



**Kentucky
Chapter
American
College of
Cardiology**

KY-ACC

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(9:00 am to 5:00 pm
Eastern time), or email
resource@acc.org



Statement from Your Governor

Susan Smyth, MD, PhD, FACC
KY-ACC Governor

In my first column as Governor, I want to begin by thanking members for their service to the American College of Cardiology through activities at the local and national level. As you are aware, the College is the professional home for nearly 50,000 members of the cardiovascular care team. Our Strategic Plan charts a course for achieving the College's three aims of improving cardiovascular health through lower costs, better health and better outcomes. The efforts of individual members are critical to our success.

The College has experienced significant growth over the last decade during a period of transformation in our health care environment. In response, ACC has witnessed changes in its size, mission, and scope. Over the last two years, the Board of Trustees spent considerable time examining its governance and decision-making structures and processes. After much thoughtful discussion, the BOT approved changes to the ACC's overarching governance process and structures that will be phased in between now and 2018 –in time for the College's next Strategic Plan. The reorganization embraces the key principles that optimal governance requires centralized authority and decentralized decision making. In practice, this will push programmatic strategy down to the committee level providing greater leadership opportunities for member volunteers. I encourage members to consider participating in committees, as opportunities present.

One of the ACC's six strategic priorities is to act as a provider of processes to maintain professional competence. The College is committed to finding solutions to the ABIM's MOC process that best meet the professional needs of clinicians. The College has two separate task forces working on MOC to affect meaningful change. The ACC is seeking the following from ABIM:

Replace the 10-year exam with focused assessments or re-evaluations of cognitive skills, similar to the "SAP" model. The "2016 ACC Lifelong Learning Clinical Competencies for General Cardiologists" should be the basis for this assessment.

As an alternative, for those diplomates who so desire, the 10-year examination could be retained as a second pathway to document this requirement of MOC. An open-book format is preferable with this option.

Allow the ACC, other professional societies and qualified entities to put forth standards-based processes that would be certified by the ABIM.

Enable diplomates to seamlessly receive credit for activities in which they lead and participate in on behalf of hospitals, health care systems, payers and state medical boards.

Permanently eliminate practice improvement ("Part-IV") activities as a requirement for MOC. Practice improvement activities are important and will soon be required of all providers by Federal law. Appropriate practice improvement activities should be acceptable for fulfillment of MOC participation, but a specific minimum level of Practice Improvement activities should not be returned to the list of MOC requirements.

Undertake research to test the outcome of MOC activities on the actual improvement in patient care and outcomes in order to provide an evidence-base for the value of MOC.

ACC is hopeful that ABIM will tailor their final plan to be consistent with our goals. The ACC leadership is exploring all options regarding the MOC process, including initiating a new certification (or recertification) process. While this remains an option, depending on the outcomes of current MOC modification efforts, it is not currently felt to be the ideal pathway.

The ACC's online MOC hub at www.ACC.org/MOC and ACC in Touch Blog (blog.acc.org), contain the latest MOC resources and updates.

In an upcoming issue, I will describe efforts of the College to help members understand and navigate the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA) as it is rolled out.

Member feedback is a critical element of this process as we continue to ensure these changes are implemented in a manner that meets the needs of members and positions the College for success in the changing health care environment.

Susan Smyth, MD, PhD, FACC
Governor

Kentucky Chapter – American College of Cardiology





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KYACC Office Moves to New Suite

**WE'VE
MOVED!**

We are pleased to announce that the KYACC office has moved to our new suite. We are still located in the same office building. Please take note of our new address:
**6737 W. Washington Street
Suite 4210
Milwaukee, WI 53214**
Individual, company phone and fax numbers remain the same.

Advocacy Day 2016

By Jesse Adams, III, MD, FACC

On February 9th members of the Kentucky chapter of the American College of Cardiology and the Kentuckiana section of the American Heart Association collectively met in Frankfort to urge Kentucky lawmakers to support policies that would serve to improve the cardiovascular health of citizens of the Commonwealth. Despite the ice storm that occurred the night prior across the state we were fortunate that many ACC members from across Kentucky came to Frankfort for Advocacy Day 2016.

