



CARDIOLOGY

in Arizona

Fall 2018

www.ACC-AZ.org

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PRESIDENT'S CORNER

CHRIS BREBURDA, MD, FACC



Dear Colleagues,

Our spectacular annual state chapter meeting in May was followed by an active fall schedule:

Dr Heuser's CV Update CME course is being held at the Biltmore mid October, which is also our dedicated ACC AZ Chapter Annual Meeting.

A FIT Interventional Jeopardy for all cardiology fellows is planned for November 1st in Tucson at the College of Medicine, moderated by visiting professor Dr. Gautam Kumar from Emory University, the moderator of the national ACC Jeopardy event. This FIT program will feature a final simulation procedure showdown.

The 21st state-wide Arizona Cardiology Fellow simulation event organized by University of Arizona / Banner / Mayo Clinic Arizona will be held at the Sarver Heart Center in Tucson on November 9th.

Our Women in Cardiology Meeting November 15th is going to be another special opportunity to advance the current National ACC Diversity & Inclusion Initiative.

A FIT State Jeopardy for cardiology fellows is planned for December under the leadership of our FIT chair with the help of our Governor elect Dr Kwan Lee in Phoenix.

Early January 2019 a MACRA dinner is planned in Phoenix.

The fall national Board of Governors Meeting in DC provided an update on the introduction of the ACCSAP CMP pathway to be launched as an alternative to the ABIM 10 year exam in the last quarter of 2019.

The ongoing ACC national legislative conference focuses on advocacy relation building with social media networking. ACC AZ CVT Team awarded and recognized at national ACC Board of Governors Meeting in DC for outstanding educational achievements of the cardiovascular team. Congratulation for all the hard work and achievements: recruit new PA's, NPA RNP and CV MAs for ACC Arizona.

See the ACC advocacy app for specific legislative issues.

Check our calendar for all upcoming chapter activities at ACC-az.org.

I look forward to seeing you at all our fall events.

Chris Breburda

Christian Breburda, MD, PhD, FACC, FASE, FESC
Governor & President, ACC AZ Clinical Professor of Medicine University of Arizona | College of Medicine Phoenix Director of Noninvasive Cardiology & Imaging Maricopa Medical Center, Phoenix, AZ

WHAT IS YOUR INTERNET/ SOCIAL MEDIA REPUTATION?

BY JOHN ERWIN, III, MD, FACC, GOVERNOR OF THE TEXAS CHAPTER OF THE ACC.



Social media. At first glance, you might say: “I really don’t have time for that stuff. I’m not on it, so I don’t have a reputation.” You’re dead wrong. Whether a clinician actively participates on social media or not, each has an online reputation.

“Who controls that reputation?”

I would encourage each of you to search your name on Google today. What comes up? Typically, it’s some type of doctor rating site such as Healthgrades, RateMDs, Vitals.com, or the like. These are generated by anonymous patient reviews. If you are doing nothing to proactively put your public face forward, this may be all that anyone can readily find

about you – which can be good or bad. In general, this is less than ideal.

The next thought that generally comes to mind for most busy clinicians is: “I really can’t see the point of documenting in pictures what I have for supper each evening. I need to finish my Epic charting.” Like any tool, social media can be used for both productive and destructive purposes. Social media can enrich one’s personal and professional experiences, but also act as another distraction or “time suck.”

Budget your time. I tend to check social media most when I’m either on the elliptical in the morning or walking from one end of my clinical complex to the other. Find the best times for you. Post and engage consistently, but also set boundaries to avoid addiction!

So how can you get started in taking control of your online reputation by engaging with social media? Here a few tips from my experience:

There now seems to be countless portals by which to enter the social media (SoMe) arena. I will admit that when I started out on SoMe, it was a somewhat scattershot approach mainly to stay connected to a wider group of friends and colleagues. My Twitter career was “launched” at #ACC13, when Dr. Farris Tamimi, who is a noted cardiologist and the Medical Director of the “Mayo Clinic Social Media Network,” convinced me to partner with him to help tweet highlights and pearls from that meeting. My list of followers grew from about 100 to around 3,000 over three days. Now, there are a lot of Twitter users swimming in that particular pool when reporting from meetings. So like anything else that we do, it’s important that we develop goals that we’d like to achieve before diving into an effort that does require some time. To determine which platforms will help you achieve your goals, it is helpful to know some general concepts about what’s out there. While I will not attempt to perform an exhaustive review, I’ve provided highlights of the more popular platforms:

Professional Networking:

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Two of the most popular professional networking sites are [LinkedIn](#) and [Doximity](#). Both sites allow one to have an online CV as well as to share articles, questions, and ideas. LinkedIn is not specific to health care, but it is probably the best foundational site for one to build connections. HR Departments typically use LinkedIn to help find or narrow down candidates for open positions. Doximity is specifically developed for physicians and allows for more specific medical networking and sharing of personal contacts. I would encourage all professionals to establish an account on one or both sites.

