Dear WC-ACC Members,

We hope this message finds you well. There are two serious issues affecting cardiology currently and we wanted to make sure you are informed of what is being done in our state.

**SGR Repeal Letter**

When the Congressional Budget Office (CBO) lowered its estimated cost for repealing the sustainable growth rate (SGR) this year to $138 billion, it created an opportunity, to do away with the flawed formula once and for all. To that end, Reps. Bill Flores (R-TX) and Dan Maffei (D-NY) are leading a bipartisan sign-on letter urging Speaker Boehner and Leader Pelosi to act to repeal the SGR and replace it with a new system that provides clinicians and patients with stability.

The Chapter sent a Legislative Alert email to all members encouraging them to contact their representatives. The full email may be viewed here: http://us2.campaign-archive2.com/?u=dc33a024bc60b08e38360d410&f076ce3a1e&[UNIQID]

**United Healthcare Medicare Advantage Issues**

It has recently come to the attention of the American College of Cardiology that, UnitedHealthcare has sent mass letters to physicians in several states informing them that they have been dropped from one or more of United's Medicare Advantage products. There are also some reports of other companies engaging in similar activities on a more limited basis.

From what has been gathered, the United letters state that the network terminations are effective in early 2014, after the close of the 2014 open enrollment period. The terminations are “without cause” and physicians are being provided unclear information on how to appeal the decision. It is also unclear what, if any, information has been sent to patients about these network changes.

**SMARTCare**

SMARTCare will be discussed at the Brookings SGR conference on Nov 19.

We will continue to keep you informed of new developments on these issues as they arise.

Sincerely,

Anthony DeFranco, MD, FACC
WC-ACC Governor-Elect

Peter Smith, MD, FACC, FHRS
WC-ACC Treasurer

Thomas Lewandowski, MD, FACC, FASE
WC-ACC Governor
CCA Spotlight:
Technologic Advances at the ACC for the Cardiovascular Team Member
by Judy Nichols BSN, MSN, NP-C, AACC

The American College of Cardiology has been committed to supporting its members in this technology based world. The Cardiosource website has recently been upgraded to direct the Cardiovascular Team Member to helpful resources for their practice.

The first thing that you will notice upon entering this site is the section entitled Latest Clinical Information; it is here that you will find recent research articles from publications such as JACC and JAMA summarizing late breaking investigation in cardiovascular disease. Recent articles have included topics on Hospitalization rates for Medicare Patients, Thrombogenicity in Afib, Best Practice Standards for ACS and CAD, Changes to HIPPA guidelines and other current and informative articles.

Another section is titled CVT Education and is aimed at providing the advanced practice nurse, physician assistant, pharmacist, technologist and registered nurse opportunities to learn about and view educational products, programs and resources. There are many SAPs (Self-Assessment Programs) for purchase and CME, plus information on conferences, courses, live case webcasts, and learning on demand programs. The college supports a ‘maintenance of certification’ tracking device that can be used to log all advanced educational courses attended, through this link.

Subsequent links on the site allow for management of membership levels; including information on joining, advancing or renewing membership categories.

The CVT Section allows you to view potential opportunities for networking, and for considering service and leadership opportunities within the college. There are several committees recruiting volunteers with a variety of focuses, from research to advocacy, found at this link.

The ACC Chapter Contacts and Resources link will connect you to your state liaison and Chapter events.

The Resources and Publications link provides the Team Member with Career Opportunities within cardiology and offers leadership building potential. Access to Cardiology Journals, CVT section newsletters and Practice Guidelines can be found here. A link to the patient centered CardioSmart app can be accessed from this tab. You can also enter the ACC Member Marketplace section from this tab where you can find financial discounts and incentives as well as a link to the ACC apparel store.

The Professional Community: CCA Member Spotlight section highlights colleagues’ personal growth and development within cardiology as their chosen career. The link is updated frequently with stories, and real life journeys, within the cardiac team member career path.

The Social Media link provides the CVT member to CV news access through popular social media websites such as Facebook, Twitter, LinkedIn, YouTube and Google+.

I encourage all CCA’s to navigate through the improved Cardiosource website and to investigate the informational content provided there. A link to the website is provided here, http://www.cardiosource.org/ACC/ACC-Membership/Member-Categories/Cardiovascular-Team-Center.aspx or log onto Cardiosource, choose ACC on the top toolbar, click on ACC Membership, Member Categories, and Cardiovascular Team Center to access the webpage.

