulation by the federal agencies over the next few years. As such, many details on implementation are not yet clear.

Repeal is not likely due to economic pressure on CMS and the bipartisan nature of the law.

The early years of MACRA implementation will pose some very real challenges to physicians and patients accustomed to the current system. The ACC is already engaging the Department of Health & Human Services (HHS), CMS and others to minimize these challenges and take advantage of opportunities under the new system to support policies that facilitate evidence-based, cost-effective and high quality care.

One of the requirements of MACRA is that providers engage in Practice Improvement activities. The specifics of this requirement have not been determined; however the ACC believes that participation in NCDR registries will be an acceptable means of fulfilling this expectation. ACC staff is working towards creating specific NCDR Registry-based solutions to the performance Improvement participation requirement.

There will be opportunities for medical specialty organizations such as the ACC to have input through the regulatory process to establish how the law will function. We will be at the table!

*Note: More information is available on the ACC’s online MACRA hub at www.ACC.org/MACRA. Updates are provided via the hub and through the ACC’s Advocate newsletter.
While aspirin is widely used to prevent heart attacks and strokes in people with cardiovascular disease, research has yet to definitively determine the dose that works best while minimizing potentially serious side effects like internal bleeding. A new, large-scale pragmatic clinical trial conducted through PCORnet, an initiative of the Patient-Centered Outcomes Research Institute (PCORI), has the potential to put an end to these questions.

ADAPTABLE (Aspirin Dosing: A Patient-centric Trial Assessing Benefits and Long-Term Effectiveness), which is expected to begin enrolling patients this spring, will compare benefits and risks of two commonly used daily doses of aspirin—low-dose 81 mg and regular strength 325 mg—in as many as 20,000 patients with cardiovascular disease. Patients will be enrolled over 24 months with a maximum follow-up of 30 months and randomized to receive one of the two doses. Researchers also will compare the effects of aspirin in certain patient populations based on gender, age, and racial- and ethnic-minority affiliation and in patients with and without diabetes or chronic kidney disease.

What makes ADAPTABLE unique is that it will leverage PCORNet's networks of electronic health records (EHRs) to more quickly identify, enroll and follow a broad population and range of patients in a variety of clinical settings ranging from large health care systems to smaller practices. The trial will be led by researchers at Duke University and involve researchers, clinicians and patients at 7 PCORnet partner networks, 6 of which are based in large health systems, and 1 operated by a patient-led group.

The trial is expected to cost much less than a more conventional trial and be far more efficient. For example, researchers will have direct access to clinical data vs. needing to re-enter data into a parallel
research database. “We are striving to answer an important clinical question that interests both patients and providers in a highly efficient way that takes advantage of data that is already being collected as part of routine care,” says Robert A. Harrington, MD, co-chair of ADAPTABLE. “It’s truly better integrating research into clinical practice and helping in the construct of the learning health care system.”

ADAPTABLE includes patient involvement every step of the way. According to Matthew Roe, MD, MHS, FACC, co-principal investigator for the trial, the trial includes targeted electronic outreach and electronic follow-up with patients in order to provide answers to questions like ‘How much aspirin should be taken each day to reduce risks of heart attack or stroke’ and/or ‘Do benefits and risks differ based on dose, health, age or other circumstance’? Patient engagement is a key and defining aspect of this trial.
UPCOMING EVENTS

SEP 11-13
ACC Legislative Conference 2016
Location: Fairmont Hotel Washington, DC
Stay tuned at: ACC.org/LegislativeConference

OCT 20
WA ACC Cardiovascular Team Member Dinner Program
Time: 5:00PM - 9:00PM
Location: The Historical Davenport Hotel
10 S. Post St. Spokane, WA 99201
Please check the website; more details coming soon

NOV 4-5
WA ACC Annual Chapter Meeting
Time: 5:00PM - 9:00PM
Location: Pan Pacific Hotel
2125 Terry Ave Seattle, WA 98121
Please check the website; more details coming soon
In Fall 2015, Eugene Yang, MD, FACC was elected to serve as the next Governor/Chapter President. He became Governor-Elect on April 1, 2016 and will take over as Governor/Chapter President in April 2017. Dr. Yang is medical director of the UW Medicine Eastside Specialty Center in Bellevue, WA and is a clinical associate professor of medicine at the University of Washington School of Medicine.

Welcome to the following new board members:

Drew Baldwin, MD, FACC
Zachary Goldberger, MD, FACC
Ravi Hira, MD, FACC
Alec Moorman, MD, FACC
Gautam Nayak, MD, FACC
Matt Newman, MD, FACC
Raza Orakzai, MBBS, FACC

On March 10, 2016, WA ACC sponsored a FIT program at Wild Ginger in Seattle. 16 FITs from University of Washington attended along with 10 FACCs and 1 AACC. There was a lively discussion about transition from fellowship to clinical practice. Dr. Ron Oudiz from UCLA provided an update on the management of pulmonary hypertension.
ABIM Announces New Option for MOC Assessment Starting January 2018

The American Board of Internal Medicine (ABIM) has announced plans to offer a new Maintenance of Certification (MOC) assessment option beginning in January 2018.

Under the new option, physicians who “engage in and perform well” on shorter assessments would have the option to test out of the current 10-year exam. The 10-year exam, however, will also remain available as a second option. According to ABIM, this new option will be available for physicians maintaining certification in internal medicine, and, possibly, one or two subspecialties starting in January 2018. Based on feedback from these early adopters, ABIM expects to make this option available to additional subspecialties as quickly as possible over subsequent program cycles.

Finding an alternative to the 10-year examination has been one of the top MOC goals of the ACC and the rest of the internal medicine community. It was also one of the primary recommendations of the Assessment 2020 Task Force last year. “MOC continues to rank among the top concerns of our internal medicine members, with the 10-year examination being the largest obstacle,” says ACC President Richard A. Chazal, MD, FACC. “We applaud ABIM’s move in the direction of more flexibility in MOC requirements; however, we will need more details to see how it aligns with the ACC’s proposal.”

The ABIM expects to provide more specific details about what the alternative assessment option will look like no later than Dec. 31, 2016. In the meantime, physicians with certifications that expire before the new assessment option is offered in their specialty will still need to take and pass the 10-year exam in order to maintain their certification.

According to Chazal, the College will continue to work with ABIM on the details of the rollout. The College has advocated for focused assessments or reevaluations of cognitive skills, similar to the “SAP” model, with the 2016 ACC Lifelong learning Clinical Competencies as the basis of this assessment. Additionally, the ACC has suggested an open-book format for those members choosing to take the 10-year exam.

For more MOC information, visit the MOC Hub at ACC.org/MOC. For those active on Twitter, here are some sample Tweets for you to use:

ABIM Offers New Option to Test Out of Current 10-year exam http://ow.ly/4nssEK
ACC Covers New ABIM Announcement on Assessment Changes http://ow.ly/4nssEK

ACC Communication Tactics:
Press statement (Thursday)
ACC.org article (Thursday)
Announcement via social media (Thursday)
Inclusion in Advocate newsletter (Thursday)
Inclusion in CV News Digest newsletter (Friday)
Inclusion in ACC Update newsletter (Friday)
Inclusion in BOG Update (Friday)
Inclusion in MOC-Focused Education email (Saturday)
ACC Print Publications (Future)