



Upcoming Events

Dec. 3
[Surviving MI Webinar #7: Cardiology Presence Around the Clock \(12-1 pm ET\)](#)

[Webinar on Payment Models, Are They Working? \(1-2 pm ET\)](#)

Dec. 9, 6:30 pm (CST)
Free Live Webinar
[Volume to Value: A View From the Trenches](#)

Dec. 10
[ACC Membership Renewal Due](#)

Dec. 11 – 13 | New York
[CV Symposium in NYC](#)

Jan. 16 – 20 | Snowmass
[CV Conference at Snowmass, CO](#)

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[2016 CV Summit: Solutions for Thriving in a Time of Change](#)

April 2-4 | Chicago
[ACC.16](#)



Jay Alexander, MD, FACC
IL-ACC Governor

Since being in touch with you last the Illinois Chapter has been well represented and quite busy. On October 19 members of the Illinois Chapter attended the legislative conference in Washington, DC. How refreshing was it that we did not spend any time lobbying on issues related to the SGR. That didn't mean that there were no other controversial issues. The meeting, as always, was interesting and very insightful. The positives and negatives and potential pitfalls of MACRA were discussed, not only among ourselves at the legislative meeting, but as we hit the Hill on Tuesday. There were a number of issues that we discussed with congressional aides ranging from MACRA to cardiac rehabilitation just to name a few. We were also well represented in Washington by members of our Fellows in Training and Cardiovascular Team. It was great to see new faces in Washington from our Illinois Chapter.

We also had a very successful Cardiovascular Team symposium where 93 nurses and APNs attended. It was a very comprehensive program with topics ranging from structural heart disease to use of care teams and novel anticoagulants.

In the very near future we will again be organizing a committee for our annual meeting and May cardiac symposium. **Anyone interested in becoming involved in organizing our symposium please contact [Nancy Mueller](#).**

I hope that you all received an e-mail from the Chapter for an upcoming webinar on December 9 entitled "[Volume to Value: A View from the Trenches](#)". This is a joint webinar with our Wisconsin Chapter colleagues and I urge you to enroll and attend.

As we close the end of the year, to those who have not contributed to the [ACC PAC](#), I want to again urge you to do so. Just because the SGR no longer exists does not mean that there are no issues in cardiology that effect your compensation, your professionalism, and your patients. The ACC PAC is an important arm of ACC advocacy. We can't be spectators, we need to be participants.

Lastly, I wish all of you season's greetings, and am looking forward to all of your participation in the Illinois Chapter for 2016.

TOP SCIENCE & QUALITY NEWS

Complete TCT 2015 Coverage on ACC.org

In case you missed it, the ACC provided coverage of the hottest trials that came out of the 2015 Transcatheter Cardiovascular Therapeutics (TCT) meeting in San Francisco. To view all of the latest science – including [RIVER-PCI](#); [BRAVO 3](#), and more – visit [ACC.org/TCT](#). Check out the TCT 2015 simultaneous publications in the [JACC](#) and [JACC: Cardiovascular Interventions](#) for more interventional science. Now that the conference is over stay up-to-date on the latest science with ACC's [Invasive CV Angiography and Intervention Clinical Topic Collection](#).

ACC Think Tank Brings Together Experts to Discuss Combination Therapy and ASCVD Risk Reduction

In view of recent evidence of the benefit of non-statin therapy and the emergence of PCSK9 inhibitors, clinicians are faced with a number of important issues when considering combination therapy in high-risk patients. To address these issues, representatives from medical specialty societies and other stakeholder groups attended the *LDL: Address the Risk Think Tank* in September at ACC's headquarters. **Christie M. Ballantyne, MD, FACC**, and **Kim Birtcher, MS, PharmD, AACC**, discuss the outcomes of the Think Tank in a [recent post](#) on the *ACC in Touch Blog*. Some of the topics being addressed during the Think Tank were combination therapy and atherosclerotic cardiovascular disease (ASCVD) risk reduction; considerations for using non-statin therapy; as well as clinical strategies for managing muscle-related symptoms on statin therapy and the role of non-statin therapies in statin intolerance. Read more on the [ACC in Touch Blog](#).

AMERICAN COLLEGE of CARDIOLOGY

Member Renewals are Due Dec. 10!