Social Networking:

The first major social networking site with popular “staying power” has been Facebook. While the younger generations seem to be moving away from this platform, the more senior generations continue to utilize it with gusto. One would have had to spend the last several years in an underground bunker to have not read or heard things about this platform. Whether you use Facebook for marketing or personal connectivity, I would urge all to read thoroughly about [privacy settings for Facebook](#).

Blogs:

Many people don't consider blog sites social networking, but they most certainly meet the definition, especially as it pertains to allowing others to know your story, opinions, experiences, etc. I highly recommend a [self-hosted site, with WordPress installed](#), if you are looking to enter this sphere. Like all social media, it's important to be consistent in terms of quality and frequency of posts to drive readers to your site. This can be quite time consuming and is one of the main reasons that I prefer “micro-blogging” on sites such as Twitter. The same principles of consistency apply to Twitter, but one is limited to only 280 characters to express a primary theme, so one must become adroit at being succinct. This can be augmented with links to pertinent articles, images, and videos as well as by creating short “threads” of tweets that would address the theme being discussed. More on Twitter later!

Media Sharing:

YouTube and Instagram are popular media-sharing sites. They are excellent for both personal and professional topics, and many have used these sites well to demonstrate procedures, interesting imaging findings, present cases, and more. With all forms of SoMe, one must be cautious about the types of information that are shared. Even de-identified images/videos can be considered Protected Health Information (PHI) under the HIPAA regulations. One should always check with one's hospital/institution before sharing on social media. The safest bet is usually to obtain informed consent from a patient before posting images/videos.

Podcasts:

If you'd prefer the longer format of blogging, but don't find that you particularly enjoy writing or note challenges in getting your points across in writing, a podcast may be the niche for you! [Learn about starting one here](#). There are many podcasting host sites out there, or you can host your own.

“Given all of this information, where do I start?”

My recommendation, depending upon your intent, would be to start by opening and populating your CV on a LinkedIn account and simultaneously joining us on #CardioTwitter! It is important when getting started on Twitter that you set up your account with a [few quick, but important things](#) that really take only a few minutes to do. Follow a few trusted “Tweeps” like @MinnowWalsh, @MikeValentineMD, or Andy Miller (@apmille1) and like/retweet their tweets. That's an easy way to engage in dialogue with the many cardiology themed discussions on twitter for a while to gain some level of comfort. One can also follow any of the ACC's accounts,

which are full of great information: [@ACCinTouch](#), [@ACCCardioEd](#), [@ACCCVQuality](#), [@Cardiology](#) (which will be a big player with the upcoming #ACCLegConf). The majority of ACC State Chapters also have their own Twitter handles (e.g. [@txchapterACC](#), [@AlabamaACC](#)). One can also follow popular twitter hash tags for cardiology such as #CardioTwitter, #RadialFirst, #EchoFirst, #ACCWIC, #ACCJournalClub, etc. to gain insight into some interesting content and online discussions.

It will also be important that you consider who you would eventually like for your audience or network to be. Will you be predominately using this to keep up with colleagues, networking, and scientific meetings, or will you be focused on a specific practice aspect or discipline? Alternatively, or additionally, do you want to direct some of your content to patient populations in the TwitterSphere?

Many keep their professional and personal accounts separated, but I prefer to tweet mainly about medicine with some personal mixed in so that others can see a few of my other facets! My current breakdown of content that I create or retweet about is 80 percent medicine (mostly cardiology), 10 percent leadership, and 10 percent miscellaneous (which ranges from good movies to [@NCAAFootball](#) and [@NFL](#), from my family to my specific workplace and colleagues). I specifically avoid any partisan politics on my account and I would highly recommend that you do the same. One can still advocate for our profession and our patients without stepping out so far to cause the conversation to stop secondary to partisanship to a candidate, party, or political slant. We would all likely make the assertion that it shouldn't stop the conversation, but it is very difficult to convince others to change stances 280 characters at a time!

Here are some [general Twitter mistakes](#) and how to “fix” them, as well as some #MedicalTwitter specific pearls. My “Twitter Guru,” Dr. Timimi also has a nice 12-word set of guidelines for SoMe usage:

- Don't Lie, Don't Pry
- Don't Cheat, Can't Delete
- Don't Steal, Don't Reveal

That is explained in [more detail here](#).

The ACC also has a wonderful hashtag booklet and official SoMe policy that can answer many other questions that you may have. [Everything can be found here](#).

In addition to helping to shape your online reputation, SoMe can be a very enriching platform by which to ask direct questions to the world's experts in a particular subject matter, engage in lively case discussions, and educate in #MedEd. It can also help one keep up to date with new science and techniques, broaden one's network of professional colleagues, open partnerships for new research/writing projects, and generally allow one to have a great deal of fun in the process!

I hope to see y'all online and/or in person very soon! Please feel free to reach out to me by email at jperwinmd@gmail.com or [@HeartOTXHeartMD](#) on Twitter if I can help you with any other navigational hints.

