

Governor's Welcome & Introduction



Dinesh Kalra, M.D., MBA, FACC, FNLA, FSCCT, FSCMR, FASPC, FAHA

Division Chief, Cardioloascular Medicine
Vice Chair, Department of Medicine
Professor of Medicine & Endowed Chair in CV Innovations
Director Advanced Cardiac Imaging, Lipid Clinic & Infiltrative Heart
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University of Louisville School of Medicine

Louisville, Kentucky

Governor, ACC KY chapter

President-elect NLA

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ACC Mission:

The mission of the American College of Cardiology (ACC) is to transform cardiovascular care and improve heart health.

Enduring Purpose:

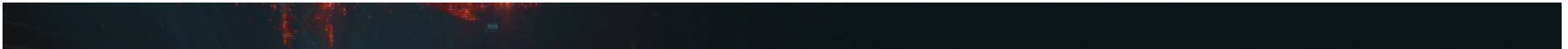
The ACC strives to achieve its enduring purpose: to improve cardiovascular health through education, research, quality care and health policy.

Vision:

The members of the College will dramatically reduce the incidence, severity and complications of cardiovascular disease as we promote prevention, reduce disparities in health care, and improve personal and population-based cardiovascular health.

Core Values:

- Professionalism: The interests of patients are primary.
- Knowledge: The College must promote growth, dissemination and application of knowledge about cardiovascular medicine.
- Value of the cardiovascular specialist: The cardiovascular profession makes a distinct contribution to medical care that should be recognized and enhanced.
- Integrity: Honesty, compliance with legal requirements, and ethical behavior are essential in all activities.
- Member driven: The College and its major activities must be led by active members and must promote volunteerism.
- Inclusiveness: The College involves a broad range of volunteers that reflects the composition of its membership

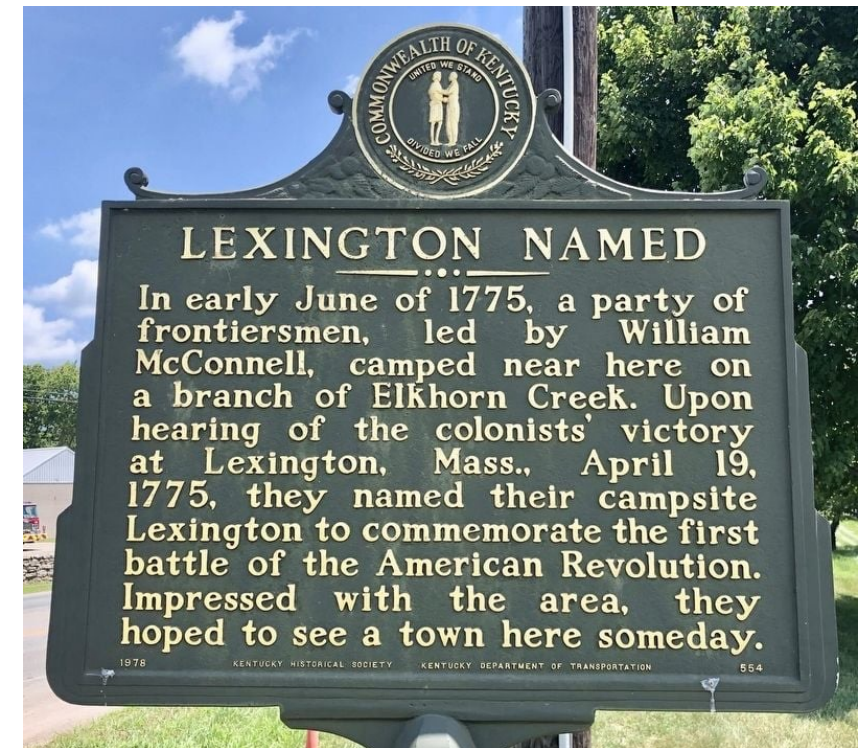


Welcome to Lexington!



The First City West of the Alleghenies Named After a Battle

Lexington was named in 1775 after the Battle of Lexington, Massachusetts—the first battle of the American Revolution—before Kentucky was even a state (1792).





- Bourbon Country: 95% of the world's Bourbon is aged in Kentucky, and there are 15 distilleries within 45 minutes of Lexington, including two right downtown and Woodford Reserve and Town Branch.
- There are more bourbon barrels aging in Kentucky than there are people!
- Buffalo Trace Distillery, through the help of Colonel Albert B. Blanton, was one of four distilleries to obtain a special government license to produce “medicinal whiskey” during the Prohibition.