We had two main legislative goals for the day. The first was to urge legislators to take the opportunity to save lives in Kentucky by supporting CPR training for Kentucky's high school students. Unfortunately, even though CPR is addressed in the academic standards, the training isn't always provided. We advocated for this bill given that each year nearly 424,000 people suffer from sudden cardiac arrest outside of a hospital and only a fraction of victims survive. CPR has been proven to double or triple the chances of a victim surviving cardiac arrest and, over time, training our high school students would ensure that Kentucky has hundreds of thousands of individuals who know how to administer CPR. **Fortunately, we are happy to report that our efforts were successful- the bill passed both the Senate and the House, and Governor**

Bevin signed the bill, making Kentucky the 29th state to require CPR training in schools. This effort demonstrated bi-partisan support with collaboration by the chief sponsor this year (Senator Max Wise [R]) and Representative Jeff Greer [D] who proposed similar legislation the last several years. We thank both of these legislators for their leadership on this critical issue.

Our second area of focus was for Smokefree KY legislation (prohibiting smoking in enclosed public spaces), and in this we were not as successful. Tobacco use is the single most preventable cause of death in the United States, with cigarette smoking and exposure to second-hand smoke causing 443,000 deaths; these include 46,000 heart attack and 3,400 lung cancer deaths among nonsmokers exposed to second-hand smoke. Unfortunately, Kentucky leads our nation in smoking prevalence at 28.3% and ranks 48th at workplace exposure of 10.7%. Kentuckians also contract and die from lung cancer at the nation's highest rates, and from cardiovascular disease at similar gravity. Despite the fact that a majority of Kentuckians support a Smokefree Kentucky bill our efforts this year were not successful. We anticipate that we will again join our AHA colleagues in Frankfort in 2017, and will be working with our contacts in Frankfort in the meantime to push this legislation forward.



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ACC Leadership Conference Recap

By Wendy Bottinor, MD

The mission of the ACC is to transform cardiovascular care and improve heart health or, as our esteemed President Dr. Kim Williams is known to say, to become so effective at cardiovascular healthcare that we “put ourselves out of business”. Excellence in leadership is paramount to achieving such a virtuous yet formidable goal.

This year’s Leadership Forum, held in Washington DC, provided an exceptional source of support for ACC’s member leaders. The day began with welcome sessions tailored to the unique roles of members in the College. As a Fellow-in-Training, I was given the opportunity to meet my Fellow-in-Training colleagues and to begin to build a network of peers. Being newer members, the meeting was especially helpful in orienting us to the College and providing a better understanding of the College’s mission. We were all excited to hear about the leadership vision of centralized authority and decentralized decision making. We learned how this vision has led to a pivotal governance transformation which will afford local chapters more autonomy and provide new opportunities for local members to become involved in College leadership.

The afternoon break-out sessions were high-intensity, interactive programs. We learned about business acumen, leverage, and developing a leadership focus. We also discussed stewardship and the importance of effective leadership during change. The forum concluded with an inspirational and entertaining key note speech delivered by NBC news anchor Jim Vance. His autobiographical analysis of the importance of leadership in his own life was the highlight of the evening.

The Leadership Forum was a wonderful experience that gave me a better understanding of my role as a local leader in the College, improved my leadership skills, and helped me identify my individual goals as a member of the college. The forum also allowed me to build relationships with my peers that have carried forward even after the conclusion of the forum. Most importantly, the Leadership Forum has added to my armoire of skills and resources to more effectively contribute to the mission of the College.



FIT attendees at the 2016 ACC Leadership Forum.

Welcome New FACCs

Congratulations to new Kentucky Fellows!

Mahesh Aradhya, MBBS, FACC

Vedang J. Bhavsar, MBBS, FACC

Pramesh Dhakal, MD, FACC

Lynda Otalvaro Orozco, MD, FACC

Aniruddha Singh, MD, FACC



Mission Lifeline STEMI Systems Accelerator Update

By Susan Smyth, MD, PhD, FACC, KY-ACC Governor

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Last year, Kentucky received a Mission: Lifeline Accelerator Grant (Khaled Ziada, PI) for the central and southeastern regions to develop and refine systems of care for the ST elevation myocardial infarction as has been done in the Louisville Metropolitan Area (Kentuckiana KY/IN; Jesse Adams, PI). The goals of the Regional Systems of Care Demonstration Project: Mission Lifeline STEMI Systems Accelerator are:

1. Markedly accelerate the development of regional systems to diagnose and treat acute myocardial infarction. Regional systems will be composed of all hospitals and emergency medical service providers within a geographic region following agreed upon diagnostic and treatment protocols and supported by ongoing data collection and feedback. Building upon national guidelines and local consensus, these networks will facilitate the 2 effective delivery of emergency cardiac care in a timely, coordinated and consistent manner.

