



Heart of the Matter

A Publication of the Pennsylvania Chapter of the American College of Cardiology

President's Message *Steven M. Ettinger, MD, FACC*

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And Now the End is Near...

No, this is not going to be an essay that recounts the trials and tribulations of the Republican party in light of the recent election, but instead I would like to take this time to reflect on my term as the president of the Pennsylvania Chapter of the ACC. The past eighteen months have been highlighted by many events that may very well serve to define the future direction of our profession and the way we practice cardiology. From our ongoing discussions with the Pennsylvania Department of Health relating to its PCI demonstration project that is examining the safety and efficacy of performing catheter-based coronary interventions at hospitals without on-site surgical support; to working with the Pennsylvania Medical Society Imaging Task Force in developing a consensus document on cardiac CTA and MRI; to dealing with payers in creating a credentialing process that will define who will perform and interpret newer imaging studies; to welcoming Cardiac Care Associates into our organization in an effort to bring together members of the health-care system that diagnose and treat patients with cardiovascular conditions; to working with the payors in our state on issues relating to reimbursement; to supporting and implementing *appropriateness criteria* with regards to the performance of various cardiac studies. Given the scope and critical nature of these issues it is essential that the PaACC continue to receive your support.

While our organization has grown in membership, what is most evident is the increasing level of involvement and the willingness of so many new members to volunteer. Their time and effort in working on programs that serve to strengthen our chapter has not gone unnoticed and to all of you I want to express my deepest gratitude. *Together we can make a difference* and if we are to continue to secure our organizations position of prominence into the future we will need your help.

On a personal level, I have had the opportunity to work with individuals who have helped me along the way to grow as a leader, as a physician and as

Steven M. Ettinger, MD, FACC



an individual. I was fortunate to have our past presidents Dr. Joseph Cacchione and Dr. Howard Herrmann serve as mentors during my tenure. Their insight and advice were invaluable and for this I will be forever grateful. I had the pleasure of sharing

this term with Dr. Conrad Smith, my counter-part in the West. I have learned a great deal from Conrad and his clinical expertise has been an incredible resource. Conrad's dedication to our chapter and its membership continued throughout his term as Vice President and his counsel and insight remain invaluable.

I was fortunate to work with five outstanding CCA Liaisons who served on our executive council, Michelle Nickolaus, Lisa Henry, Carrie Doherty and Donna Petrucci. These "*founding*" CCAs helped strengthen the bonds within our chapter and brought new energy and experience into our organization.

I have had the pleasure of working with Maria Elias, our chapter administrator, who serves as a constant resource for the members of the executive council. Maria keeps every member focused on tasks (and deadlines) at hand. Maria's experience and her ability to provide organizational resources and contacts are critical ingredients to the success of our chapter.

I would like to thank the other members of the executive council, our Secretary/Treasurer Dr. Andrew Waxler, our District Councilors Dr. John Doherty, Dr. Michael Rossi, Dr. Samuel Ward and Dr. David Lasorda. These physicians worked on behalf of our membership to make certain that your messages were heard not only at the state level but

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The Pennsylvania Chapter of the American College of Cardiology

Executive Council

President

Steven M. Ettinger, MD, FACC
Hershey
(717) 531-7457

Vice-President

A.J. Conrad Smith, MD, FACC
Pittsburgh
(412) 647-6136

Governor-Elect—East

Paul N. Casale, MD, FACC
Lancaster
(717) 397-5484

Governor-Elect—West

Daniel Edmundowicz, MD, FACC
Pittsburgh
(412) 802-3014

Secretary/Treasurer

Andrew R. Waxler, MD, FACC
Reading
(610) 685-8500

Past Governor—East

Howard C. Herrmann, MD, FACC
Philadelphia
(215) 662-2180

Past Governor—West

Joseph G. Cacchione, MD, FACC
Erie
(814) 453-7767

President's Message

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at the national level as well. I thank them for their efforts and for their dedication.

I want to thank our committee chairs, Dr. Ancil Jones, Dr. Karan Deep Singh, Dr. William Van Decker, Dr. William Follansbee, Dr. Donald Durbeck, and Dr. David Scher who were instrumental in making certain that our organization was represented in a professional manner at various meetings and conferences. All of these individuals have volunteered their time and effort in making this chapter what it is today. In our state and on a national level, the Pennsylvania chapter exemplifies the goals of the ACC, that of quality, advocacy and education. I could not have done my job without their help and I thank them for serving the College.