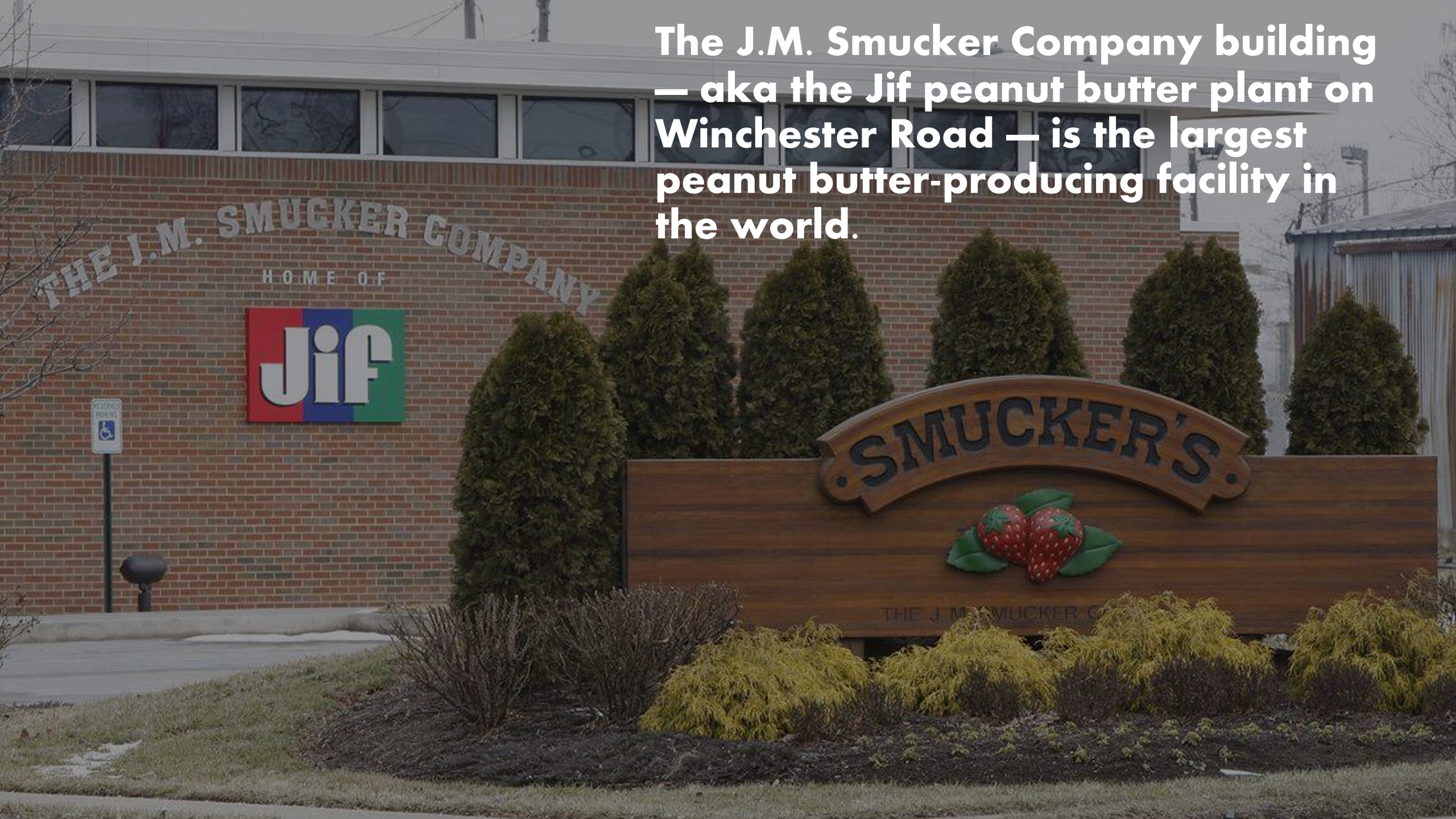
- Burgoo, a delicious local stew, was once made from blackbirds and squirrels.
- Today, it's made today with beef, chicken or pork, and ranks with the sinful Hot Brown as the most famous of our local dishes.