Your Professional Home



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TOP SCIENCE & QUALITY NEWS (continued)

ACC Public Reporting Opportunity Now Available for CathPCI Registry and ICD Registry Hospitals

All hospitals participating in the NCDR's CathPCI Registry and/or ICD Registry now have the opportunity to review and voluntarily report their results on several registry-specific measures. Hospitals that choose to participate in this effort will have their rating posted on [CardioSmart.org](#), ACC's patient education and empowerment initiative starting in late October or early November. The ACC encourages eligible hospitals to take advantage of this opportunity to demonstrate their commitment to transparency and quality improvement. [Learn more about this public reporting opportunity and how to enroll.](#) Additionally, a Data Quality Checklist is now available to help NCDR hospitals ensure that all steps in their data management process produce complete, accurate, reliable and valid data. The checklist is accessible via the Quality Improvement for Institutions [Clinical Toolkits page](#) (select "Public Reporting Toolkit"). This tool is part of a new Public Reporting Toolkit designed to help NCDR hospitals improve on overall quality and performance for all registries, as well as publicly reported ICD Registry and CathPCI Registry metrics.

Societies Release Statement on the Future of Clinical Registries

While there has been a rapid increase in the number of clinical registries over the past decade, there are still broad clinical areas and specific procedures that would benefit from the creation of a dedicated registry, according to a "[Statement on the Future of Registries and the Performance Measurement Enterprise](#)," released Oct. 2 by the ACC, the AHA and the Society of Thoracic Surgeons, and simultaneously published in the *JACC*. The statement examines the current state of clinical registries while acknowledging their future growth potential. "Registries can support the development, implementation, and evaluation of performance measures as tools for improving patient care and communicating meaningful information to patients regarding quality," says Deepak L. Bhatt, MD, MPH, FACC, chair of the writing committee. Read more on [ACC.org](#).

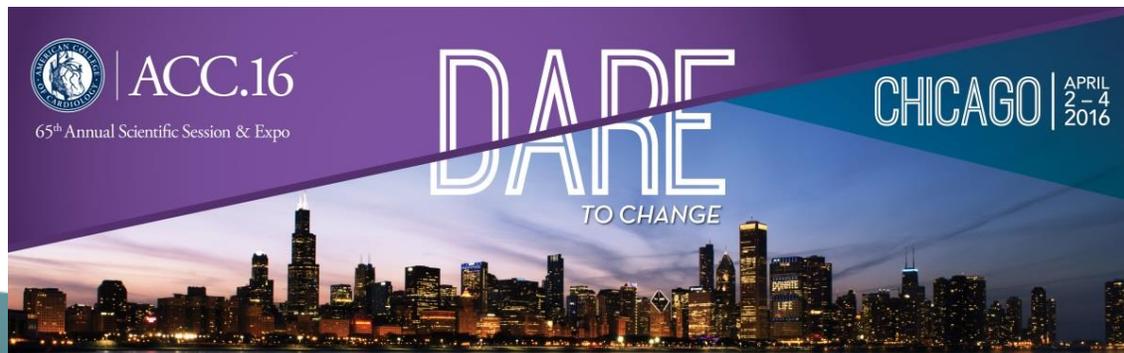
New Guideline Addresses Management of SVT

To aid clinicians in treating SVT and distinguishing it from other disorders, on Sept. 23 the ACC, the American Heart Association (AHA) and the Heart Rhythm Society (HRS) released the "[2015 Guideline for the Management of Adult Patients With Supraventricular Tachycardia](#)" (SVT). The document, which supersedes the 2003 guideline, contains the most updated consensus of clinicians with broad expertise related to SVT and its treatment. To coincide with the guideline, the ACC has developed an [SVT Diagnosis and Treatment Tool](#) to help clinicians quickly diagnose the type of SVT a patient presents with and ensure they consistently follow a prescribed algorithm for treatment of the condition. To view all of the SVT resources, including the [SVT Diagnosis and Treatment Tool; Slide Set; Key Points to Remember](#); and [CardioSmart Patient Resource](#), visit [ACC.org](#). On Sept. 23 the ACC/AHA Task Force on Clinical Practice Guidelines also released a report explaining the changes to the latest recommendation classification system, which have been integrated into the 2015 SVT guideline and better align with the Institute of Medicine's 2011 recommendations. Learn more on [ACC.org](#).

