



PULSE

Spring 2009

South Carolina CHAPTER

SC ACC LEADERSHIP

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STAFF

Geri C. Kinton, Chapter Executive

SC ACC Headquarters
134 Collin Campbell
Beaufort, SC 29906
Phone: 843.252.4709 - Fax: 843.846.2366
Email: info@sccacc.org
Web: www.sccacc.org

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Letter From the President

By Charlie W. Devlin, MD, FACC

It is not without a certain amount of anxiety that I start my role with our chapter. I have received help from an ongoing mentoring program with our national leaders at the Heart House. These meetings have provided an excellent opportunity to meet with other governors and share ideas. Frequently, I have left Washington with an armload of projects and initiatives for our chapter. Others have fondly described this mental state as seminar psychosis. But you don't have to be impaired to realize that the practice of medicine is changing.

Healthcare reform will touch every aspect of what we do. We have already experienced the incentive programs of PQRI and e-prescribe. But a larger amount of money has been dedicated to health IT. There is a potential payment of \$44K per physician for an acceptable electronic medical record. You must be able to demonstrate that quality, evidenced-based medicine is occurring in your hospitals and offices. Fortunately, cardiology has 40 years of unsurpassed databases and an extensive list of guidelines. Federal and commercial payers have taken note of the positive trends in cardiac care. They are impressed by our data and are pushing for even wider application of our guidelines.

A discussion can be found at acc.org/healthIT. Members should spend additional time on the website regarding the ACC blueprint for healthcare reform, the IC3 initiative, and efforts to reduce the 30 day readmission rates for CHF and MI's.

A retreat for our councilors is planned next month. A large part of the meeting will be to discuss these changes and plan to develop a method to continue communication with the membership. Our broader chapter initiatives for 2009 and 2010 will also be outlined. I invite questions, concerns, or comments from our membership.

Governor at a Glance

- * On SC ACC Council since 1995; Secretary/Treasurer past five years
- * Dir. of Nuclear Cardiology, SC Heart Center
- * Former Chief of Staff, Providence Hospital
- * M.D. degree: Jefferson Medical College, Philadelphia, PA
- * Internship/Residency in internal medicine: MUSC
- * Fellowship in cardiology: Medical College of Georgia
- * American Board of Internal Medicine Certification:
 - ~ Cardiovascular Disease
 - ~ Internal Medicine
 - ~ Nuclear Medicine

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financial support of our 2008
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September 26-28, 2008

**Wild Dunes Resort
Isle of Palms, SC**

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2008 Annual SC ACC Council & Membership Meeting Minutes

**Wild Dunes Resort
Isle of Palms, SC
September 28, 2008**

Dr. Gold called the meeting to order at 11:35 a.m. Minutes from the 9/30/2007 Membership meeting were approved.

Taryn Gold, ACC Chapter Affairs, reviewed several national initiatives.

1. **Mandatory Chapter Dues:** Given the invaluable roles all Chapters play, the ACC Board of Trustees recently approved the implementation of mandatory Chapter dues for active physician members. The goal is to provide Chapters with the resources necessary to develop innovative education and advocacy programs and enhance the benefits of Chapter membership. Letters went out Sept. 15 to all members. There was discussion regarding the benefits of joining and there was general consensus that Advocacy was the biggest benefit, but also education and quality.
2. **National Funding Proposal:** This is a \$250,000 chapter development program. The funding goes away in December 2009. Chapters submit grant proposals; BOT steering committee approves.
3. **Practice Administrator Category:** This new membership category was initiated by Dr. Dove and approved by the BOT. Essentially, it supports the premise the cardiology is a team approach. The category includes a separate Council and a blog, encouraging non-clinical staff to learn from others. There are already 65 members.

