Governor's Corner

"I've been a surgeon for eight years. For the past couple of them, my performance in the operating room has reached a plateau. I'd like to think it's a good thing—I've arrived at my professional peak. But mainly it seems as if I've just stopped getting better."

Atul Gawande, The New Yorker, 2011

A few weeks ago, I took part in the virtual WA ACC interventional roundtable, an amazing effort bringing together our state interventional cardiology (IC) community. Dr. Creighton Don, our IC section head, has navigated the Covid restrictions to keep this quarterly meeting relevant and engaging, and the latest meeting was no exception. As a non-interventionalist, I was fascinated at the interactions between our colleagues as they discussed left atrial appendage occluder device deployment, going through cases and highlighting
important experiences with this emerging technology. What really struck a chord, however, was how dutifully Creighton and others described the cases they “weren’t so proud of”, where technical issues or clinical confounders led to sub-optimal outcomes. It’s hard to talk about these cases, and often more difficult with our immediate peers who we see daily. At the same time, as Creighton detailed a difficult case, innumerable participants in the meeting jumped in to provide support, meaningful feedback, and a path forward. This kept happening, even during case presentations when the patient did fine, and highlighted to me how important it is to detail our limitations. In a world where many are trying to create a brand, become “the” expert, and portray a veneer of infallibility, listening to incredibly talented interventionalists talk about where their capabilities may have failed them was instructive and to some extent, more inspirational than the success stories. We all fall short sometimes, despite our best effort to do what is best for our patients. Having an honest forum to discuss it, and a constructive way to help us improve as professionals has become challenging, even in our virtually connected world.

I often think about Atul Gawande’s article “The Coach in the Operating Room” published in The New Yorker in 2011. In it, Gawande details how the concept of a coach is critical to medical professionals if we are to advance patient care. Having a colleague simply observe the daily tasks we deem mundane or routine could actually lead to insights that could accelerate our growth as professionals dealing with patients harboring a range of complex conditions day in and day out. As our IC community detailed the pain of a “cauliflower” appendage or the challenging angle at which they had to cross the septum, I saw this coaching happening in real time, in a way that resonated with a non-interventionalist like me simply trying to learn.

Many of us practice in vacuums, where in the course of our daily lives it’s nearly impossible to find a non-judgmental, empathetic “coach”. Having a quarterly forum to detail complex cases is amazing, but what it highlighted is the need for all of us to find coaches to help us through even the most basic, everyday scenarios. Many of us are fortunate enough to have mentors to help us navigate career challenges, but few of us have coaches to do the small things to make us incrementally better each day.

My sense is that our lives are getting busier as more sick patients come to our hospitals and clinics, having deferred needed care for the past year. It’s going to be harder to find those moments when we can step back and see the big picture. As your professional home, the ACC is doing some terrific things to keep us connected and educate us on the latest clinical innovations. Our state chapter is diverse and led by national thought leaders, like Dr. Don, and local experts whose experience and clinical acumen are unparalleled. I’m excited to work with you all to ensure we leverage all of our “coaches” to enable us to continually grow and deliver better care for our patients. In our new virtual world, simplifying our approach to the basics of what truly connects us as cardiovascular professionals can be empowering and may unlock incredible potential. With your help, we can take the ethos of our WA ACC Interventional Roundtable and apply it to our practice of clinical medicine, in all areas. The time is now.

Let’s keep doing it together.

Gautam Nayak, MD FACC
CVT Corner

Change is on the horizon. Here in Wenatchee, vaccination efforts are in full swing and many of my clinic patients have received both doses of their vaccine. The proportion of virtual care appointments is shrinking, and patients are eager to return to clinic to see a familiar face (or at least one-half of it). Over the past year, COVID-19 has had a devastating effect on families, communities, and health care workers. The indirect effects of this pandemic, however, demand our equal attention as well. On a daily basis, my patients express concern about social isolation, depression, lack of activity and weight gain. Despite the ability to pick up the phone and connect with nearly any patient at any time, my patients still feel disconnected. Telemedicine has proven itself a necessary component of healthcare delivery, but equally important is our focus on understanding how our patients view the connection with their healthcare team. Our deep dive into the world of telemedicine has uncovered significant health care disparities in terms of who has access to the things many of us take for granted, including broadband internet, connected devices and the ability to navigate this technology to access healthcare. With the immense amount of knowledge gained in virtual healthcare delivery over the past year, we must work to capitalize on this momentum. Our ultimate aim should be a purposeful blend of virtual and in-person care that is responsive to the patient’s social and financial situation, comfort with technology, and the ebb and flow of their clinical course.