One other technologic advanced via the Cardiosource website that I would like to promote is specific to the Cardiac Patient. The College has upgraded the CardioSmart Explorer App and currently released it for Apple iPad. This point of care application can assist in the education of cardia patients by adding visual information on a level that the patient can understand. Imagine the impact of bringing to life the anatomy of a coronary artery, or visualization of atrial fibrillation and other common cardiac concepts while discussing care options with patients. Full of animations and pictures this app can enhance and optimize education and goal setting with our patients.

As we live and work in this technologic world, it is satisfying to know that this technology can be used to assist us in our careers and optimize our time. Please spend a moment investigating the ways that the ACC has provided technology based avenues for its members to learn, teach, and stay connected.

Judy Nichols, MSN, NP-C, AACC
nichols.judy@marshfieldclinic.org
Office: (715) 387-4069
Cell: (715) 897-5277
Hello, my name is Maria (Mia) Stone and I am the CCA Liaison elect for the WC-ACC. I have been an active CCA member and WC-ACC member since 2005. I am a member of Cardiovascular Team (CVT) Research and Practice Outcomes working group. This group focuses their work on developing the skills of CCA members to support research and improving CV practice. This group is very actively developing tools and resources for members that will be available on the website.

I am also a member of the CVT Advocacy group. The goals of this group include: improving visibility at the national level with policy makers, develop familiarity and competency in the current political issues which affect CV medicine and midlevel providers, become a resource for CCA advocacy topics for the ACC’s Advocacy Steering Committee, identify legislation which directly impacts CV patients and providers and increase CCA PAC participation. This group has had a voice in lobbying for changes to midlevel provider authority.

The yearly Legislative Conference is coming up on Sept 22-24 in Washington DC. This is a great opportunity to meet with other ACC Advocacy members to discuss current political issues that affect the care of the CV patient and providers and meet with members of congress to express your concerns. I found these meetings to be of great value especially in this era of time.

I am also a member of the Cardiovascular Administrator workgroup. This group is composed of CV Service line leaders in both practice and hospitals. This group provides education on current issues facing the CV administrator including changes in CMS requirements for reimbursement, Value Based Purchasing and Meaningful Use changes and updates for the group members on Advocacy issues. This includes: Affordable Care Act updates, SGR updates, and coding updates. A great opportunity to network with other CV administrators.

I hope to increase CCA members in our state over the next few years as I feel this membership will provide you with the education, tools, and networking to keep you informed of new research and changes in legislation that may affect your practice.

The Wisconsin SHINE (Screening Hearts In NEwborns) Project began collecting data on the use of pulse oximetry screening to detect critical congenital heart disease in asymptomatic babies this January. 13 hospitals and 23 midwives are already submitting information on the screening process. All hospitals, birth centers, and home birth providers are invited to participate.

The SHINE Project is a collaborative effort between the University of Wisconsin, the Medical College of Wisconsin, the Wisconsin Department of Health Services, and the Wisconsin State Laboratory of Hygiene and is funded by one of the six demonstration grants from the Health Resources and Services Administration (a branch of the US Department of Health Services).

The SHINE Project is unique among the demonstration grants in that all birth settings are included. Previous research suggests that babies born at home are at a greater risk for missed CCHD and in April 2013 the American Academy of Pediatrics recommended that pulse oximetry screening be performed for all planned home deliveries. The SHINE project also has a mechanism to screen babies admitted to neonatal intensive care units as well as those cared for in normal hospital nurseries.

The SHINE project has also created a web-based tutorial for sonographers who may be called upon to perform echocardiography in response to a failed pulse oximetry screening. This tutorial provides 2 hours of SDMS credit at no cost to those sonographers completing the pre- and post-tests. Educational materials for parents, providers, and institutions are available at www.wisconsinshine.org.

If you have any questions about the SHINE project or would like to enroll your center, please contact the SHINE personnel on call at 608-262-2122. Additional information regarding CCHD, pulse oximetry screening, and the SHINE project is available at www.wisconsinshine.org.
Legislator Practice Visit Program
Saving Lives, Improving Heart Health

A legislator practice visit is an opportunity for federal and state government officials to witness first-hand how the cardiac care team provides patients with quality, cost-efficient care by employing state of the art technology, health care data and professional training through a team approach. Most importantly, attendees will observe the dedication and compassion that the cardiac care team devotes to their patients daily.