Roberta Alsworth, CCA liaison since 2004, reported that the first CCA education meeting was held in Myrtle Beach in February. It was attended by over 20 current and potential ACC members. She also reported on national suggestions to develop guidelines for recruiting and submitting papers, as well as making the CCA Liaison position an elected one, following the Governors 3-year term. A motion was approved to appoint a CCA Liaison for the next term to run concurrent with Dr. Devlin's term and vote for subsequent terms. Finally, Alsworth asked the SCACC to support the SCAPA's First Assist initiative, which is lobbying BC/BS to cover Physician Assistant's charges.

With Dr. Joe Lawton's term expired, Dr. Krainin rolling off and several terms ending next year, there was much discussion on the representation of the Council. Recommendations included adding an academic to replace Lawton, but some felt it should be geographic.

(Continued on page 3)

(Meeting Minutes, continued from page 2)

There was also a suggestion to add a pediatric and/or surgical representative. The Governor and Governor-elect will look into the matter. A motion was made, seconded and approved to appoint Dr. Chuck Trant as Treasurer when current treasurer, Dr. Charlie Devlin, begins his term as Governor.

Dr. Devlin presented the financial statement, which showed net assets of \$21,000. He noted that the majority of annual meeting revenues and expenditures are not reflected. End of Year figures look good. He reported that national is pushing council members to contribute to the ACC PAC. Only 6% in SC contribute. Fred Krainin, co-chair of the ACC Advocacy committee agreed to send out a solicitation letter, co-signed with Dr. Gold. A motion was made, seconded and approved to accept the Treasurer's report.

Under new business, there was discussion that the Wild Dunes site for the annual meeting had many pluses, including better accessibility, compactness and affordability.

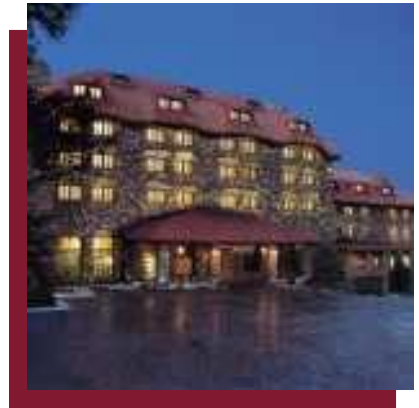
With no further business, the meeting was adjourned at 12:40 p.m.

Respectfully submitted,
Geri C. Kinton
Chapter Executive

Save the dates...

Mark your calendars now for the

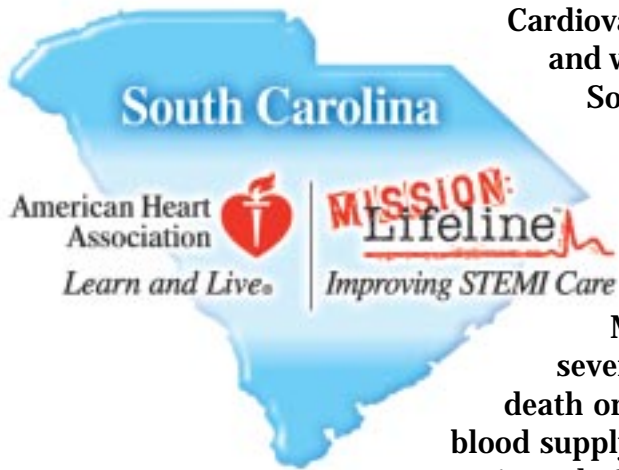
16th Annual Joint Meeting of the NC/SC Chapters ACC



*Returning to Asheville, NC and The Grove Park Inn ~
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Cardiovascular disease is South Carolina's leading killer of both men and women in all racial and ethnic groups. During 2005, 12,693 South Carolinians died from cardiovascular disease - more than the total number of people who died from all cancers, pneumonia, influenza, and car accidents combined. Heart disease accounted for 71,503 hospitalizations in South Carolina during 2005, with a total hospitalization cost of more than \$2.5 billion. ST-segment Elevation Myocardial Infarction (STEMI) is a common and especially severe type of heart attack which carries a substantial risk of death or disability. It is caused by a prolonged period of blocked blood supply that affects a large area of the heart. It is estimated that approximately 28% of all heart attacks are STEMI .