2. Bring together leading health care providers and institutions in a collaborative fashion facilitated by professional organizations, national experts in the organization of regional systems, local key thought leaders in cardiology and emergency medicine, and leading emergency cardiac care businesses.

3. Identify and establish regional leadership in emergency cardiac care that includes leading physicians and administrators in hospitals, emergency medicine, and cardiology

The program kicked-off in the fall with a regional STEMI Accelerator meeting. As a first step, all central and eastern KY PCI centers have enrolled in the ACTION registry to generate real life data of STEMI care in the region. The next meeting with MissionLifeline and regional leadership will take place in Lexington on May 9th. This meeting will launch the next project phase, in standardized protocols are rolled out to each participating site.

2016 Standard Mileage Rates

From *irs.gov*

The Internal Revenue Service has issued the 2016 optional standard mileage rates used to calculate the deductible costs of operating an automobile for business, charitable, medical or moving purposes.

Beginning on Jan. 1, 2016, the standard mileage rates for the use of a car (also vans, pickups or panel trucks) will be:

- 54 cents per mile for business miles driven, down from 57.5 cents for 2015
- 19 cents per mile driven for medical or moving purposes, down from 23 cents for 2015
- 14 cents per mile driven in service of charitable organizations

The business mileage rate decreased 3.5 cents per mile and the medical, and moving expense rates decrease 4 cents per mile from the 2015 rates. The charitable rate is based on statute.

The standard mileage rate for business is based on an annual study of the fixed and variable costs of operating an automobile. The rate for medical and moving purposes is based on the variable costs.

Taxpayers always have the option of calculating the actual costs of using their vehicle rather than using the standard mileage rates.

A taxpayer may not use the business standard mileage rate for a vehicle after using any depreciation method under the Modified Accelerated Cost Recovery System (MACRS) or after claiming a Section 179 deduction for that vehicle. In addition, the business standard mileage rate cannot be used for more than four vehicles used simultaneously.

These and other requirements for a taxpayer to use a standard mileage rate to calculate the amount of a deductible business, moving, medical or charitable expense are in Rev. Proc. 2010-51. Notice 2016-01 contains the standard mileage rates, the amount a taxpayer must use in calculating reductions to basis for depreciation taken under the business standard mileage rate, and the maximum standard automobile cost that a taxpayer may use in computing the allowance under a fixed and variable rate plan.

Kentucky ACC Chapter Member Profile

Executive Summary

There are 469 active ACC members in Kentucky. They are broken down and compared to national as follows:

Membership Profiles	
Member Type	Kentucky Chapter
AA	0.6%
AACC	0.9%
AF	12.2%
CCA	12.4%
CCMA	1.9%
FF	61.6%
FIT	9.6%
Resident	0.6%
Student	0.2%

Teach the Teachers Recap

By Vedant Gupta, MD



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The Education on Education

“How did you learn how to be an effective teacher?”

“I just gave a lot of lectures.”

“Seriously, that’s it?”

“Yes sir. What else could there be?”

This conversation seems to occur daily around the country between mentors and protégés. To be fair, clinician educators have enough on their plates to keep up with ever-evolving learning theory. However, we are tasked to become more efficient in the delivery of educational content while issues such as work hour restrictions, new pressures on delivering value-based care, and changes in reimbursement from CMS for graduate medical education become more prevalent. In addition, the volume of content to deliver is only growing. Finally, there are unprecedented expectations from learners, further increasing the pressure to effectively educate the next generation of clinicians. To summarize, there is more to teach, less time to do it, and higher expectations from everyone.

With this challenge defined, solutions are also numerous and diverse in approach. Simulation programs, online teaching models, flipped classrooms, etc have been getting significant focus given the novelty and the ability to provide a more optimal fit for certain content and competencies (specifically procedural skills). However, the direct connection between teacher and learner is still the primary vehicle for delivering educational content regardless of the venue or topic. It is so crucial, in fact, that there is a lot of focus on its deficiencies and how the traditional didactic format is limited in its ability to promote retention. Despite this limitation, it is unrealistic to think that the need for didactics will lessen in the near future. Therefore, we need to become more effective educators in these large forums.