As the Washington Chapter CVT Liaison, my role is also about building connections. Stepping into a position aimed at bringing people together when human connection was essentially prohibited has been a challenge, to say the least. There have been lessons learned over the past year, however, in how to develop and host engaging discussions, educational webinars and virtual conferences that have allowed us to remain connected despite our geographical distances. Despite this, it remains clear that while a conference may be comfy in our PJs, the majority of us still look forward to the day when we can gather again to share that human connection that can only truly be fostered in person. I look forward with optimism to the next year bringing a thoughtful blend of virtual and in-person opportunities and to meeting many more of you along the way.

Katie Bates, DNP, ARNP, CHFN
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Advocacy Corner

The Washington State House and Senate meet this year in the biennial “long session” to establish the state budget. Covid has dampened the enthusiasm to introduce new laws and procedures due to the growing impact on current operating budgets. More than 50% of budgetary spending is constitutionally protected, making the legislative focus on cost reduction. Here are some House (HB) and Senate (SB) bills that directly impact cardiology practices and the care of our patients:

Updated as of 2-15-2021

**HB 1378 – Medical Assistant Supervision.** This would allow a medical assistant to be supervised by Physician via telemedicine, when the Physician is at a remote sight and the MA is with a patient at the originating site.

**HB 1196 – Allows patient to receive covered services over a telephone.** Helpful to those patients without adequate internet access but medical fraud is a consideration.

**SB 5271 – Liability protection of providers for deferred patient care due to COVID-19.** This bill offers liability protection for providers who cancelled procedures deemed “non-urgent” in compliance with the Washington Governor’s emergency declaration. Dr. Pam Kohmeier testified, “not many people think of a heart cath or a stent as a truly elective procedure, yet many of these procedures were cancelled as well.”

**SB 5222 – Requiring health carriers to reimburse advanced registered nurse practitioners at the same rate as physicians for the same services.** This bill focuses on improving health equity in rural and underserved areas as disparities deepen during the pandemic. The bill focuses on maintaining adequate providers throughout the state, and will not allow a cut in reimbursement to physicians for the same services.

**SB 5169 – Concerning provider reimbursement for personal protective equipment during the state of emergency related to COVID-19.** This bill focuses on the unforeseeable costs associated with personal protective equipment and provides a mechanism for practices to help recoup costs related to PPE to maintain patient safety.

**SB 5377 – Increasing affordability of standardized plans on the individual market.** Cascade Care 2.0. We suggest watching the first 15 minutes of this debate for details. The bill requires all health care plans to offer Cascade Care. This will help fill in the gap of uninsured patients (typically without employer sponsored insurance) whose income disqualifies them for state and federal programs.

![Jim McRae](image)

Are you interested in getting involved in the WA ACC Legislative efforts? Email Jim McRae at jim_mcrae@yahoo.com
Congratulations to our WA ACC FIT Jeopardy Finalists!

We'll be cheering you on in the national FIT Jeopardy: Battle of the Chapters competition during ACC.21 Virtual, May 15-17.

#ACCFIT #ACC21

Washington State Finalists:
Sophie Larson, MD
Alex Taylor, MD
Aris Karatasakis, MD

With the continued high prevalence of COVID-19, the slow rollout and acceptance of the vaccine and concordant extension of travel restrictions from health care institutions, academic medical centers and industry partners, ACC.21 leaders and the Board of Trustees have made the decision to transition from a hybrid model to an entirely virtual experience from May 15-17.

Building on the success of last year’s meeting, the ACC.21 virtual experience will be a world-class program delivered through an innovative digital platform built for learning, collaboration, and networking. It will also offer a robust virtual Expo with both exhibits and education from our signature Learning Destinations and, last but not least, more opportunities for attendees to engage and interact with colleagues from around the world. For more information visit the ACC.21 website.

Want to view the full article on all State Chapter Finalists? Click Here
Tell Us Who You Are! Participate in the ACC Census

ACC is collecting information of its members through the ACC Census. Responses help us decide where resources, energy and funds are allocated. Be counted and update your profile to ensure that your education and communication preferences are heard! Let’s shape the future of cardiovascular care together:

Update your profile today!

NCDR Accepting 2021 Research Proposals Through April 9th

Are you planning to submit an NCDR research proposal this year? Don’t miss the April 9 deadline! Last year, NCDR changed its Research & Publications (R&P) cycle to offer one research proposal deadline annually, with one annual review meeting for all NCDR programs except the STS/ACC TVT Registry.

All research proposal applications will be scored by the same R&P Committee member and will receive the same consideration.

