



NC Chapter of the American College of Cardiology

Fall 2011 Newsletter

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FIT Day and CCA Programs are a success at the NC/SC Chapters of the ACC 18th Annual Meeting



Building on the great success and model of the first Fellows-in-Training Day held in 2009, the NC Chapter planned a second Fellows-in-Training Day which was held at the start of the 2011 Annual Meeting on September 23. The goal of FIT Day was to double the number of attendees from 2009, increase FIT member involvement in the Chapter and the ACC, allow networking, future planning and meeting potential employers for fellows that will remain in NC after graduation. The Chapter provided complimentary meeting registration and two hotel nights for the FITs and their spouses.

FIT Day was presented as a learning opportunity to show what the Chapter can offer Fellows and with the idea of creating a forum in which a dialogue can be initiated between the training programs and practice groups in the state. The program consisted of an education session for fellows including sessions on "Finding the Right Practice" and a panel discussion on "Choosing the Right Practice for You" and "Medical Contracting."

This year the Chapter doubled its efforts and also planned a program for Cardiac Care Associates to coincide with the FIT program. Another goal of the NC Chapter is to increase CCA

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membership in both the ACC and the NC Chapter and provide additional education for CCAs. CCAs were able to receive free registration and a one night free hotel stay with the funding provided by the Chapter. The CCA program included timely topics such as, "Peripheral Arterial Disease", "Understanding Echocardiography" and "Understanding Coronary Angiograms".

Both the FIT and CCA programs began with an ACC PAC sponsored luncheon and ACC special presentation, "Mind the Gap." Each group then broke out into their respective meetings and joined together again at the end of the day for presentations on "Estate and Asset Protection Planning" and the "Importance of Financial Planning".

For the second time, all of the NC program directors gave their support and sent Fellows to attend. In total, 20 Fellows from NC and one from SC attended FIT Day and the Annual Meeting. There were 14 CCAs in attendance for the Chapter's first CCA program and 28 CCAs in attendance for the annual meeting.

The Chapter will continue to build on the FIT Day and CCA Program each year as well as maintaining a strong scientific program with a focused effort to continue to increase attendance and make this one of the preeminent meetings for Cardiology Fellows and Cardiac Care Associates in the Carolinas.

Attendance this year surpassed all previous Annual Meeting numbers with a grand total of 165 attendees. Much of the success of the program was due to the programs nationally recognized speakers and outstanding presentations. Terrific attendance by members, non-members, fellows and cardiac care associates, combined with the success of FIT Day and the CCA Program, exceptional faculty and timely presentations and outstanding leadership has made the Annual Meeting the preferred opportunity for CME in North Carolina.

**Save the date for the 19th Annual NC/SC Chapters of
the ACC Annual Meeting!**

September 28-30, 2012
[Wild Dunes Resort](#)
Isle of Palms, SC



RACE and RACE CARS Fall Update

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The RACE/RACE CARS projects had a joint meeting with both North Carolina and South Carolina hospitals, EMS agencies, and AHA Mission Lifeline representatives. NC/SC ACC hosted the meeting at the Grove Park Inn in Asheville on September 23rd. The objective of the meeting was to establish standard protocols that cover both North and South Carolina. Drs. Powers and Foster from South Carolina and Drs. Jollis and Granger from North Carolina discussed current work with STEMI, Stroke, and Cardiac Arrest in their respective states.

There was great discussion on STEMI topics: when to activate, who can activate, how to activate, how far is too far for transfer, and treatment regimen by EM, treatment regimen by transferring hospital. Both states had common areas for improvement including First medical Contact to Device and Transfer First Door to Device. Mission Lifeline is guiding both states in process improvement efforts to improve the timeliness of treatment for the STEMI patient. NC has 2 state meetings schedule for the fall: November 29th in Greenville and December 1 in Morganton from 11-4 both dates. Mission Lifeline hosted a presentation on October 4th at EM Today.

North Carolina is leading the way in setting up a systems approach to caring for the cardiac arrest patient. NC was selected as 1 of 5 states to participate in the Medtronic Foundation HeartRescue Project. Its aim is to double survival from out of hospital cardiac arrest over the next 5 years. Currently, only 1 in 4 cardiac arrest victims receive bystander CPR and only 1 in 20 survive. RACE CARS will be hosting a

cardiac arrest symposium at EM Today in Greensboro on October 2 and a lunch on Oct 4th to gain commitment from the EMS community in their efforts to save lives in NC.

Dr. Jollis also discussed NC's intent to create a RACE Stroke project based off o the RACE/RACE ER and RACE CARS projects. The American Southeast has long been labeled the "stroke belt"-an epidemiologic curiosity of an unexplained 10% increase in stroke mortality in a large swath of geography extending from North Carolina to eastern Texas. As the "buckle" of the stroke belt, Eastern North Carolina has two times the death rate for stroke compared to national figures. Additional barriers to acute stroke care in North Carolina are similar to the rest of the nation: lack of established stroke diagnosis and treatment protocols, limited ability to rapidly interpret computed tomography (CT) at smaller and critical access hospitals, ED physicians' unfamiliarity with stroke, lack of neurology consultants, and a fear of litigation across both specialties. Undoubtedly, the small risk of intracranial hemorrhage is well documented, but the life-changing and life-saving potential benefits of treatment are unreasonably overshadowed.