VENUE: A legislator practice visit can be hosted in any number of locations, such as academic settings, hospitals, clinics and private practices.

MESSAGE: It is important that legislators understand how their decisions impact the cardiovascular community and their patients. This can be done, for example, by briefly explaining how a proposed policy will restrict a cardiologist from exercising his or her clinical expertise. It is also imperative to offer an alternative solution or idea that addresses any concerns the participant may have.

MAXIMIZING TIME: When explaining how care is delivered, it is important to avoid over-usage of clinical terms and remain conscious of the time allotted for the session.

FOLLOW UP: The follow-up process is key to solidifying your message and it is recommended that you send thank you letters on your letter head to legislators who participated in the program. The ACC staff is available to draft the language.

SAMPLE AGENDA WITH TIME SUGGESTIONS
- Welcome and Introductions: Be sure to give a brief description of your team members’ responsibilities. 🕒 5 minutes
- Overview: Give a brief explanation of technology, business operations and quality improvement tools and why they are important for delivering care. 🕒 10 minutes
- Tour 🕒 30 minutes
- Open Discussion: The host should open the discussion and encourage questions. 🕒 15 minutes
- Conclusion: Use this time to thank attendees and take a group photo. 🕒 10 minutes

ACC STAFF SUPPORT: ACC staff can help you every step of the way. This is your program and the times listed above are simply examples. Working with one of the staff members below, you can determine whom you would like to invite and a timeline for correspondence and follow up will be established in order to maximize participation.

Frank Ryan, JD
Director, State Government Relations
202-375-6409 | fryan@acc.org

Saiza Elayda, JD
Senior Specialist, State Advocacy and Grassroots
202-375-6604 | seleyda@acc.org

James Boxall
Assoc. Director, State Government Relations and Legislative Policy
202-375-6366 | jboxall@acc.org

Elizabeth Ellis
Specialist, Federal Grassroots Development
202-375-6404 | eellis@acc.org

Nick Morse
Assoc. Director, ACCPAC and Legislative Affairs
202-375-6372 | nmorse@acc.org

Lucas Sanders
Specialist, ACCPAC and Legislative Affairs
202-375-6397 | lsanders@acc.org
Thomas J. Lewandowski, MD, FACC, FASE commenting at ACC.13

Anthony DeFranco, MD, FACC at ACC.13 in San Francisco

Dr. DeFranco adds to the discussion at ACC.13

Thomas J. Lewandowski, MD, FACC speaks with attendees.
Join your fellow cardiologists and associates for the WC-ACC Annual Meeting. This year we are celebrating the cardiac team with a topic of particular interest to our Cardiac Care Associate members.

**Program Purpose**
There are an increasing number of medications commonly prescribed in the management of cardiovascular disease. Many new classes of medication have been discovered and are revolutionizing cardiac care. Research studies show significant benefits when certain medications are prescribed and optimized. In this fast changing realm, it is often difficult to keep up-to-date on the pharmacologic options best suited for cardiac patients.

**Learning Goal**
The goal of this course is to enhance knowledge and ultimately improve competency in prescribing pharmacologic therapy to the cardiac patient.

**Target Audience**
Registered Nurses, Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists and Pharmacists.

**Accreditation and Designation for Nurses**
*Nurse:* The Institute for Advancement of Human Behavior is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

This course is co-provided by IAHB and the Wisconsin Chapter of the American College of Cardiology (WC-ACC). Maximum of 6.0 contact hours.

*Satisfactory completion:* Participants must complete an attendance/evaluation form in order to receive a certificate of completion/attendance. Your chosen sessions must be attended in their entirety. Partial credit of individual sessions is not available.

**Accommodations**
Wilderness Territory Resort • 511 East Adams Street, P.O. Box 830, Wisconsin Dells, WI 53965
$99.99/night • Reservations: 800-867-9453
Mention you are with the WC-ACC Meeting at Glacier Canyon Lodge, Leader #413958.
Rates are subject to 11.5% tax and a $9.95 nightly Resort fee. Room rates available for Thursday, Friday and Saturday nights.

