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Dear Colleagues, dear ACC AZ member:

You have elected me as your new President for the ACC AZ State Chapter and as ACC Governor for Arizona. You have entrusted me with the leadership of ACC Arizona in order to serve and support our state-wide professional educational, research, representation and advocacy interests in cardiovascular medicine.

My great appreciation and gratitude goes to our immediate past President Dr. Craig Hoover, Tucson, for his example and initiatives: with each passing of the baton the bar is set higher for the future advancement of ACC AZ.

Together let us build a strong and active ACC AZ State Chapter.

Let us put Arizona on the ACC map nationally.

I would like to encourage you to participate in the newly formed subspecialty sections and support our newly appointed subspecialty section chairs, fellow in training chair, women in cardiology chair, education and international section chairs (for details see leadership at acc-az.org). Please consider to get involved in the newly formed international section to build a partnership and exchange program with the International ACC Chapter of Mexico.

All Fellows in Training are cordially invited to our upcoming Early Career Dinner, May 18th at The Henry, Phoenix, AZ.

I like to personally invite each and every one of you to attend our annual ACC AZ meeting, May 19th, 2016, 6-9 PM, Camelback Golf Club, Scottsdale, AZ.

We have a fantastic program of high caliber speakers and exciting topics:

- submit your posters and case reports for the poster competition,
- receive national ACC, research and clinical updates,
- network and participate in the constitution of our new subspecialty sections.

Mark your calendar for our fall meeting in Phoenix, AZ, September 16th 2016 to discuss:

- MOC with Dr. Paul Teirstein, Scripps Clinic;
- MACRCA with Dr. Vince Ferrari, U Pen;

Make your membership meaningful by actively participating in ACC AZ as your professional home.

I am looking forward meeting with you all in person at the annual meeting.

Yours truly,

Chris Breburda, MD, FACC
ACC ANNUAL MEETING EXPERIENCE

ACC 16TH ANNUAL MEETING

The ACC.16th annual meeting was an amazing and excellent learning experience for me. It was a great platform for me to meet mentors and to expand my networking skills. Multiple conferences provided me with the latest updates and ongoing management in all spheres of cardiovascular disease. It increased my knowledge base for different diseases. It was fascinating to see the new technologies used to provide cutting edge advance treatment for cardiac patients. I had the opportunity to present a poster which helped me further gain insight into my project, and exchange ideas among cardiologists from all over the world. I look forward to attending more ACC conferences both at regional and national levels. Thank you.

Sincerely,
Mohit Pahuja

PGY 2

Internal Medicine

St Joseph's Hospital and Medical Center
NEWS YOU CAN USE

INFORMATIONAL

Get Full Coverage of ACC.16
From trial summaries to presentation slides, videos and news articles, get all of the hot clinical news from ACC.16 on ACC.org. 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.
• **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-PCS9 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
Latest Issue of CardioSource WorldNews Examines Depression, Diabetes, & Obesity

The cover story of the latest issue of CardioSource WorldNews examines how depression, diabetes, and obesity affect patients with heart disease and why they shouldn’t be ignored. In this month’s Editor’s Corner, Alfred A. Bove, MD, PhD, MACC, discusses the importance of patient-centered care and the team-based approach in encouraging healthy behaviors and medication adherence in patients. The In Focus feature highlights the ADAPTABLE trial, which will leverage electronic health records from PCORnet to compare the effects of low dose and regular strength aspirin. Additional highlights from the issue include CRT utilization in ICD patients and the effects of the environment on cardiovascular health. See the full issue at ACC.org/CSWN.

ACC Leading Efforts to Improve Care for VHD Patients

Truly a transformative technology, transcatheter valve therapies (TVT) have provided unprecedented benefit to a host of patients with valvular heart disease (VHD) not amenable to or at high risk for surgical treatment, extending and improving their daily lives. Another transformation is now underway: a reinvigorated view of the management of VHD spurred by the potential capacity of TVT to treat a broader range of patients. Yet, challenges identifying and managing patients with VHD could limit these emerging technologies from reaching all who may potentially benefit. In the United States, some 1.5 million people have moderate or severe aortic stenosis (AS) and approximately 4 million people have significant mitral regurgitation (MR). Against this background, the American College of Cardiology (ACC) is leading efforts to improve patient care and outcomes by identifying gaps in knowledge and care in evaluating and managing VHD, developing tools and resources, particularly at the point of care, to address identified shortcomings and determine priorities for future initiatives. Partnerships with key societies and stakeholders are also moving forward to address these objectives. Read more in CardioSource WorldNews: Interventions.
GET INVOLVED IN GRASS ROOTS