Horse Capital of the World

- Lexington is surrounded by over 400 horse farms, including Claiborne Farm (where Secretariat stood at stud).
- A racehorse named “Lexington,” who went blind upon his retirement, went on to lead America’s sire list for 14 consecutive years until his death (and twice more posthumously)!
- The Queen of England has racehorses housed at Lane’s End Farm in Lexington.
- The high calcium content in the inner soils of the Bluegrass Region, leads to stronger bones and greater durability in horses.



The J.M. Smucker Company building — aka the Jif peanut butter plant on Winchester Road — is the largest peanut butter-producing facility in the world.





Lexington even has its very own castle! The Castle Post, also known as the Martin Castle, was originally built in the 60's by Rex and Caroline Martin, who unfortunately divorced before its completion.



The Lexington Public Library is home to the world's largest ceiling clock, a five-story Foucault Pendulum and frieze which depicts the history of the horse in the Bluegrass and was designed by artist Adalin Wichman.

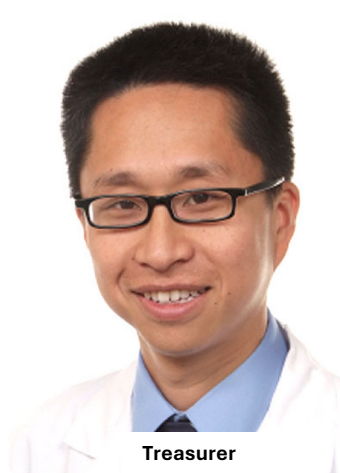
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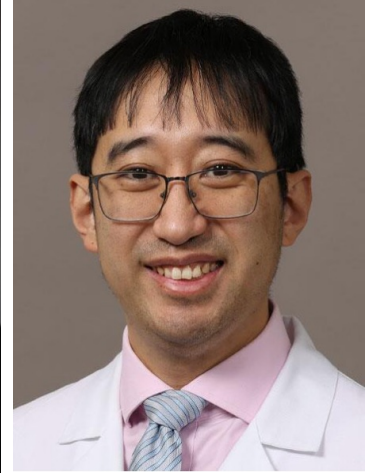
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University of Kentucky
Lexington, KY

Accomplishments of KY ACC chapter 2024-5

1. WIC and Strategic planning meetings
2. Make KY ACC the CV professional home - monthly WIC meetings/coffee clubs/educational offerings & ASM, FIT networking programs, CV team members
3. Deliver actionable knowledge to the busy providers – ~220 attendees in 2024; ~250 this meeting; 60 posters 2024 and >75 submissions this year
4. Advance healthcare equity, improve access and reduce disparities in outcomes – several public facing health campaigns, advocacy for Medicare payment reform, Coronary calcium scores, preventive care, SNAP healthy food options
5. Organizational and practice growth & sustainability – prior auth reform; keeping care in KY
6. Partnership with KMA
7. Mentorship programs
8. Leadership development
9. Networking events
10. New ACC website completed with free CME content

Looking back in pictures 2024-2025







KY ACC Quick Stats

- Membership steady increase over the past 5 years
- Total membership: 631 (up 11%)
 - 14 – AACCC (Nurse, PAs, Pharmacist, Technologist, Rehabilitation Professional, or Genetic Counselor)
 - 18 – Associate Affiliate (Non-Cardiovascular Physician/Scientist)
 - 92 – Associate Fellow
 - 7 – CCMA
 - 4 – CV team student
 - 109 – CV Team
 - 294 – FACCs
 - 47 – FIT
 - 46 – Residents/Med Students
- 50 posters accepted
- Annual budget ~ \$188K, assets 389K (up 19% from 2024)

Advocacy 2025



AMERICAN
COLLEGE of
CARDIOLOGY

LEGISLATIVE CONFERENCE

OCT. 5 - 7, 2025



AMERICAN
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CARDIOLOGY

REMARKABLE CONVERSATIONS

WITH ACC PRESIDENT CHRISTOPHER M. KRAMER, MD, FACC



LIVE Discussion!