**Registration Fees**
$40 includes continuing education credits, course materials, continental breakfast and lunch.

**Schedule**
8:00 am – 8:45 am   Registration & Continental Breakfast
8:45 am – 9:00 am   Welcome
9:00 am – 10:00 am  Mechanisms of Drug Interactions Including Definitions of Substrate, Inhibitor, and Inducer
Mary Ellen Gullickson, PharmD, BCPS, BCACP
10:00 am – 10:15 am  Break & Exhibitors
10:15 am – 11:15 am  Transcatheter Aortic Valve Replacement (TAVR)
Patrick Hughes, MD, MS, FACC
11:15 am – 12:15 am  Therapeutic Updates on Antiplatelets: What’s Sticking and What’s Not
Tonja Larson, PharmD, BCPS, CGP, AE-C, BCACP
12:15 pm – 1:15 pm  Lunch & Exhibits
1:15 pm – 2:15 pm   Safely Managing Pulmonary Arterial Hypertension (PAH) Medications in the Hospitalized Patient
Frank Spezarth, RPH, BCPS
2:15 pm – 3:15 pm   Novel Oral Anticoagulants: An Overview of the Latest and Greatest in Antithrombotic Therapy
Sarah Zukkoor, PharmD, BCPS
3:15 pm – 4:15 pm   ACC Update
Kim Williams, SR, MD, FACC, FAHA, FASNC
4:15 pm – 4:30 pm   Adjourn & Wrap-up

**Nurse Planners/Co-Chairs**
Mia Stone, MS, BSN, RN, FACCA, AACC
Program Chair
WC-ACC CCA Liaison-Elect
*Aurora Healthcare*

Judy M Nichols, MS, NP-C, AACC
WC-ACC CCA Liaison
*Marshfield Clinic*

Register today: www.wcacc.org
On September 22-24, I attended the ACC Legislative conference with Dr. Tom Lewandowski, Dr. Eric Roberts and Sandy Kaye. There were over 400 ACC members in attendance. The conference started on Sunday the 22 at 1200 for me. I attended the CV Team and CV Administrator Workshops. The first speaker was Dr. Scott Berkowitz from John Hopkins who spoke on “Where are we now—Healthcare Reform One Year Later?” which was very enlightening. I also attended a breakout session that focused on practice issues for the CV clinician. This gave me the information that I needed to discuss the Home Health Care Planning Act of 2013 (H.R 2504/ SB 1332) with our state legislators.

The speaker for the ACCPAC dinner was Mr. Bob Woodward who is currently an associate editor of The Washington Post. He and Carl Bernstein were the main reporters on the Watergate scandal for which The Post won the Pulitzer Prize in 1973. He was also the lead reporter for the Post’s articles on the aftermath of the September 11 terrorist attacks that won the National Affairs Pulitzer Prize in 2002. Mr. Woodward is an outstanding speaker as well as reporter. He gave an enlightening presentation on his version of healthcare delivery and we are going.

Monday morning stated with a presentation on the State of Cardiology by Dr. John Harold, MACC, the President of the ACC. This was followed by a panel discussion on a “View from the Hill” which included panelists from professional staff of the Committee on Ways and Means, Senate Finance, and Committee on Energy and Commerce. This perspective, I think is important to understand as you plow your way through healthcare agenda planning. The afternoon started with “Revisiting ACC’s Blueprint for Reform” the panelists included Dr. Ralph Brindis, past president of ACC, Dr. Alfred Bove, past president of ACC, Dr. David May, Chair of Board of Governors, Dr. W Douglas Weaver, past president of ACC and Dr. Michael World, also past president of ACC. These sessions of the day prepared the group with the information that we needed to meet with our legislators.

In the afternoon, a multidisciplinary panel discussed “Healthcare Delivery in a Team Based Care Setting”. I left prepared to speak to our state legislators about eliminating the SGR and efforts to improve health care quality. Those included:

- Supporting initiative to develop measures and guidelines to assure appropriateness and quality of services provided to Medicare beneficiaries.
- Supporting the creation and operation of clinical data registries to provide timely feedback on performance and to ensure continuous quality improvement
- And preserving In-office Ancillary Services Exception, recognizing that a referral within a group practice promotes continuity of care in a setting that is more convenient to the patient.

The services provided should be driven by the guidelines and criteria researched and published by the college.