Mission: Lifeline is the American Heart Association's community-based national initiative to improve quality of care and outcomes in heart attack patients by improving the health care system's readiness and response to STEMI patients. The goal is to reopen the blocked artery as soon as possible. The longer the heart muscle is deprived of blood flow the more it dies.

Our plan in **Mission: Lifeline** consists of early recognition by patients and bystanders of heart attack symptoms; early activation of 911 and Emergency Medical Services (EMS); training of EMS Personnel; ensuring EMS responders are equipped with 12 Lead ECGs (it takes a 12 Lead to identify a STEMI); identifying hospitals that have services available 24/7 to open the artery (cardiac catheterization labs); and routing patients to these hospitals.

South Carolina Mission: Lifeline is a collaborative partnership between the South Carolina Hospital Association, South Carolina Chapter of ACC, American Heart Association, South Carolina Chapter of the College of Emergency Physicians, SC DHEC Office of Emergency Medical Services, all 17 of the South Carolina hospitals that provide interventional cardiac services, and patient advocates.

The primary strategic aims for the **South Carolina Mission: Lifeline** program are to:

- Create a regionalized system for STEMI care in the Midlands, Pee Dee, Upstate and Low Country areas of the state
- Establish one call cath lab activation systems in each hospital providing interventional cardiology services
- Establish a unified statewide data management system for tracking and analyzing key acute cardiac care indicators
- Establish common clinical performance goals and standards
- Provide a system for active learning and knowledge sharing
- Implement a unified public relations/awareness campaign
- Provide jointly sponsored educational programs

The **South Carolina Mission: Lifeline** Steering Committee, chaired by Eric Powers, M.D., F.A.C.C., medical director of the interventional cardiac program at MUSC, meets quarterly to provide direction and oversight for this initiative. Three active work groups are assessing current assets and needs and developing strategies and best practice standards on regionalization, one call activation, and data collection/quality improvement. A stakeholders group, which includes approximately 75 members, meets via conference call every other month to share best practices, receive updates on Steering Committee and Work Group activities, and address questions on implementation of the statewide STEMI system of care.

Practice Administrators Join the Team

Last year, the ACC Board of Trustees approved the establishment of a new membership category to address the business aspects of practice management. The Mission of the Practice Administrator membership is to:

1. Provide practice administrators with clinical guidelines and tools to improve clinical care management.
2. Provide practice administrators information on important advocacy, reimbursement and policy issues affecting cardiovascular practice management.
3. Provide practice administrators the opportunity to shape the future of cardiovascular practice management.

For more information on this newest membership category, visit the ACC website or contact Debjani Mukherje, Associate Director, ACC Member Strategy:
E-mail: dmukherj@acc.org, Ph: 202-375-6212, Fax 202-375-6842

CardioSmart

CardioSmart is a patient education site of the ACC. Our mission is to engage, inform, and empower patients to better prepare them for participation in their own care. We are committed to providing visitors to our website with accurate, un-biased information in an advertising-free environment. We encourage you to add the CardioSmart logo/link to your own website. Visit www.CardioSmart.org for link info.



Have You Forgotten To Pay Dues?

Do you know if your ACC dues are current? As of the last report from ACC, only 85% of South Carolina members had paid their 2009 dues. This is a critical time for cardiology and your identification with the organized discipline. Specialized information resources through ACC and the Chapter, and opportunities to support our mutually beneficial efforts all rest on your annual dues payment.

To pay your 2009 ACC dues, please go to www.acc.org/dues for the secure online dues payment page. To pay your dues over the phone please contact the ACC Resource Center toll-free at (800) 253-4636, ext. 5603 or directly at (202) 375-6000. To contact the Resource Center via email, please send a message to resource@acc.org.

Thank you for your membership!



South Carolina
CHAPTER

"To improve the health and well being of South Carolinians through the support of cardiovascular specialists."