The 3Ts program attempted and partially succeeded in doing this. To outline, the 3Ts program (Teaching Tomorrow’s Teachers Program) was designed to offer a forum to obtain presentation skills and then display them in the setting of The Big Sky Cardiology Conference. Each FIT was paired with a faculty advisor and they collaborated on a case followed by a didactic session. Much of the preparation was done prior to arrival, and at the conference, there was a “boot camp” focused on specific topics: educational theory, public speaking, and use of visual aids/appropriate slide design. After each block of FIT presentations, the groups (FITs and faculty) would sit down and give focused feedback on each session. The success of this program hinged on this final piece. As with most aspects of medical

training, effective and timely feedback is crucial to continued growth. The course directors did an admirable job in emphasizing this. A secondary effective of this program was to create a community of clinician educators that can persist beyond the course.

To ensure the dissemination of these skills, it is our responsibility as the initial class of the 3Ts program to identify forums within our local chapters to optimize clinical education. The Kentucky ACC is unique in that there are only 2 clinical training programs that are close in proximity. This allows for a variety of opportunities that can be employed. It also suggests that the training ought to be extended to junior faculty as well to maximize impact. One specific opportunity that can be quickly implemented is a similar pairing of one FIT from the University of Louisville and the one FIT from the University of Kentucky with the keynote speakers at the annual Kentucky ACC meeting. We would provide some focused education prior to starting on effective public speaking employing microteaching sessions as well as appropriate slide development. Engaging visiting keynote speakers to participate in this project would also maximize FIT exposure to national experts. We would take ~10-15 minutes after the morning keynote sessions to give feedback to both FIT and faculty components of the presentation. This would also have a secondary benefit of increasing FIT engagement in the annual state meeting.

A second opportunity would be a part of a transition from trainee to faculty program that would be open to senior residents, FITs and junior faculty to expand on the model of the 3T program. We would participate in a more robust full day educational theory discussion and skills development followed by a formal didactic topic to present. This presentation would be pre-determined and could be delivered in a variety of forums (state and national meetings, lectures at home institutions, etc). Similar to the above proposal, this presentation would be followed by a feedback session with course directors to identify strengths and areas of improvement. As can be expected, this would be more intense and offer further development of skills for those interested in a career of clinical education. As a new course, the 3Ts will continue to evolve. One main area of evolution would involve a stratification of experience and needs. This proposed model would allow for an incremental system of skills development.

In conclusion, I have been honored to be able to participate in the inaugural 3Ts class. Along with furthering my own career development, I am confident that we will be able to bring these tools and skills to the membership of the Kentucky ACC.

12th Annual Meeting & Scientific Session ➤ Great Topics in Cardiology 2016

- 7:30 am **Registration**
7:30 am **Scientific Posters**
Chairs: Rita Coram, MD, FACC & Steve Leung, MD
7:30 am **Exhibit Viewing**

◆ SESSION 1: National Speakers

Chairs: Carrie Lennemann, MD & J. Christian Hays, MD, FACC

- 8:20 am **Welcome**
Susan Smyth, MD, PhD, FACC
8:40 am **KEYNOTE LECTURE: Multimodality Imaging of the Thoracic Aorta- Recommendations From Current Guidelines**
Steven A. Goldstein, MD, FACC
9:10 am *Breakout Session 1B begins*
9:15 am **DISTINGUISHED LECTURE: State of the Art: Echocardiography in Cardio-Oncology**
Michael H. Picard, MD, FACC
9:50 am **Break, Exhibit & Poster Viewing**

◆ SESSION 1B: Practice Management

Chairs: Rosa L. Langley, RN, BSN, MSN & Julie E. Coffey, MHA, FACHE

◆ SESSION 2: National Speakers

Chairs: Lynda Oatvarro, MD, FACC & Rebecca McFarland, MD

- 10:15 am **HONORED LECTURE: Syncope and autonomic dysfunction**
Blair P. Grubb, MD, FACC
10:50 am **PATRICK WITHROW HONORABLE MAESTRO LECTURE: Sudden Cardiac Death in Young Athletes and Old**
Barry J. Maron, MD, FACC
11:25 am **Break, Exhibit & Poster Viewing**

◆ LUNCH & PRESENTATIONS

Moderator: Jesse E. Adams III, MD, FACC
Chair: Susan Smyth, MD, PhD, FACC

- 11:50 am **ACC in 2016**
Matt Phillips, MD, FACC
12:20 pm **Honorable Maestro Award: David Moliterno, MD, FACC**
12:40 pm **Announcements**
12:50 pm **Break, Exhibit & Poster Viewing**

◆ BREAKOUT SESSION 3B:

Echocardiography

Chair: Vincent Sorrell, MD, FACP, FACC, FASE,
Co-Chair: Marcus Stoddard, MD, FACC, FAHA, FASE