ACC/AHA Statement on the Latest Guideline Recommendation Classification System

The ACC and American Heart Association (AHA) Guideline Recommendation Classification System continues to become more precise and rely more heavily on high-quality evidence, according to a statement from the ACC/AHA Task Force on Clinical Practice Guidelines, published Sept. 23 in the *JACC*.

The statement explains changes to the latest recommendation classification system, which have been integrated into the "[ACC/AHA/HRS 2015 Guideline on the Management of Patients With Supraventricular Tachycardia](#)," and better align with the Institute of Medicine's 2011 recommendations. Read more on [ACC.org](#).





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ADVOCACY & HEALTH POLICY NEWS

ACC Trustee Appointed to Advisory Committee

Paul N. Casale, MD, MPH, FACC, a member of ACC's Board of Trustees, was [appointed to the new Physician-Focused Payment Model Technical Advisory Committee](#), created by MACRA. The 11 committee members, which were appointed by Gene L. Dodaro, the Comptroller General of the United States and head of the U.S. Government Accountability Office, will provide information and recommendations on physician payment models to the Secretary of Health and Human Services. "This committee will be a critical source of information and advice for the Secretary of Health and Human Services as the department considers new payment approaches for Medicare physician services," said Dodaro.

ACC's Annual Legislative Conference

Nearly 400 ACC members attending the Legislative Conference on Oct. 18 -- 20 in Washington, DC urged Congress to:

1. **Cosponsor H.R. 3355/S. 488**, a bill that would expand access to cardiac rehabilitation by allowing physician assistants, nurse practitioners and clinical nurse specialists to supervise cardiac, intensive cardiac and pulmonary rehabilitation programs.
2. Utilize the expertise and experience of medical specialty societies to **promote the usability of electronic health records** by care team members.
3. **Support new funding for the U.S. Food and Drug Administration and National Institutes of Health** at the levels provided in the House-passed *21st Century Cures Act*.
4. As the *Medicare Access and CHIP Reauthorization Act (MACRA)* is implemented, **work with medical specialty societies and federal agencies to develop alternative payment models** that allow clinicians to provide the most effective and efficient care to their patients.

The ACC is always focused on other issues on the horizon that impact providers and patients, including site of service, in-office ancillary services exception, graduate medical education, pediatric care, generic and prescription drug affordability and access. For more on ACC's Legislative Conference, follow [@Cardiology](#) on Twitter or head to the [ACC in Touch Blog for full event coverage](#).

Meaningful Use Regulations Released

The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology have [released two final rules](#) that align all three stages of the Electronic Health Record (EHR) Incentive Program (also known as "Meaningful Use"). In addition to finalizing program requirements for the 2015-2017 reporting periods, the rules combine Meaningful Use into one single stage. According to the agencies, the alignment aims "to advance electronic health records with added simplicity and flexibility." While the ACC is a longtime advocate of EHRs as a way to improve the quality of patient care, the College has voiced its concerns with moving too quickly with Meaningful Use implementation. "Many of the requirements for Stage 2 proved unattainable," said ACC President **Kim Allan Williams, Sr., MD, FACC**, in response to the rules. "Large numbers of providers either haven't met them or, after trying and failing, have given up. That is why it is vital that CMS consider participation data from the current stage to see what is working and what isn't before outlining an upcoming stage. We cannot establish a long-term health care program that does not take into account what we can feasibly attain in the short-term, transitional period." The ACC will continue to work with CMS to determine how Meaningful Use will align with the new [Merit-Based Incentive Payment System](#) which will go into effect in 2017. The ACC is currently reviewing the rules and will formally weigh in during the 60-day comment period. [Read more on ACC.org](#)

MEMBERSHIP

Is Your ACC Member Profile Up-To-Date?

The ACC wants to make sure it's sending members only the most relevant information. To that end, the College is encouraging all members to update their ACC profile, including contact information, specialty areas, clinical interest areas and practice information. Don't miss out on the latest cardiovascular research, new clinical guidelines, advocacy updates, ACC news and member benefits. Update your profile online at [ACC.org/MyProfile](#).

ACC Membership Renewal Due on Dec. 10

The ACC and your Illinois Chapter are advanced forward by members like you. Your interests and your feedback help us to develop the necessary tools and resources that support you in your practice of cardiovascular medicine from your training through retirement, and we look forward to providing that support to you over the coming year in 2016. **ACC membership renewals are due Dec. 10.** [We invite you to renew now at ACC.org](#) or call 202-375-6000, x5603.