It has been an honor to witness first hand what it means to be a member of the PaACC. Our chapter has within its ranks national leaders in the field of cardiovascular medicine and cardiac surgery. These individuals have given their time in educating our members by supporting our annual chapter meeting. They have brought national prominence to our organization and their service on a state-wide level is greatly appreciated. Regardless of their schedules and commitments, these individuals have always made the needs of the chapter a priority. This is a critical lesson. No matter how busy our professional practice is, or our life outside our profession may appear, we should try to help our colleagues

and contribute to the American College of Cardiology. Whether we contribute by volunteering time to serve on a committee, or to serve in a leadership role on the executive council, or by donating funds to the ACC-PAC or by encouraging other health-care related professionals to join our organization together we can—and we will make a difference.

While I tried to handle all of the issues that were brought to my attention during the past eighteen months, I would like to apologize to those of you who felt as if I did not always represent your position or interest. I recognize that while we might not always agree on the specifics of a particular issue, the goal of improving the delivery of health-care and improving the practice of medicine have always been my primary intent.

In closing I would like to thank my beautiful wife, Shira. Her tireless dedication to our three children, Joshua, Michael and Arielle, her endless support and encouragement of my professional career, and her love and devotion has been an inspiration to me for over 21 wonderful years.

I thank you for this honor and I leave knowing that the chapter will be well served by your new governors, Dr. Paul Casale and Dr. Dan Edmundowicz.

Provider News from Highmark Medicare Services

With the recent consolidation of our companies, (HGSAdministrators and Veritus) and the increasing popularity of the Internet as an informational tool, Highmark Medicare Services is proud to announce that you can now find its entire online library of Medicare resources at a new home: <http://www.highmarkmedicare.com>.

This new, state-of-the-art website collects all Medicare Part A and Part B information previously located on other sites, and creates a one-stop location for all of your Medicare needs on the web for Part A in Pennsylvania, Maryland, and DC, and Part B

in Pennsylvania. This new home represents another leap forward in the carrier's tradition of award-winning websites. We've taken the time to survey users to determine the most popular features, put them front and center, while continuing the tradition of offering one of the most vast, yet simple to use websites in the business.

You'll continue to find all the latest news updates from the Centers for Medicare & Medicaid Service (CMS), online training opportunities, policy updates, fee information, and more at www.highmarkmedicare.com, in a cleaner, faster, elegant package.

2006 Medical Directors' Institute (MDI) Update

Daniel Edmundowicz, MD, FACC

Governor-Elect Western PA

This year's Medical Directors' Institute (MDI) meeting was held at the Lansdowne Conference Center outside of Washington, D.C. on October 18 - 20. The MDI is a forum created in 2002 by the ACC with the intention of developing a collaborative approach to important issues such as paying for quality, utilization of imaging technology, health information systems and value in healthcare. Participants at past MDI meetings have included health plan medical directors and cardiovascular specialists and this year was no different with over 100 participants representing cardiologists, health plans and governmental agencies, including the Centers for Medicare and Medicaid Services (CMS).

This year's meeting, co-chaired by James Fasules, MD, FACC and Joseph Cacchione, MD, FACC was themed "Optimal Systems; Optimal Care" and focused on past MDI accomplishments with an eye toward facing the challenges and opportunities for future collaboration. Jack Lewin, MD, incoming CEO of the ACC, along with Medical Directors Andrea Gelzer, MD (CIGNA), Cheryl Pegasus, MD (Aetna), David Stumpf, MD (United Healthcare), Lisa Latts, MD (Wellpoint, Inc), and Thomas Valuck, MD, JD (CMS) discussed physician/payer partnership challenges and focused on, among other factors, variations in cardiovascular care across the nation.

Robert Hendel, MD, FACC, presented the framework and current content of the ACC's Appro-

priateness Criteria, a result of discussions at previous MDI meetings, as an important, proactive tool to address the issue of variation in care. Sometimes lively discussions ensued as to how the current appropriateness criteria, as well as future criteria published by the ACC, are and should be used by Health Plans to guide reimbursement and other "pay for performance" programs across the nation.