Best,

John

ANNOUNCEMENTS

New CDC Reports Spotlight Staggering Number of CV Deaths and Hospitalizations

Myocardial infarction, strokes, heart failure and other largely preventable conditions caused 2.2 million hospitalizations in 2016, resulting in \$32.7 billion in costs, and 415,000 deaths occurred, according to a [Vital Signs report](#) released Sept. 6 by the Centers for Disease Control and Prevention. The report also predicted that one million events could be prevented by 2022 if every state reduced these life-changing events by 6 percent, and that while rates are higher in the Southeast and Midwest, small changes are needed in all states. The report explains how health care professionals and systems can help including focusing on the "ABCS" of heart health; taking a team approach; making sure patients get the care they need; and promoting physical activity and healthy eating. [Read more on ACC.org](#).

Celebrate AFib Awareness Month With ACC's Latest AFib Resources

This month, take advantage of ACC's latest atrial fibrillation (AFib) resources. The [AFib Shared Decision Making Tools](#) help patients with AFib decide whether to mitigate their risk of stroke with blood thinners. Four separate Decision Aids are available for different CHADS2VASC2/HAS-BLED risk scores – one for [very high-risk patients](#) trying to decide between treatment with blood thinners (warfarin or DOACs) or a left atrial appendage closure device and three for [high-risk patients](#), [moderate-risk patients](#) and [low-risk patients](#) deciding between no treatment and treatment with blood thinners. Find out more at [CardioSmart.org/AFibDecisionAids](#). Use the [Stroke and Bleeding Risk Calculator](#) together with the Decision Aids to find the right treatment for your patients. ACC's CardioSmart team offers additional resources to help your patients understand this condition, including the [AFib, Stroke and Blood Thinners infographic that can be downloaded for free](#). For more resources, check out the [AFib Clinical Topic Collection](#) and the [AnticoagEvaluator](#) and [ManageAnticoag](#) clinical apps.

Addressing Prior Authorization Part of ACC Efforts to Reduce Administrative Burden

Mandated, payer-directed prior authorization for diagnostic imaging and medications continues to be a barrier to patient access in today's cardiovascular practice landscape. The ACC's efforts to drive prior authorization reform as part of its strategic focus to help reduce undue administrative burdens was a topic of discussion during the College's recent Legislative Conference in Washington, DC. Learn more about ACC's Prior Authorization Principles and take advantage of prior authorization reporting tools, which collect data from pre-authorization requestors on disputed prior authorization requests and denials, in order to help identify trends of inappropriate prior authorization decisions, at ACC's online Prior Authorization hub. Read more about the Legislative Conference.

UPCOMING EVENTS

EVENTS

NOV



15th WOMEN IN CARDIOLOGY: 6TH ANNUAL AZ WIC CHAPTER
EVENT Location: Omni Scottsdale Resort & Spa at Montelucia Resort |
4949 E Lincoln Dr, Scottsdale, AZ 85253 | [Agenda](#) | [Register](#)



15th - 16th CONTROVERSIES & ADVANCES IN THE TREATMENT
OF CARDIOVASCULAR DISEASE

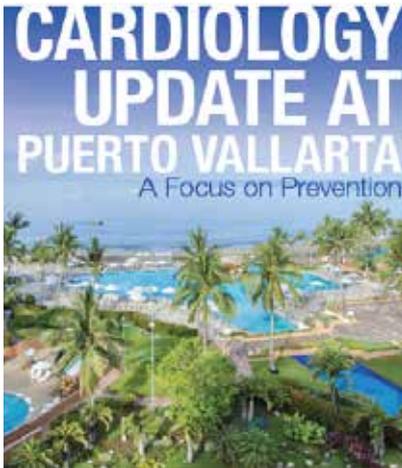
From Promedica International CME, in collaboration with Cedars-Sinai Heart
Institute and endorsed by the California Chapter of the American College of
Cardiology. Location: Montage Beverly Hills
225 N Canon Dr., Beverly Hills, CA 90210 | [Brochure](#) | [Website](#) | [Register](#)



NOV 29th - DEC 1st THE 8TH ANNUAL INTERNATIONAL
HAWAII SYMPOSIUM ON DIAGNOSTIC AND THERAPEUTIC MODALITIES
IN HEART FAILURE

Location: [The Waikoloa Beach Resort](#)
69-275 Waikoloa Beach Drive Waikoloa Village, HI 96738
Phone (808) 886-6789 | [Register](#)

JAN 2019



7th - 11th CARDIOLOGY UPDATE AT PUERTO VALLARTA - A FOCUS ON PREVENTION Location: [Marriot CasaMagna Puerto Vallarta Paseo La Marina Norte 435 Puerto Vallarta, Jalisco 48354 Mexico](#) | [Brochure](#) | [Register](#)

18th - 20th ADVANCES IN NUCLEAR CARDIOLOGY, CARDIAC CT AND CARDIAC MRI: 34TH ANNUAL CASE REVIEW WITH THE EXPERTS Location: [Harvey Morse Conference Center, Cedars-Sinai Medical Center](#) | [Website & Schedule](#) | [Register](#)