- 12:50 pm **Didactic Talks**
1:40 pm **Break**
1:45 pm *Breakout Session 3B begins*
1:45 pm **Case-Based/Didactic Talks**

◆ BREAKOUT SESSION 3C:

Hands-On Echocardiography

Chair: Vincent Sorrell, MD, FACP, FACC, FASE,
Co-Chair: Marcus Stoddard, MD, FACC, FAHA, FASE

- 1:45 pm **Hands-On Echo**
2:45 pm **Break**
2:50 pm **Live Scanning - Learn From the Experts**

◆ BREAKOUT SESSION 3D:

Pharmacology

Chairs: Christopher Betz, PharmD, BCPS, FASHP & Sara D. Brouse, PharmD, FCCP, BCPS (AQ-Cardology)

- 12:50 pm **Anticoagulation & Antiplatelet Evidence Based Practices in the Cath Lab**
Craig Beavers, PharmD, AACCP
1:35 pm **SPRINT to the Finish Line: Will the Race for the Perfect Blood Pressure Goal Ever be Completed?**
Will J. Stewart, MD, FACC
2:20 pm **Break**
2:30 pm **DIG Into the Data on Digoxin Use in Heart Failure and Atrial Fibrillation**
Christopher Betz, PharmD, BCPS, FASHP
3:15 pm **Reversal Agents for Non-Vitamin K Oral Anticoagulants: Practice Revolution?**
Rachel Swope, PharmD, BCPS

◆ BREAKOUT SESSION 3E:

CV Team Members

Chair: Lesli McDonogh

- 12:50 pm **Early Heart Attack Symptoms**
1:35 pm **Mock Codes for Better Outcomes**
Lorrel Brown, MD
2:20 pm **Break**
2:30 pm **Living with an ICD: Patient Perspectives**
Melissa Czarapata, NP-C, APRN, CCDS
3:15 pm **Treatment of GI Bleed in Patients with LVAD**
Candice Falls, NP

◆ BREAKOUT SESSION 3F:

Business of Cardiology

Chair: David C. Booth, MD, FACC

- 12:50 pm **Negative Secular Trends in Medicine**
Robert Doroghazi, MD, FACC
1:20 pm **The Only Fair Compensation Model is Solo Practice- Then it's TVU**
Matt Phillips, MD, FACC
1:50 pm **Break**
2:00 pm **MOC SESSION: 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk**
David C. Booth, MD, FACC

◆ SESSION 3A: Local Speakers

Chairs: Tyler Richmond, MD & Thomas P. Carrigan, MD

- 1:15 pm **VAD Therapy Play in the Treatment of Patients with Advanced Heart Failure**
Mark Slaughter, MD
1:45 pm **ACC.16 & Travel Award**
1:50 pm **Heart Transplantation**
Mike Sekela, MD

◆ SESSION 4: Local Speakers

Chairs: Christopher L. Johnsruide, MD, FACC & Andrew R. Leventhal, MD, PhD

- 2:20 pm **Transpositions, Transitions, and Adult Congenital Heart Disease in Kentucky**
Craig Alexander, MD
2:50 pm **Using Non-Traditional Risk Markers in the Era of the 2013 ACC/AHA Lipid Guidelines**
Thomas J. Whayne, Jr., MD, PhD, FACC

◆ SESSION 5: FIT Presentations & Jeopardy

Chair: Rita Coram, MD, FACC, Steve Leung, MD & Joe Thomas, MD

- 12:30 pm **FIT Abstract Presentation #1**
12:40 pm **FIT Abstract Presentation #2**
12:50 pm **Young Investigator Awards**
3:20 pm **Jeopardy for Young and Old**
Sunil V. Mankad, MD, FACC
4:00 pm **Debate on the Use of Therapeutic Hypothermia in Cardiac Arrest - For Real?**
Protagonist: Charles L. Campbell, MD, FACC
Antagonist: Andrew P. DeFilippis, MD
4:40 pm **Drawing: iPad Mini 4**
Must be present to win

◆ **Registration Form** **October 8, 2016 - 7:30 am – 5:00pm**

ONLINE REGISTRATION: www.kentuckyacc.org/annualmeeting

◆ **MAIL OR FAX REGISTRATION FORM**

Email (info@kentuckyacc.org) **Fax** (414-276-7704) **or Mail** (KY-ACC – 6737 W. Washington St., Suite 4210 Milwaukee, WI 53214)