ACC ADVOCACY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Fellow-In-Training**
Santosh Desai, DO
13400 E Shea Blvd
Scottsdale, AZ 85259

**International Committee Chair**
Steve Mehta, MD, FACC
Managing Partner, Axiom Lifesystems Development Group
AZ medical Development LLC
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**EP Section Chair**
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**Heart Failure Section Chair**
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**Interventional Section Co-Chairs**
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Carondelet Heart and Vascular Institute
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Tuscon, AZ 85745
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**Imaging Section Chair**
Prakash Goutham Suryanarayana, MMBS, MD, FACC
University of Arizona Medical Center
2800 E Ajoway
Tuscon, AZ 85713
520-874-3278
PSuryanarayana@SHC.Arizona.edu

**Adult Congenital & Pediatric Chair**
Edward Rhee, MD, FACC
1919 East Thomas Road
Phonix, AZ 85015
ERhee@PhoenixChildrens.com
Welcome to our new 2015-2016 Arizonian FACCs!

Harish Ramakrishna MD, FACC
Khalid Almuti MD, FACC
Mark I. Feldman MD, FACC
Ranjini Raina Roy MD, FACC
Ahmad T. Alhammouri MBBS, FACC
Dan Inder Singh Sraow MD, FACC
Huu Tam Doan Truong MD, FACC
Joshua D Waggoner MD, FACC
Michelle Mix Harris MD, FACC
Thomas Waggoner DO, FACC
Ajay U. Mhatre MD, FACC
Arun S. Patil MBBS, FACC
Joseph C. Vaglio JR MD, FACC
Pankaj Jain MD, FACC
Christian S. Lopez MD, FACC
Christina Uni Kang DO, FACC
Nishant Gupta MD, FACC
Tabitha Grace Moe MD, FACC
Vijay Arun Doraiswamy MBBS, FACC

Announcing New Chapter Awards!

Nominate yourself or your peers for our Cardiologist of the Year, Educator, CVT, FIT, or Advocate of the year! Nominations accepted through August 15th to AZACC@AMINC.org. Awards to be presented at our September meeting.

Interactive STEMI map

HOT Link to our very useful Interactive STEMI Map - the first in the country!! (Thanks to Kwan Lee, MD, FACC and his team of FITs).  https://lit.biocom.arizona.edu/cardiology-services/az/
UPCOMING EVENTS

MAY 16
Partner Program: CardioRenal Society
Time: 6:30PM Location: Fogo de Cháo
Click here for more details

MAY 18
Fellows-In-Training Network Event
Time: 6:30PM Location: The Henry 4455 E Camelback Road Phoenix, AZ 85018

MAY 19
Annual Meeting Join us for chapter and national updates, quality education and networking with your peers.
Agenda | Register Here
Time: 5:30PM Location: Camelback Golf Club & Lakeview Ballroom
Driving Directions
JUN 4-7  World Congress of Cardiology & Cardiovascular Health 2016
Location: Centro Banamex Mexico City
Accommodation Info | Registration information

SEP 11-13  ACC Legislative Summit Heart House Washington, DC
Location: Faimont Hotel Washington, DC
Stay tuned at: ACC.org/LegislativeConference for more information.

SEP 16  Business of Cardiology Meeting
Location: The Biltmore 2400 E Missouri Ave Phoenix, AZ 85016
Topics Include: MACRA, Maintenance of Certification, and Pinnacle Registry, Membership Awards Program
Categories: Educator of the Year, Future Leader, Cardiovascular Team Member of the Year, Fellow in Training of the Year, Advocate of the Year, Most Compassionate Cardiologist of the Year.
Click here to nominate.

OCT 13-14  Cardiovascular Disease Management: A Case - Based Approach 4th Annual Symposium
More detail to follow on the website
Monthly Meeting Schedule for The Mended Hearts

**Tucson Chapter 116**: 2nd Saturday of most months at 10:00 A.M.

**Scottsdale Chapter 126**: 2nd Tuesday of the month at 6:30 P.M.

**Flagstaff Chapter 126 Satellite**: 3rd Saturday of the month at 10 A.M.

**Las Vegas Chapter 277**: 3rd Saturday of the month at 10:00 A.M.

**Tucson Old Pueblo Chapter 374**: 2nd Tuesday of the month at 1:00 P.M.

[See Desert Hearts Newsletter for details]