Understanding Proposed Rules in a Shifting Regulatory Landscape

#ACCPresident | [ACC.org/ACCPresident](https://acc.org/ACCPresident)

TAKE ACTION



Top (10) Tips for Advocacy

1. FORM PARTNERSHIPS
2. DATA IS POWER
3. COMMUNICATE STRATEGICALLY
4. ENGAGE PATIENTS
5. THINK BROADLY
6. BREAK DOWN BARRIERS & EMPOWER PEOPLE
7. UNDERTAKE RESEARCH TO IDENTIFY CAPS/NEED IN YOUR LOCAL HEALTHCARE SETTING
8. SHARE YOUR FINDINGS
9. PUT PATIENTS FRONT AND CENTRE
10. GET INVOLVED

Advocacy: 2026 CMS proposed changes

- 2026 PFS (physician fee schedule) – CF (conversion factor) will ↑ from \$32.25 to 33.59 (+3.8%) per RVU for Alternative Payment Models (APM) but 3.3% for non-qualifying APMs
- 2.5% ↓ (efficiency adjustment) for all non-time based codes
- Site neutrality: Indirect expenses to achieve site of service payment differential - facility based: -6% & office: +5%
- LAAO (CPT 33340) wRVU ↓ 27%
- 5 yr Ambulatory specialty model to hold specialists accountable for HF management: +9 (incentive) to -9% (penalty)
- Ablation and PCIs to be covered under ASCs (KY: CON state)

Advocacy October 2025



2025-2026 goals for Advocacy

1. Sustainable Medicare payment practices
2. Prior Authorization reform
3. Coronary calcium scoring
4. Expanding access & equitable care – rural, prevention, telehealth



Kentucky
CHAPTER

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Cardiology in the Commonwealth – An Interview with Kentucky ACC Governor, Dr. Dinesh Kalra

The Kentucky Chapter of the American College of Cardiology (KYACC) is pleased to welcome Dinesh Kalra, MD, FACC, FNLA, FSCCT, FSCMR as the 2024-2027 Governor of the KYACC. In addition to his volunteer service, Dr. Kalra serves as the Chief, Division of Cardiovascular Medicine, Vice Chair for Quality, Department of Medicine, Professor of Medicine & Endowed Chair in Cardiovascular Innovations, and the Director of Advanced Cardiac Imaging, Lipid Clinic & Infiltrative Heart Disease Program at the University of Louisville School of Medicine.

KYACC recently had the opportunity to interview Dr. Kalra about his vision for the Kentucky Chapter and the many activities underway!

—

KYACC: What are your primary goals and vision for the Kentucky chapter during your tenure as governor?



Dinesh Kalra, MD, FACC, FSCCT, FSCMR
University of Louisville Department of Medicine
Chief of the Division of Cardiovascular Medicine

Prior Auth Reform

- HB 324 in KY, reintroduced in both the House of Representatives and the Senate in June 2025
- Partnering with KMA and the national ACC Improving Seniors’ Timely Access to Care Act (H.R. 8702/S. 4518)
 - To streamline and modernize the prior authorization process in Medicare Advantage by mandating E-prior authorization and implementing transparency rules.
 - Over half of physicians said that the burden associated with prior auths is extremely high or high.
 - 82% of physicians said that issues related to the prior auth process lead to patients’ delays or changes to patients’ recommended course of treatment.
 - 7 in 10 physicians said that the amount of work associated with the prior auth process has increased in recent years.
 - Administrative costs like prior authorization, amounts to \$245 billion, or \$2,497 per person, per year.
 - 81% of physicians said the prior auth process delays access to necessary care for patients.
 - A 2021 American Medical Association survey of more than 1,000 practicing physicians from across the country revealed that more than 40% have staff who work exclusively on prior auth, and that on average, process 41 prior authorizations, per physician, per week.
 - Each required prior authorization costs physicians between \$10.92 and \$14 to obtain.

UNOFFICIAL COPY	24 RS BR 1073
1	AN ACT relating to prior authorization.
2	Be it enacted by the General Assembly of the Commonwealth of Kentucky:
3	➔SECTION 1. A NEW SECTION OF KRS 304.17A-600 TO 304.17A-633 IS
4	CREATED TO READ AS FOLLOWS:
5	<u>(1) As used in this section:</u>
6	<u>(a) "Health care provider" means any:</u>
7	<u>1. Facility or service required to be licensed under KRS Chapter 216B;</u>
8	<u>and</u>
9	<u>2. Physician, osteopath, or podiatrist licensed under KRS Chapter 311;</u>
10	<u>and</u>
11	<u>(b) "Participating provider" means a health care provider that has entered into</u>
12	<u>an agreement with an insurer to provide health care services under a health</u>
13	<u>benefit plan.</u>
14	<u>(2) All health benefit plans shall offer a program established by the insurer offering</u>
15	<u>the health benefit plan to reduce or eliminate prior authorization requirements</u>
16	<u>for participating providers.</u>
17	<u>(3) For the program offered under subsection (2) of this section:</u>
18	<u>(a) The insurer offering the health benefit plan shall:</u>
19	<u>1. Notify participating providers of the requirements that providers must</u>
20	<u>meet in order to participate in the program; and</u>
21	<u>2. If the insurer determines that a participating provider qualifies to</u>
22	<u>participate in the program, send a notice to the provider that includes</u>
23	<u>the following:</u>
24	<u>a. A statement that the provider qualifies to participate in the</u>
25	<u>program; and</u>
26	<u>b. A list of each type of health care service, or the code for each</u>
27	<u>type of health care service, that is subject to the elimination or</u>
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Inclosed	