FIRST NAME: _____ LAST NAME: _____

SUFFIX (JR., SR., ETC.): _____ CREDENTIALS: _____ LICENSE NUMBER (Required for CME/CE): _____

COMPANY/INSTITUTION: _____

SPECIALTY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

ADA Statement: *If you require special physical arrangements to attend this activity, please contact Sandy Kaye at 414-755-6297 or info@kentuckyacc.org*

Special Needs: _____

◆ **REGISTRATION FEES** *Includes continuing education credits, course materials, continental breakfast and lunch.*

	<i>Before 7/22/16</i>	<i>After 7/22/16</i>	
<input type="checkbox"/> ACC Physician Member.....	\$90.00.....	\$115.00	\$ _____
<input type="checkbox"/> Physician Non-Member	\$140.00.....	\$165.00	\$ _____
<input type="checkbox"/> All other Attendees	\$40.00.....	\$65.00	\$ _____
<input type="checkbox"/> Fellows-In-Training and Students.....	FREE.....	FREE	\$ \emptyset _____

TOTAL ENCLOSED: \$ _____

***NO REFUNDS FOR CANCELLATIONS. PAYMENT MUST ACCOMPANY REGISTRATION.**

*Register by July 22nd
for a chance to win
an iPad Mini 4! Must
be present to win.*



◆ **METHOD OF PAYMENT**

The following methods of payment are acceptable for the registration fee:

1. **Check:** Made payable to Kentucky Chapter-ACC. *There is a \$25.00 returned check fee.*
2. **Credit Card Payments:**

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CREDIT CARD NO. _____ SEC. CODE: _____ EXP. DATE: _____

SIGNATURE: _____ DATE: _____



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ACC News You Can Use

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 here](#). Also, get perspectives from leaders on the [ACC in Touch Blog](#) and 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](#).

Coverage of the most significant trials from ACC.16 (click to access):

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

ACC's New Slate of Officers and Trustees Installed

The [ACC's Board of Trustees \(BOT\)](#) approved the College's new slate of officers, trustees and committee leaders put forward by the ACC Blue Ribbon Nominating Committee as part of its annual business meeting immediately prior to ACC.16. **Christopher M. Kramer, MD, FACC**, and **Michael J. Mack, MD, FACC** were among the new leaders named, both appointed to serve on the BOT for three-year terms. Additionally, **Paul Casale, MD, FACC**, was appointed to the at-large position on the Executive Committee and **Allen Seals, MD, FACC** was appointed chair of the ACC's Board of Governors (BOG). Following a year of serving as BOG Chair, **Robert A. Shor, MD, FACC** was appointed chair of the College's new Membership Committee, which includes representatives from the BOG, Assembly of International Governors, Section Steering Committee, and the FIT, Early Career, CV Team and CV Training

Councils. Additionally, more than 188 individuals were appointed to leadership positions on ACC committees across the College following ACC.16. These installments come as part of the ACC's recent approval of large-scale governance transformation, which includes a reduction of the College's BOT from 31 members to 19 this year, and ultimately to a nimble and strategic group of 11 members by 2018. Learn more about ACC's governance transformation on [ACC.org](#) and hear about the changes from [ACC leaders in this video](#). You can also [read more about the College's leaders](#), including new ACC President **Richard A. Chazal, MD, FACC** who took office during [ACC's 65th annual convocation ceremony](#), in the latest issue of [Cardiology](#).

Additional Important News Updates:

Special Issue of *JACC: Cardiovascular Imaging* Highlights Value of CV Imaging in Women

A special issue of *JACC: Cardiovascular Imaging*, published on April 4, focused on unique sex and gender evidence in the evaluation of ischemic heart disease, valvular disease, screening and radiation exposure, and more. In an *ACC in Touch Blog*, **Leslee J. Shaw, PhD, FACC**, associate editor of *JACC: Cardiovascular Imaging* and a member of ACC's Cardiovascular Disease in Women Committee, notes that "In response to a query from the Journal, many articles were screened for publication in this special issue. The response from the research community was amazing and signifies true interest in identifying causal pathways and novel diagnostic approaches tailored for women. This is a must-read issue for all physicians, women's health experts and female patients!" Read more on the [ACC in Touch Blog](#). View the full *JACC: Cardiovascular Imaging* issue here.