Learn more and submit your proposal by April 9.

JACC Journals Accepting Manuscripts for 2021 Focus Issues

To grow the body of literature surrounding diabetes and heart failure, JACC: Heart Failure is accepting submissions for a focus issue on this topic planned for August of this year. Submissions are due on or before April 2. Responding to the need for expanded knowledge on emerging trends, novel treatment approaches and outcomes for patients with AL and ATTR amyloidosis, JACC: CardioOncology is inviting research for a special issue planned for Winter of this. Submissions are due on or before April 15. Learn more and access tips for publishing in the JACC.org Author Center.

Current Key Questions on COVID-19 and CVD

Looking for more clinical guidance on the cardiac implications of COVID-19? ACC’s latest FAQs on COVID-19 summarize current evidence and insights that address considerations for cardiomyopathy and heart failure in COVID-19; long-term management of COVID-19-related myocarditis; thrombosis risk and management in COVID-19; workplace exposure; clinical wellness; and more. Approved by ACC’s Science and Quality Committee and written by leading experts in each area, find them here.
Call for Applications: ACC EchoSAP Editor-in-Chief

The ACC is seeking a qualified candidate to serve as Editor-in-Chief of EchoSAP, ACC's self-assessment program on echocardiography. EchoSAP helps users prepare for the initial or recertification exam in echocardiography, stay abreast of new advances in the field, teach others, and earn continuing medical education credit.

Interested candidates are encouraged to review the position description and complete the application form.

A cover letter highlighting interest and credentials as well as a curriculum vitae should be submitted along with the application to Helene Goldstein, hgoldste@acc.org, by Sunday, April 4th at 11:59 p.m. ET. Learn more about the position.

Brush Up on the Basics of Precision Medicine

The era of precision medicine in cardiovascular disease is here. With the advent of high throughput technologies, big data analytics and the expansion of digital health tools, the concept of personalizing therapies to maximize benefits and minimize risk for patients is within reach. However, most health care providers have had little to no exposure to the data, platforms, methods and clinical applications that form the foundation of precision medicine. ACC's new Evolving Practice of Cardiovascular Precision Medicine Virtual course, held April 16, will equip cardiovascular providers with the core knowledge and skills to understand and apply evidenced-based genomic medicine and digital technologies to patients at risk for and with established cardiovascular disease and to recognize the current limitations of each approach. On-demand access will be available for three months following the course.

Learn more and register today.

Three New CardioSmart Infographics on Women and Heart Disease

Heart disease is the number one killer of women in the U.S., causing more women's deaths than all cancers, including breast cancer. At the same time, women often ignore symptoms and are less likely to get optimal treatment for heart conditions. The CardioSmart team has developed a series of Women and Heart Disease Infographics, showing how women can stand up for their health and watch for symptoms of heart disease before, during and after pregnancy.

Download for free these infographics and find out more about heart disease in women at CardioSmart.org/Women.

Benchmarking Cost of Care For PCI May Help Hospitals Improve Quality, Value of Care

A better understanding of variations in total cost of care for PCI, when evaluated against related quality of care measures in ACC's CathPCI Registry, may help facilities improve the value of care delivery, according to an abstract presented at ACC's Cardiovascular Summit Virtual. Researchers benchmarked the average total cost of care, in terms of the amounts charged and allowed for reimbursement, for elective and nonelective PCI procedures. The ACC partnered with FAIR Health, a convener of claims data, to identify 134 procedure codes that indicate a PCI occurrence, as well as related resource utilization codes. The results may help cardiovascular clinicians better understand the total cost of care, which can guide them in identifying opportunities to address costs, while also optimizing outcomes. The Percutaneous Coronary Intervention Cost of Care Study will be available to sites participating in the CathPCI Registry in March. Read more.
Upcoming Events

April 13, 2021
**Pulmonary Arterial Hypertension: Best Practice for Diagnosis and Management**

Time: 5:30 - 6:30 PM PST
Location: Online
Complimentary CME and post event discussion of ACC, wellness, and you!

Register Now!

April 16, 2021
**18th Annual "Virtual" Oregon Cardiovascular Symposium**

All Recorded Sessions will be available April 16, 2021 / Watch & Learn At Your Leisure until March 31, 2022
Location: Online

Register Now!

May 15-17, 2021
**70th Annual Scientific Session & Expo**

The American College of Cardiology’s 70th Annual Scientific Session & Expo is now an ALL VIRTUAL Experience streaming live May 15 – 17, 2021, with On Demand access.

Register for the Silver or Bronze Package — with rates as low as $99 — by March 31 to SAVE!