UNOFFICIAL COPY	24 RS BR 1073
1	<u>reduction of prior authorization requirements under the</u>
2	<u>program; and</u>
3	<u>(b) A participating provider that qualifies for, and chooses to participate in, the</u>
4	<u>program shall enter into the following agreements with the insurer offering</u>
5	<u>the health benefit plan:</u>
6	<u>1. A value-based healthcare reimbursement agreement wherein the</u>
7	<u>provider takes downside risk; and</u>
8	<u>2. An electronic medical records access agreement.</u>
9	<u>(4) Nothing in this section shall be construed to prevent an insurer or health benefit</u>
10	<u>plan from requiring a health care provider to provide additional information</u>
11	<u>about a health care service rendered to a covered person.</u>
12	➔Section 2. Section 1 of this Act applies to health benefit plans issued or
13	renewed on or after January 1, 2026.
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Calcium Scoring for ASCVD prevention

2024-

RESOLUTION

Subject: **Coronary Calcium Scoring Coverage by Insurance Companies**
Authored By: Dinesh Kalra, MD and Aneeta Bhatia, MD
Submitted by: Greater Louisville Medical Society
Referred to: KMA Reference Committee

WHEREAS, Coronary artery disease is the number one cause of death in the Commonwealth of Kentucky

WHEREAS, Kentucky is the 6th highest state with Atheromatous heart disease in the Nation

WHEREAS, compared to the National average of 9.1%, 12.4% of adults in the Commonwealth have a diagnosis of coronary heart disease, myocardial infarction (heart attack), or stroke

WHEREAS, Kentucky has some of the highest risk factors that lead to heart disease in the country - 24.6% are smokers, 37% Obese.

WHEREAS, Heart disease mortality in the Appalachian region was 45% higher than the national rate and 32% more than non-Appalachians.

WHEREAS, Screening for prevention of disease is a public health measure. Coronary Calcium Scoring (CACS) has the potential to identify individuals at higher risk of coronary artery disease

WHEREAS, The American College of Cardiology/American Heart Association Guidelines on prevention recommend the use of CACS to better understand risk of future CV events

WHEREAS, The Heart Disease & Stroke Prevention Task Force of Kentucky, in partnership with the KY Department of Public Health's Heart Disease and Stroke Prevention program, recommends preventive screening of lipids (cholesterol) and CACS for earlier identification of at-risk individuals

WHEREAS, AHA forecasts annual health care costs for cardiovascular disease to quadruple, from \$393 billion to \$1490 billion, and productivity losses to increase by 54%.

WHEREAS, Coronary Calcium Scoring is not yet required to be covered by insurance companies as part of the Patient Protection and Affordable Care Act of 2010; and

RESOLVED, that the Kentucky Medical Association (KMA) encourages and supports legislation that requires coverage for Coronary Calcium Scoring CT testing.

Resolution adopted by GLMS and KMA fall 2024.

HB 642 introduced 2024 by Rep. Susan Witten

- CAD affects >307,000 patients in Kentucky (2021). 2nd leading state in the country for heart attacks, 7th for cardiovascular deaths, and 6th for strokes.
- 12.4% of adults in the Commonwealth have a diagnosis of coronary heart disease, MI, or stroke whereas the national average is 9.1%.
- Kentucky is 6th in number of deaths from heart disease per 100,000 at 386.10
- CV mortality in the Appalachian region was 45% higher than the national rate and 32% more than non-Appalachian Kentucky.
- Kentucky also has some of the highest rates of risk factors that lead to heart disease in the country - 24.6% of adults are smokers in Kentucky which is higher than the US average of 17.1% - smoking increased the risk of heart attacks and stroke.
- In 2021, 37% of Kentucky adults were obese which reflected an increase of 5 points from 2015.
- In 2020, \$11,984 was spent on healthcare per Kentucky resident.
- CACS has been shown to get pts being more adherent to preventive lifestyle changes and medications such as statins and is thus projected to lower CV morbidity and mortality.
- In 2010, SHAPE helped Texas Representative Rene Oliveira to pass the HB1290 bill, which requires reimbursement of up to \$200 for a CAC test in men ages 45–75, and women ages 55–75 who fall in the intermediate risk category.