- Supporting legislation to remove the word “physician” from the Home Health Care Planning Act to allow APCs to refer patients to home care, certify their plan of care every 60 days, and follow them through the homecare trajectory.

If you have never been on “The Hill”, I would highly recommend the experience. We thanked the staff for their support for the SMART Care proposal and discussed the points listed above. We met with the legislative staff of:

- Rep. Jim Sensenbrenner
- Rep. Gwen Moore
- Rep. Paul Ryan
- Rep. Reid Ribble
- Rep. Sean Duffy
- Rep. Ron Kind
- Senator Ron Johnson
- Senator Tammy Baldwin

There is more to healthcare delivery than what we clinicians see in our journals. Our engagement with our legislators to help them understand our obstacles to quality care is critical to the future of healthcare delivery.

Representatives from across the country attended the Annual ACC Legislative Conference.

CCAs in attendance at the Legislative Conference, including Wisconsin’s own Mia Stone, RN, AACC.
Panelists addressed the issues currently facing cardiology.

Fellows in Training also attending, including Eric Roberts, MD, from Aurora Healthcare.

Attendees look on in the Ballroom.

CCAs attending.

Conference highlights are available at http://www.cardiosource.org/Meetings/Legislative-Conference/2013-Highlights.aspx
Prepare for the Boards or sharpen your clinical judgment skills with ACCSAP 8!

With expert opinion and clinical wisdom compiled from over 130 world-renowned experts, ACCSAP 8 has everything you need to know about adult clinical cardiology. Now with an improved user interface, a convenient study guide and hundreds of peer-reviewed, ABIM-style self-assessment questions, you will be able to identify knowledge gaps and target study to fill those gaps in preparation for the Board exam or to support your day-to-day clinical practice.

Click here to purchase and learn more today!

Use this self-assessment program to:
• Prepare for the initial Board certification or recertification exam; identify gaps in knowledge and target future study
• Gain experience answering hundreds of ABIM-style questions and testing your clinical knowledge and judgment
• Earn enough CME credit to meet your state licensing requirements for several years — up to 91 AMA PRA Category 1 CME Credits™
• Earn enough MOC points to complete your Self-Assessment of Medical Knowledge (Part II) requirement — up to 80 MOC points
• View hundreds of expertly processed figures, tables and clinical images

I am pleased to present new updates regarding the Women in Cardiology subgroup. In February, I attended the 2013 ACC Women’s Leadership Conference at the Heart House in Washington DC. It was a 2 day program designed to assist female cardiologists develop career advancement strategies. The program was a combination of small breakout sessions, seminars, and personal speeches designed to teach communication, negotiation, and career planning skills. The attendees included academic and private practice cardiologists and cardiothoracic surgeons. I found it to be an incredible opportunity to meet other women, but more importantly learn how successful female cardiologists have learned how to advance their careers. I personally encourage you to think about attending when it’s offered again in 2015.

I also want to encourage you to look into the ACC’s National Women in Cardiology LinkedIn site. The WIC subgroup on LinkedIn is a space for women cardiologists to strengthen their professional support system and skills through online networking. By joining the group, women cardiologists will have access to information regarding educational opportunities, learn about news and events, and participate in conversations with their female colleagues. In order to join, search for “ACC Women in Cardiology Section” on the LinkedIn website and click the “Join Group” button. Once you have joined the ACC Women in Cardiology Section, you will also be accepted into its parent group, the American College of Cardiology, if you are not already a member. I would like to have a statewide LinkedIn WIC group to network with our members within Wisconsin. If you are interested in participating, please contact me at ntonn@mcw.edu.
I t is my pleasure to announce that Shalom “Shal” Jacobovitz has been selected as the ACC’s new chief executive officer (CEO). He was chosen as CEO following a year-long nationwide search led by executive search firm, Korn/Ferry International. He will assume his new role in the coming weeks.

Mr. Jacobovitz comes to the ACC from Actelion Pharmaceuticals, U.S., a biopharmaceutical company specializing in cardio-pulmonary therapies, where he has served as president since 2004. Prior to Actelion, he held positions at F. Hoffmann La Roche, including serving as general manager for Central America and the Caribbean where he was responsible for the Pharmaceutical, OTC and Diagnostic division activities. He also served as the global lifecycle leader for cardiovascular products based in Basel, Switzerland. He has also held positions with Abbott Canada, Nordic Labs and Marion Merrill Dow (now known as Aventis) in Canada. Jacobovitz earned his Bachelor of Science degree in biology at the University of Western Ontario in Canada.