Participants also collaborated within smaller work groups to address issues such as effective communication tools between and among physicians to ensure appropriate care; decision support tools (including WEB based programs) for use by practitioners at the point of care to share "best practice" techniques; drafting a primer for developing relationships around aligned incentives and drafting a checklist of key quality indicators that consumers should consider when making decisions about cardiac imaging.

In the past, direct results of the MDI have include the development of pilot programs to recognize quality, the appropriateness criteria work group, a core set of mutually agreed upon performance metrics, and disease management tools and principles. This year's discussions were equally productive and the results of workgroup assignments and discussions will continue to evolve over the coming year. To view the official summary reports of this and past MDI meetings go to http://www.acc.org/advocacy/advoc_issues/MDI_Conf_2006/highlights.htm.

The Pennsylvania Chapter of the American College of Cardiology

*Councilors/
CCA District Liaisons*

District I

John U. Doherty, MD, FACC
Philadelphia
(215) 955-5050

Carrie Doherty, CRNP
Philadelphia
(215) 593-0376

District II

Michael A. Rossi, MD, FACC
Allentown
(610) 402-7150

Donna Petruccelli, CRNP
Allentown
(610) 402-8263

District III

Samuel R. Ward, MD, FACC
Erie
(814) 453-7767

Sandra Thorpe, RN, BSN
Uniontown
(724) 430-5059

District IV

David W. Lasorda, DO, FACC
Sewickley
(412) 321-0680

Lisa Henry, CRNP
Pittsburgh
(412) 647-4745

Deadline to Meet New CME Requirements Rapidly Approaching

Beginning with the January 1, 2007 renewal date, 100 hours from the preceding two years (January 1, 2005 through December 31, 2006) will be required for PA Medical License renewal. Up to 80 of those credit hours can be Category 2. Twelve hours of patient safety and risk management are required, and they can be either Category 1 or 2. Category 2 hours are obtained by self-study of materials beneficial to your practice and self-recording of the actual hours spent studying.

For help in documenting your progress towards the December 31st deadline, try using the Pennsylvania Medical Society's tracking tool. Navigate to the PMS web page, www.pamedsoc.org, and look for "Tracker" under "CME" in the "Member Resource Center". Also on that site under "CME" is a detailed FAQ that answers questions such as the difference between Category 1 and 2, the documentation requirements of each, and just about any other question you might have about the CME requirements.

**The Pennsylvania
Chapter of the
American College
of Cardiology**

CCA State Liaison

Michelle J. Nickolaus, MSN, CRNP
Hershey
(717) 531-5411

*Medicare Carrier
Advisory Committee*

Donald C. Durbeck, MD, FACC
Harrisburg
(717) 782-5737

David L. Scher, MD, FACC
Harrisburg
(717) 920-4458

Cardiac Care Associates Update

Michelle J. Nickolaus, CRNP
CCA State Liaison to the National Office



Michelle J. Nickolaus, CRNP

Over the past three years our Chapter has made tremendous strides as we incorporated the CCA membership category. The National CCA group of State Liaisons is soon going to become a Working Group with 3-year term

appointments. So that our Chapter can make the transition now, I will be passing the CCA State Liaison role for Pennsylvania on to another CCA member as of March 2007.

We plan to have a Western Pennsylvania CCA Liaison serve a 3-year term from March 2007 through March 2010. This person will be appointed by the National Office as the *Western CCA Liaison* and will serve as the *Primary CCA Liaison to the National Office* from March 2007 through September 2008, matching the Western Governor's 18-months of Presidency.

Also in March 2007, the Eastern Governor will recommend an Eastern Pennsylvania CCA Liaison to serve a 3-year term from March 2007 through March 2010. This person will be appointed by the National Office as the Eastern CCA Liaison and will serve as the *Primary CCA Liaison to the National Office* from September 2008 through March 2010, matching the Eastern Governor's 18-months of Presidency.

This makes sense on a variety of levels. It's clear that having the President of the Chapter and the Primary CCA State Liaison in the same locale can help them more easily communicate and find ways to improve on programs for all our chapter members.