The 50 participants that included physicians, nurses, cath lab reps, administrators, and EMS reps left the meeting with an understanding of opportunities for both NC and SC to work together in improving care of patients with Cardiovascular Emergencies. Next steps include a follow up call with NC and SC representatives to create a plan for future efforts to work together.

Councilor Nominations

Are you interested in being nominated as a Chapter councilor?

The Chapter is seeking nominations for councilors in the following regions:

Triad, Triangle, Eastern, Southwestern, Southeastern and Western

The essential duties of the Councilors are to serve as an advocate for his/her region in the areas of education and advocacy, communicate Chapter business to members of his/her region and to report back to the Chapter as well as

attending two Chapter meetings per year.

The Chapters act as a forum for ACC members to discuss clinical educational issues, legislative, regulatory, socioeconomic and quality of care issues that affect the cardiology community and ultimately the patients to whom they render cardiovascular care.

Chapters provide five major opportunities:

- A way of participation and communication for College members at the state level in College-related activities;
- The emergence of "grassroots" leaders thus ensuring the accomplishment of future Chapter and College objectives;
- Representation by the College in state medical association policymaking bodies, councils or medical specialty societies;
- A more effective means of monitoring and responding to state or regional legislation as well as focusing state attention on national College programs and policies; and
- A means of locally implementing ACC quality initiatives seeking to improve cardiovascular patient care.

Election Process

A slate of nominations will be emailed to membership in January 2012 with notice that the councilors nominated will be elected unless a petition is received within 30 days. If no petition is filed within 30 days of the publication, the nominees will be considered elected to begin office in March. If there is more than one nominee for a region, an online vote will be held. The new term will begin in March 2012 with all new councilors attending the Chapter Leadership Retreat in May.

Each councilor is elected for a three-year term and is eligible to be nominated for a second term.

If you have an interest in being nominated, please contact [Beth Denny](#), NC Chapter Executive.

VIDEO: October ACC Update Looks at Reduced D2B Times, Payment Innovations and More

News from the ACC

The latest edition of ACC Update focuses on the stunning improvements in door-to-balloon (D2B) times for patients undergoing percutaneous coronary intervention following an acute myocardial infarction. In addition, ACC CEO Jack Lewin, MD, and health care economist Len Nichols, PhD, discuss payment innovations in health care, including the ACC's new Community on Payment Innovation led by Nichols. The video also looks at the future of lifelong learning and membership opportunities. [Watch the complete video.](#)

ACC.12
Chicago, IL
March 24-27, 2012



Early Bird Registration is now open!
Register by **November 8**

Join us for the [61st Annual Scientific Session](#) and Innovation in Intervention: i2 Summit 2012. Experience cutting-edge science and education that keeps you at the forefront of your profession and helps improve the quality of care for your patients.

ACC.12 in Chicago will highlight the ACC's focus on lifelong learning and practice improvement. Don't miss the passion for science, education and peer-to-peer networking brought to ACC.12.

[Click here](#) to register online

New this year -

- ACC.12 kicks off on Saturday, March 24, at 8 a.m. with the ACC.12 Opening Session & Late-Breakers and ends on Tuesday, March 27, at noon with a brand new ACC.12 Closing Session: Innovators in Cardiology
- An integrated ACC-i2 with TCT Interventional Learning Pathway, with 5 focused interventional tracks, promotes the continued collaboration between the general and interventional cardiology communities
- A new daily schedule focused on promoting science with late-breakers, poster abstracts, new findings and more in the mornings and a focus on practical clinical applications, reviews and MOC in the afternoons

PINNACLE Network/Paragon Health Webinar Series to Focus on Advancing the Business of CV Care

The ACC's PINNACLE Network is partnering with Paragon Health to present a six-part webinar series focused on "Advancing the Business of Cardiovascular Care." The webinars, all of which will take place from 4-5 p.m. (ET), are free to ACC members and feature key health care and/or physician leaders addressing hot topics related to the evolving models of cardiovascular practice. Registration is open for the three remaining webinars. In addition, archives of the previous webinars are also available. Register today at [CardioSource.org/Webinars!](http://CardioSource.org/Webinars)

- Private Practice Success Strategies: How to Optimize Revenue Cycle Management - Focus on the best practices necessary for developing a meaningful revenue cycle management function within physician

practices and learn what common pitfalls to avoid.
(Nov. 8)

- Aligning Incentives Through Co-Management Models
- Understand the key elements of clinical co-management structures through case study presentations and expert commentary. **(Nov. 29)**