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EDUCATION AND CAREER GROWTH

ACC Response to ABIM Report on Vision for Certification and MOC Programs in 2020

The American Board of Internal Medicine (ABIM) in September released a report entitled “A Vision for Certification in Internal Medicine in 2020,” that was drafted to inform the reshaping of ABIM's Certification and Maintenance of Certification (MOC) programs. It includes three key recommendations that are similar to those [being proposed by the ACC](#) on behalf of its members, as well as the rest of the internal medicine community. Specifically, the report proposes to: 1) replace the 10-year MOC exam with more frequent, less burdensome assessments; 2) focus assessments on cognitive and technical skills; and 3) recognize specialization. [Read the full report here](#) and read ACC's statement in its entirety [here](#).

Updated Training Requirements For Clinical EP

The duration of required training for clinical cardiac electrophysiology will increase to two years, and the volume of procedures trainees should perform prior to completing their fellowship will increase, according to an updated Advanced Training Statement released Sept. 18 by the ACC, the American Heart Association (AHA) and the Heart Rhythm Society (HRS), and published in the [JACC](#). The statement complements the [Core Cardiovascular Training Statement](#) (COCATS 4), released earlier this year. Read more on [ACC.org](#).

POPULATION HEALTH, PREVENTION AND PATIENT AUDIENCE NEWS

JACC Issue Promotes Population Health

In a post on the [ACC in Touch Blog](#), John Gordon Harold, MD, MAAC, past president of the ACC, and Gerard Martin, MD, FACC, chair of ACC's Population Health Policy and Health Promotion Committee, discuss the outcomes of the recent United Nations (UN) Summit and the impact of the UN's Sustainable Development Goals on non-communicable diseases. Learn more about factors impacting cardiovascular disease in the [Population Health Promotion issue](#) of the [JACC](#).

ACC Celebrates World Heart Day

Get a recap of the World Heart Day conversations on Twitter with the hashtags: [#heartchoices](#) [#worldheartday](#). [Read more on the ACC in Touch Blog](#).

The ACC Offers Free AFib Tools and Resources

Living with atrial fibrillation (AFib) can be overwhelming for patients. Help your patients better understand what causes AFib and how it is treated with [CardioSmart AFib poster](#) for your waiting and exam rooms. Also, check out the ACC's new [AFib Shared Decision Making Tool](#) to help guide treatment discussions around anticoagulation with non-valvular AFib patients. The College's [PINNACLE Registry](#) is another useful tool that can help improve AFib outcomes by monitoring adherence to evidence-based guidelines over time. Finally, visit the [Anticoagulation Management clinical topic hub](#) on [ACC.org](#) for news, expert commentary and more. While there, sign up to receive regular email notifications when new content is posted.

PUBLICATIONS

Special Issue of *Cardiology* Focuses on ACC's Member Sections

The [cover story in a special issue](#) of *Cardiology* magazine explores the importance of Member Sections in successfully powering ACC's Strategic Plan. “Member Sections are powering the College forward and shaping the future of the cardiovascular field. They are the College's answer to the ever-changing health care landscape and are the key to making the ACC the professional home for the entire cardiovascular team,” states ACC President **Kim Allan Williams Sr., MD, FACC**. This issue features highlights from each of the College's Sections, including updates on the latest science, stories from members and challenges in clinical innovations. Read more about the [Member Sections](#).

JACC: *Basic Translational Research* Now Accepting Manuscript Submissions For Publication

Manuscripts are [now being accepted](#) for the ACC's first open-access journal, *JACC: Basic Translational Research*. Led by Editor-in-Chief **Douglas L. Mann, MD, FACC**, the new journal *will* focus on the best original research and review articles pertaining to basic, translational science. Submissions of original research and state-of-the-art reviews that span all areas of cardiology are encouraged. Experimental and pre-clinical work that directly relates to diagnostic or therapeutic interventions is encouraged. CV research representing new and novel approaches from the first and second phases of translational research is of particular interest. **Manuscripts accepted between now and March 2016 will receive 20% off the article processing charge.** Don't miss the first issue. [Pre-register now](#) to receive the *JACC: Basic Translational Research* e-Table of Contents when it is published later this year. Learn more at [ACC.org/JACCBTR](#).