ACC Publishes Guidance For Non-Statins Therapies

A new expert consensus document regarding the use of non-statin therapies to lower cholesterol in high-risk patients published April 1 in the [Journal of the American College of Cardiology](#). This document is the first expert consensus decision pathway from the ACC and provides practical guidance for clinicians and patients in situations not covered by the 2013 ACC/American Heart Association Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. Since the publication of the 2013 cholesterol guideline, the U.S. Food and Drug Administration has approved proprotein convertase subtilisin/kexin 9 (PCSK9) inhibitors for certain patients and the recent publication of the HPS2-THRIVE and IMPROVE-IT trials have provided new evidence about adding non-statin therapies to statins as combination therapy. "This consensus pathway document is the first in a new format, where we offer guidance to clinicians in an easy to understand algorithm approach framed in a data supported fashion," said **James L. Januzzi Jr., MD, FACC**, chair of ACC's Task Force on Clinical Expert Consensus Documents. [Read more on ACC.org](#).

News You Can Use continues on next page

ACC/AHA Release Focused Update on the Use of DAPT

Updated guidelines for the use of dual antiplatelet therapy (DAPT) – aspirin plus a P2Y₁₂ inhibitor – in patients with coronary artery disease, were released March 29 by the ACC and the American Heart Association and published in the *Journal of the American College of Cardiology*. The document updates recommendations on duration of DAPT across six previously published guidelines. In the update, recommendations for DAPT generally consist of a Class I recommendation of “should be given” for a minimum time period of time (usually six to 12 months), and a Class IIb recommendation of “may be considered” for continuation beyond that time. Shorter duration of DAPT is recommended for patients at lower ischemic risk with high bleeding risk, whereas a longer duration of treatment may be reasonable for patients at higher ischemic risk with lower bleeding risk. [Read more on ACC.org](#). To accompany the DAPT Update, the ACC has developed a [DAPT After PCI Overview Tool](#) that provides clinicians with guidance when treating stable ischemic heart disease and acute coronary syndrome patients undergoing percutaneous coronary intervention. Also check out [ACC’s DAPT Hub on ACC.org](#) for all of the available ACC resources, expert commentary, a poll and more. Join the conversations on Twitter using the hashtag #DAPT.

CathPCI Registry and ICD Registry Medication Abstraction Reference Guides Now Available

Two new tools are now available as part of the ACC’s [Public Reporting Toolkit](#), designed to help NCDR hospitals im-

prove on overall quality and performance for all registries. The [CathPCI Registry Medication Abstraction Reference Guide](#) and the [ICD Registry Medication Abstraction Reference Guide](#) address quality improvement in medication abstraction for the medication measures currently being publicly reported for the CathPCI Registry and ICD Registry. The Public Reporting Toolkit also includes a [Data Quality Checklist](#) that helps hospitals ensure that all steps in their data management process produce complete, accurate, reliable and valid data. NCDR hospitals can download the [Public Reporting Toolkit](#) for free through Quality Improvement for Institutions.

Surviving MI Webinar: Building the Case for Pharmacy

During the next [Surviving MI initiative webinar](#) on April 26 at 12 p.m., experts will discuss how they built the case for greater involvement of pharmacy with the cardiovascular care team at their institutions. Topics that will be covered include resource utilization, 30-day medication supply and dealing with competing interests between the cardiovascular service line and pharmacy. **Tracy E. Macaulay, PharmD, AACC, BCPS**, will share UK HealthCare’s experience and **Brett Vickey PharmD, BCPS**, will provide insight into Ephraim McDowell Regional Medical Center’s experience. **Richard J. Kovacs, MD, FACC**, will moderate the webinar. There will also be a live Q&A session where participants can ask the presenters questions. [Register now](#).



2016
Spring Issue

KY-ACC

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CV Summit Recap

By Kevin Parrott, MD

I enjoyed my visit to the recent CV Summit in Las Vegas, Nevada. As I prepare to leave training and enter the workforce, it's daunting to understand the implications that the Medicare Access and CHIP Reauthorization act of 2015 will have on my career. While the end of the SGR is certainly a victory, and a move toward delivering higher quality and more efficient care sounds like a positive step, I think we will all struggle as we adjust to the Merit-Based Incentive Payment Systems(MIPS)

and Alternative Payment Model(APM) systems. It was encouraging and insightful, though, to see how some physicians and practices are already rapidly adapting to these changes and excelling. I particularly enjoyed hearing about the excellent high quality atrial fibrillation programs that have been developed by several practices. Thanks to the KY ACC for providing the opportunity for me to attend this conference.