As the category of CCA membership is still in its infancy, we want to establish term-limits to allow more people the opportunity to get involved on the local level first and then ultimately if they desire, on the National level as well. This is the reason that I personally got involved and I clearly want to see the same opportunities extended to all.

In order to give more opportunity to CCA members, the Executive Committee has approved our suggestion that we have one CCA appointed to serve on each chapter committee. We encourage any CCA who is interested to contact the Governors, Maria Elias, Chapter Administrator or me about their interest.

So while my term ends, I am excited about where our Chapter is moving in continuing to provide great networking and education to the entire cardiovascular team. Thank you for the opportunity to serve the Chapter.

Michelle J. Nickolaus, CRNP
mnickolaus@psu.edu
717-531-5411



Highmark Medicare Services Carrier Advisory Committee (CAC) Report

Donald C. Durbeck, MD, FACC, CAC Representative

It was my privilege to attend the October 12, 2006 CAC meeting. Several general subjects were presented initially. In our state, Medicare part A (Veritus) and Medicare part B (HGSA) have been merged into a single state wide entity called “Highmark Medicare Services”. They continue to be located at the Highmark facility in Camp Hill. They have a totally new web site: www.highmarkmedicalservices.com as well as tutorials on the site as to how to use it.

Comprehensive Error Rate Trending (CERT) has been discussed at each CAC for some time. Medicare contractors are being held accountable for errors in claims. The most frequent error is incorrect coding—either too high or too low. The second most frequent reason is lack of documentation. The documentation needs to come from hospital records and office records. Lack of documentation most often means that we have not responded to their requests in a timely fashion rather than not having the documentation in the first place. Medical necessity issues are quite unusual. Highmark asks that if your office receives a CERT request for documentation, please respond to that request quickly!

The LCD of most interest to the PaACC—Computed Tomographic Angiography of the Chest (64 slice CT) was then discussed. An LCD had been developed about 3 years ago for 64 slice CT coverage. The basic indication that was covered was “chest pain”. The current update represents an attempt to broaden the indications for these tests. The recent ACCF et al. Appropriateness Criteria for Cardiac CT and Cardiac MRI were cited. Dr. Ettinger’s communications of this past summer were mentioned. I will be participating in further discussions with Highmark to adapt in depth the recommendations from these two sources. Prior to those discussions, the current LCD indications for Cardiac exams include:

1. Emergency evaluation of acute chest pain (I recommended the word emergency be dropped)
2. Evaluation of chest pain syndrome in patients who are not candidates for cardiac cath (I recommended changing to using CT as an alternative to cath)

3. Management of symptomatic patients with known coronary disease where the 64 slice CT might guide the decision for repeat invasive intervention
4. Assessment of suspected congenital anomalies. The billing codes have been divided into non-cardiac assessment (71275) and cardiac assessment (0146T-0149T). This will allow for a cardiologist’s interpretation of the cardiac portions of the test and for a radiologist’s interpretation of the non-cardiac portions. They gave as an example doing a single study assessing for coronary disease, pulmonary embolism, and aortic dissection all at the same time.

The ACCF et al. document also includes the recommendations of performing 64 slice CT in cases of:

1. Intermediate pre-test probability of CAD; G uninterpretable OR unable to exercise.
2. Intermediate pre-test probability of CAD, no EKG or enzyme abnormalities
3. Uninterpretable or equivocal stress test (nuclear or stress echo)
4. Assessment of complex congenital heart disease including the great vessels
5. Evaluation of coronary arteries in patients with new onset heart failure to assess etiology.
6. Evaluation of cardiac mass, pericardial conditions, pulmonary vein anatomy prior to ablation procedures, coronary vein anatomy prior to placing biventricular pacing leads.
7. Noninvasive coronary arterial mapping, including IMA’s prior to repeat cardiac surgical revascularization
8. Evaluation for aortic aneurysm; aortic dissection, pulmonary embolism.

Again, a sincere attempt to merge the ACCF recommendations with the Highmark LCD will be made in the coming weeks. The resulting document will then be available on their web site for your comments. There are additional Medicare part A LCD’s for PA, MD, and DC which will be merged into one uniform document.