Today's Agenda

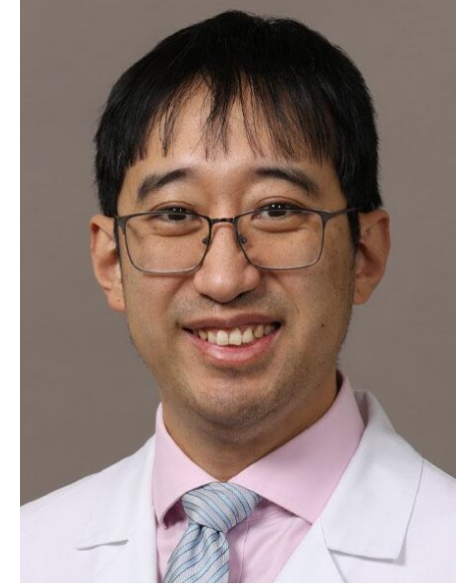
07:00 AM	Registration Opens
07:30 AM - 09:00 AM	Technology Showcase, Exhibitors, and Breakfast
08:00 AM - 08:30 AM	Speed Dating
08:30 AM - 09:00 AM	WIC Breakfast & Exhibitors
09:00 AM - 09:20 AM	Governor's Address <i>Speaker: Dinesh K. Kalra, MD</i>
09:20 AM - 09:40 AM	Honorable Maestro Award <i>Speaker: Christopher Johnsrude, MD, MS, FACC</i>
09:40 AM - 10:30 AM	Balancing on 4 Pillars - Pharmacologic Approach to Heart Failure Mangement <i>Speaker: Lee Goldberg, MD</i>
10:30 AM - 11:15 AM	Break with Exhibitors & Poster Viewing/Judging
11:15 AM - 11:30 AM	Pick up Lunch
11:30 AM - 12:15 PM	Advocacy/PAC Update <i>Speakers: Dinesh Kalra, MD; Patricia Grodecki, MD; Cory Meadows, JD</i>
12:15 PM - 01:00 PM	Oral Abstract Presentations & Awards (3)
01:00 PM - 01:15 PM	Break with Exhibitors
01:15 PM - 02:00 PM	AI & Cardiology Keynote <i>Speaker: Partho Sengupta, MD, DM, FACC, FASE</i>
02:05 PM - 03:05 PM (TRACK 1)	Cardiology Critical Care <i>Speakers: Sonu Abraham, MD; Vasili Katsadourous, DO; Jeffrey Spindel, DO; ; Siddharth Pahwa, MD</i> Cardio-Kidney-Metabolic: Breaking Down Silos <i>Speakers: Sonali Aora, MD; Craig J. Beavers, PharmD; Matthew Raymond, MD; Matthew "Korey" Shotwell, MD</i>
03:05 PM - 03:10 PM	Break
03:15 PM - 04:15 PM (TRACK 2)	Microvascular Heart Disease/Imaging in Women/Unique Risk Factors in Women with Heart Disease/POTS DysAutonomia <i>Speakers: Nachiket Apte, MD; Ashley Brunmeier, MD; Amr Idris, MD; Brianna Skaff, MD</i> PAD/Vascular/IC <i>Speakers: David Dockray, MD, Melissa Perotta, MD, Gery Tomassoni, MD</i>
04:20 PM - 05:00 PM	FIT Jeopardy



REGISTER



Maya Ignaszewski, MD



Dong Bo Yu, MD



Andrew Kolodziej, MD

kyacc.cmecertificateonline.com – 7 AMA PRA 1 credits, 7 ANCC hours

Special Events



ACC plenary lecture:

Lee Golberg, MD
BOT, ACC
Professor, UPenn
Perelman Sch of Med
Philadelphia, PA



**Invited guest
speaker:**

Partho Sengupta, MD
Professor, Division of
Cardiology
Robert Wood
Johnson Medical Sch,
RWJBarnabas Health,
New Brunswick, NJ



Noon advocacy session:

Cory Meadows, KMA
Trish Grodecki, MD
Gillian Leung, PharmD



Jeopardy:

Steve Leung, MD &
Fellows from

- UK Lexington
- UK Bowling Green
- UofL

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