This is an exciting time for the College and we are excited about the skills and talents that Mr. Jacobovitz brings to the CEO position. With more than 25 years in the health care environment, he is a great choice to lead this strong organization and take it to the next level in this period of change in the health care environment. He is an innovative and proven leader, as well as a successful mentor. His clear commitment to quality, innovation and strategic management make him a great choice during a time when the College is ramping up to meet the ever-evolving needs of cardiovascular professionals domestically and around the globe.

Please join me in thanking the CEO Search Committee, led by former ACC President William Zoghbi, MD, MACC, for their hard work over this past year. I’d also like to thank ACC’s chief operating officer and general counsel, Tom Ar- endt, Jr, Esq., for his outstanding service as interim chief staff officer. I’d also be remiss if we didn’t recognize the amazing efforts of the College’s more than 350 staff members who kept the ship sailing forward. It is an honor and privilege to work with such a high-caliber group of people.

New CEO Announced
by John Gordon Harold, MD, MACC
President, ACC


ACC Upcoming Events

November 22, 2013
Wisconsin Chapter ACC Annual Meeting: Cardiac Pharmacology
Wilderness Territory, Wisconsin Dells, WI
See page 6 for details

December 6-7, 2013
How to Become a Cardiovascular Investigator
Valentin Fuster, MD, PhD, MACC
Heart House, Washington, D.C.

December 10, 2013
Championing Care for the Patient with Aortic Stenosis (Yale)
Osman Faheem, MD; John Forrest, MD
ValBella Restaurant, Riverside, Conn.

December 13-15, 2013
46th Annual New York Cardiovascular Symposium
Valentin Fuster, MD, PhD, MACC
New York

January 11-15, 2014
45th Annual Cardiovascular Conference at Snowmass
Carole A. Warnes, MD, FACC
The Westin Snowmass Resort, Snowmass

January 16-18, 2014
Cardiovascular Summit: Solutions for Thriving in a Time of Change
Howard T. Walpole Jr. MD, MBA, FACC
Aria Casino & Resort Hotel, Las Vegas

January 24-25, 2014
8th Annual Heart of Women’s Health
Keith C. Ferdinando, MD, FACC ; JoAnne M. Foody, MD, FACC
Heart House, Washington, DC

January 30, 2014
Championing Care for the Patient with Aortic Stenosis (St. Vincent)
James B. Hermiller Jr., MD, FACC; Andrew J. Sampson, MD
St. Vincent Health Center - North Building, Indianapolis

January 31 - February 2, 2014
33rd Annual Perspectives on New Diagnostic and Therapeutic Techniques in Clinical Cardiology
C. Richard Conti, MD, MACC; Jamie B. Conti, MD, FACC, FHRS
Contemporary Convention Center, Lake Buena Vista, Fla.
Sponsored By: University of Florida College of Medicine

February 17-21, 2014
36th Annual Cardiology at Big Sky
Kim A. Eagle, MD, MACC; Sidney Goldstein, MD, FACC
Huntley Lodge, Big Sky, Mont.

February 22, 2014
ACC/Duke Aortic Stenosis Valve Symposium
J. Kevin Harrison, MD, FACC; G. Chad Hughes, MD; John P. Vavalle, MD
Mary Duke Biddle Trent Semans Center for Health Education at the Duke University Medical Center

April 25-26, 2014
Best of ACC:14—Take Home Messages for the Clinicians (Los Angeles)
Robert O. Bonow, MD, MACC; G. William Dec Jr., MD, FACC; Prediman “P.K.” Shah, MD, FACC
Sofitel Los Angeles at Beverly Hills, Los Angeles

April 25-26, 2014
36th Annual Recent Advances in Clinical Nuclear Cardiology and Cardiac CT: State of the Art Updates and 101 Evidence-Based Case Reviews
Daniel S. Berman, MD, FACC, FASNC, FSCCT; Guido Germano, PhD, MBA, FACC; Jamshid Maddahi, MD, FACC; James K. Min, MD, FACC, FSCCT
Washington, DC