I will certainly keep our PaACC posted on our progress with this LCD. Please direct your comments to me, our chapter, or directly to www.highmarkmedicalservices.com. Thank you.

The Pennsylvania Chapter of the American College of Cardiology

Committees

Nominating Committee

William P. Follansbee, MD, FACC
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John U. Doherty, MD, FACC,
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Committees

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Donald C. Durbeck, MD, FACC
Harrisburg

Bindukumar C. Kansupada, MD, FACC
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Harrisburg

Expert Panel Members

**Educational/Quality of Care/
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FIT Program East, Philadelphia

Daniel Edmundowicz, MD, FACC
FIT Program West, Pittsburgh

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Philadelphia

Gary S. Ledley, MD, FACC
Philadelphia

Marriyam Moten, MD, FACC
Pittsburgh

Donald T. Nardone, MD, FACC
Williamsport

Jamshid Shirani, MD, FACC, FAHA
Danville

National Carrier Advisory Committee (CAC) Report

Steven M. Ettinger, MD, FACC

On September 18th at the ACC 2006 Legislative Conference meeting in Washington D.C. the Carrier Advisory Committee [CAC] met to discuss the several issue relating to Medicare physician payment, health information technology and medical imaging. The following provides an overview of the topics discussed. For a more in depth review or for any additional information please contact the PaACC CAC representative or our chapter administrator who will forward your questions/comments to our executive council.

Cardiac Imaging Issues:

The CAC group was updated on the College's completion of the model LCD for CCT and CTA. The model LCD was a collaborative effort by the ACC, ACR, ANSC, NASCI, SCAI SCCT, Empire BCBS Medicare Services, and United Healthcare. Following approval by the ACC Board of Trustees, the model LCD was distributed to each Medicare Carrier Medical Director. Dr. Wallis, Chair of the ACC Coding and Nomenclature Committee discussed the new National Correct Coding Initiative edits for CCT effective April 1, 2006. In order to bill both computed tomography (CT) studies and/or computed tomography angiography (CTA) studies of the heart (CPT codes 0144T-0151T) with CT or CTA studies of the thorax (CPT codes 71250-71270, 71275) the physician must have a separately identifiable diagnosis for the procedure. It is important to use the correct terminology for the T-codes, which are Cardiac CTs.

Physician Voluntary Reporting Program (PVRP) Update:

CMS is actively soliciting and requesting physicians to enroll into this quality reporting program. While CMS has yet to supply the College with information relating to the number of physicians and providers who have enrolled, members are encouraged to contact CMS directly for any issues or concerns regarding this program. CMS is open to all feedback and questions relating to how to use the program and the particular codes to be selected can be answered by either contacting CMS or your PaACC CAC representative.

Repeal of NCD for Cardiac Catheterization Performed in Other than a Hospital Setting:

Following the last CAC meeting, some members expressed concern of the recent repeal of the National Coverage Determinations regarding performing diagnostic cardiac catheterizations outside of the hospital setting. Initially, the CAC agreed to create a working group to write a model LCD for Cardiac Catheterizations. However, following additional debate the decision was made to table this effort and to bring this matter to the state chapter members to assess the value of such an effort. If there is a need within the state to create a model LCD (on a national level), PaACC members are encouraged to contact their District Councilors or our chapter administrator.

The meeting concluded with the announcement that Dr. Jerry D. Kennett, will step down as Vice Chair of the CAC but will continue to serve as a valuable resource for the College.

October 12-14, 2007

A New, Exciting Format, Location and Time for the 2007 PaACC Chapter Meeting

John U. Doherty, MD, FACC, Chairman, Program Planning Committee

As many of you are already aware, our Annual Chapter Meeting will take place over a 2 ½ day period the weekend of October 12th to October 14th, 2007. We have been fortunate to secure the Nemaocolin Woodlands Resort and Spa in Farmington, Pennsylvania. To preview this beautiful resort, please visit their website at www.nemaocolin.com.

Our planning committee has been developing a format for the meeting and contacting perspective speakers. We plan to hold scientific or advocacy sessions early Friday evening and Saturday and Sunday from 8:00 am until 12:00 pm. This will allow us ample time for recreational activities on Saturday and Sunday and will make this a very family-friendly event.