ACC PAC

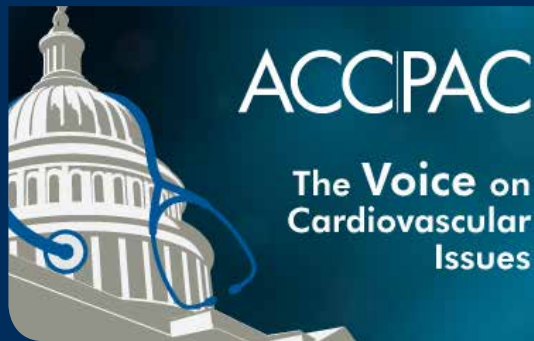
The American College of Cardiology's Political Action Committee (ACC PAC) was established in 2002 to increase the political power and reach of the College. The mission of ACC PAC is to support federal candidates who back legislation and policies that:

- Improve health care for patients with cardiovascular disease;
- Facilitate the delivery of high quality, cost-effective cardiovascular services; and
- Fund cardiovascular research and prevention

ACC PAC is a voluntary, non-profit, unincorporated association independent of and not affiliated with any political party or candidate. One-hundred percent of the personal contributions to PAC are used to support the campaigns of congressional members who are supportive of the College's mission.

Now in its 14th year, ACC PAC is ranked among the top 10 medical specialty PACs in the United States, surpassing \$1 million in voluntary contributions from individual members around the country in the 2011-2012 election cycle.

It's Easy to Contribute



1. Visit www.accpacweb.org
2. Click on "Join the PAC"
3. Follow the three simple steps on the screen:
 - a. Verify your contact information
 - b. Make your contribution
 - c. Finalize with electronic signature
4. Then...you're done!

Please join us in making Kentucky a more powerful presence in the federal legislature through the ACCPAC!

Save the Date

ACC Legislative Conference 2016

September 11-13

Washington, DC

ACC Upcoming Events

For more details on these events visit: www.cardiosource.org/Certified-Education/Courses-and-Conferences/All-Courses-and-Conferences.aspx



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MAY

May 12, 2016 at 1:00 PM
MIPS and Physician Value Programs
Webinar

May 14, 2016
Women in Cardiology Luncheon
Spindletop Hall, Lexington, KY

May 18, 2016 at 1:00 PM
Navigating the QRUR (your basis for MIPS)
Webinar

JUNE

June 4 - 6, 2016
World Heart Federation | World Congress of Cardiology
& Cardiovascular Health 2016
Mexico City, Mexico

June 8, 2016 at 1:00 PM
Navigating the S-QRUR (supplemental QRUR)
Webinar

June 17 - 18, 2016
Care of the Athletic Heart: Translating Clinical Science
into Practice Strategies
Memorial City, Houston

AUGUST

August 26 - 28, 2016
ACC/SCAI Premier Interventional Cardiology Overview
and Board Preparatory Course
Amelia Island, FL

August 27 - 31, 2016
2016 ESC Congress
Rome, Italy

SEPTEMBER

September 11 - 13, 2016
ACC Legislative Conference
Washington, DC

September 14 - 17, 2016
Core Curriculum for the Cardiovascular Clinician
Washington, DC

OCTOBER

October 6 - 8, 2016
ACC Latin America Conference 2016
Mexico City, Mexico

October 8, 2016
12th Kentucky Chapter Annual Meeting
Lexington Convention Center, Lexington, KY

October 20 - 22, 2016
Heart Valve Summit: Medical, Surgical and Interventional
Decision Making
Chicago, IL

October 28 - 30, 2016
ACC Middle East Conference 2016
Jeddah, Saudi Arabia

Kentucky CME/CE Alerts!

If you know if any CME/CE opportunities in Kentucky, please send them to info@kentuckyacc.org They will be posted in future issues of our newsletter and on www.kentuckyacc.org

Recent Research on KentuckyACC.org

All Kentucky Chapter members are invited to post published works no more than two years old (i.e. clinical trials, research, journal articles, abstracts, etc.) to the KY-ACC website. Submissions are posted to www.kentuckyacc.org/research/

Please email info@kentuckyacc.org and include the following information:

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Kentucky

CHAPTER

Please join us for this inaugural event

Women in Cardiology Luncheon

Saturday, May 14, 2016

The Club at UK's Spindletop Hall
Lexington, KY



Keynote: Janet Bickel

*Thinking Like the CEO of
Your Own Career: Turning
your Intellectual Capital into
Career Capital*

Questions? info@kentuckyacc.org • 414-755-6297

For more information and to register, visit kentuckyacc.org/WIC