Friday evening will begin with a Welcome Reception followed by two break-out sessions. The first will be a session for our Fellows in Training (FIT) presented by a recruitment and/or law firm detailing the types of issues related to contract negotiation for their first job. This is a way of encouraging greater Chapter Meeting participation by the fellows in training programs throughout the state.



 **NEMACOLIN**
WOODLANDS RESORT

On Friday evening we will also have a Cardiac Care Associates (CCAs) break-out session which will center on a topic or issue of importance to this very critical category of ACC membership.

Our Saturday session will include speakers from 8 am to 12 pm followed by recreational activities including a golf scramble. Dinner on Saturday evening will be casual featuring a western-themed party and a D.J.



Sunday will likewise feature four hours of sessions from 8 am to 12 pm followed by recreational activities of the attendees choosing. Listed here are just a few of the activities available to guests at Nemaocolin Woodlands Resort & Spa: off-road driving academy, golf – Mystic Rock & The Links, Woodland Spa, the equestrian center, climbing wall, mini-golf, indoor family pool, shopping, the shooting academy and much, much more. Additional information and reservations for all of these activities can be found on their website www.nemaocolin.com.

Topics considered for the meeting include CT imaging with recent scientific advances in the techniques and a discussion of pilot projects around the country that have grappled with proper application of this important technology with its burgeoning costs. Following this will be an update on current reimbursement trends for CT.

We will also have sessions addressing the new ACC endorsed Appropriateness Guidelines which, as you know, were published last year for SPECT imaging. Discussion will include the history behind these guidelines and projected areas that will be addressed in the future including CT imaging. The increasing trend of Pay for Performance will be addressed as well, citing examples from around the country. We will also have an update session on medical liability.

Of great importance to practices is the process of non-invasive laboratory credentialing. Credentialing guidelines for echocardiography, nuclear imaging and other non-invasive studies will be

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The Pennsylvania Chapter of the American College of Cardiology

Committees

Government Relations Committee

Steven M. Ettinger, MD, FACC
Chair, Hershey

Joseph G. Cacchione, MD, FACC
Erie

Paul M. Coady, MD, FACC
Wynnewood

Jonathan Gold, MD, FACC
Langhorne

Lee L. Konecke, MD, FACC
Norristown

Charles A. Laubach, Jr., MD, FACC
Danville

James D. Lynch, MD, FACC
Reading

Gerald V. Naccarelli, MD, FACC
Hershey

Thomas P. Phiambolis, MD, FACC
Darby

Michael A. Rossi, MD, FACC
Allentown

C. Richard Schott, MD, FACC
Media

Scott E. Shapiro, MD
Richboro

Chapter Administrator

Maria Elias
777 East Park Drive
Harrisburg, PA 17111
Email melias@pamedsoc.org
Phone: (888) 633-5784 ext. 1475
Fax: (717) 558-7841

www.pcacc.org



Pennsylvania

CHAPTER

777 East Park Drive
PO Box 8820
Harrisburg, PA 17105-8820

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ACC All Chapter Reception

New Orleans
Sunday, March 25, 2007
5:30 pm – 7:30 pm

Be sure to include the All Chapter Reception in your ACC meeting schedule while in New Orleans. Stop by and visit with your PA colleagues as well as those from across the country. Watch your email for the hotel location.

2007 PaACC Chapter Meeting *continued from page 7*

discussed. There will be a “how to” session on laboratory credentialing and re-credentialing.

We will have an update on atrial fibrillation highlighting the new ACC guidelines and also discussing therapeutic options from anticoagulation to drug therapy to ablative therapy. There will also be an update on percutaneous valve techniques. As was the case last year, CME credit will be offered for the meeting.

Continuing with our clinical controversies format from prior meetings, there will be a discussion as a point-counter-point about the goals of LDL lowering in various patient subsets. We will be selecting a state-of-the-art coronary intervention topic as we draw closer to the time of the meeting.

A limited number of rooms will be available. Please keep an eye out for our “save the date” mailing and act quickly to reserve your room. We expect the meeting to fill quickly. Expect this to be a very stimulating meeting and a good chance to reconnect with colleagues at a spectacular venue.

Check the website at www.pcacc.org for the latest information as it becomes available.