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UPCOMING MEDICAL MEETINGS

SCAI 2012 Scientific Sessions
May 9-12 '12; Las Vegas, NV USA
www.scai.org/SCAI2012

46th Annual Meeting of the AEPCC
(Association of European Pediatric Cardiology)
May 23-26, '12; Istanbul, Turkey
www.aepc2012.org

Pediatric Heart Failure Summit
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23rd Annual Conference of the Western Society of Pediatric Cardiology
June 8-10, '12; Skamania Lodge, WA USA

CARDIOSTIM 2012 - Cardiac Electrophysiology & Cardiac Techniques
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Ten Innovative Concepts for the Pediatric Cardiology Clinical Service

By Anthony C. Chang, MD, MBA, MPH; Joyce Morell, MBA; Michael A. Rebolledo, MD, MBA

Introduction

The current clinical and socioeconomic imbroglio presents a myriad of daunting challenges for the pediatric cardiologist in the outpatient setting, but concomitantly offers a cascade of unprecedented opportunities.¹ An overarching strategy of creating and maintaining new market forces as delineated in *Blue Ocean Strategy* (see Figure 1) are reflected in the following ten innovative practice concepts that will add value for any pediatric cardiology or subspecialty practice. In short, all of these strategies are germane to "create an uncontested market space."²

The following are ten innovative business and technological ideas in the pediatric cardiologist outpatient practice:

1. Technological Infrastructure

The average pediatric cardiology outpatient service has a heterogeneous mix of physicians with different job skills. This presents a special demand on scheduling clinics and coverage, especially with requests of varying priorities within the group. Recent availability of scheduling software can neutralize the hardship of this burden with rule-based, real-time workflow management. Examples of such software include: *Physician Scheduler*[®] for Cardiology (www.physicianscheduler.com), *DOCSScheduler* (www.docsscheduler.net),

Red Ocean and Blue Ocean Strategy

Red Ocean Strategy	Blue Ocean Strategy
Compete in existing market space	Create uncontested market space
Beat the competition	Make the competition irrelevant
Exploit existing demand	Create and capture new demand
Make the value/cost trade-off	Break the value/cost trade-off
Align the whole system of a company's activities with its strategic choice of differentiation or low cost	Align the whole system of a company's activities in pursuit of differentiation and low cost

Figure 1. (From Kim WC et al. *Blue Ocean Strategy*. Harvard Business Review 2004; 82(10): 76-84).

and *Lightening Bolt NSight*[®] Scheduler (www.lightning-bolt.com). The electronic schedule can be displayed via a large flat screen in a strategic location to minimize confusion often seen in front offices regarding coverage and schedule. In addition, certain patient flow software (such as the *CareAware Capacity Management*[™] system in the Cerner system) can track

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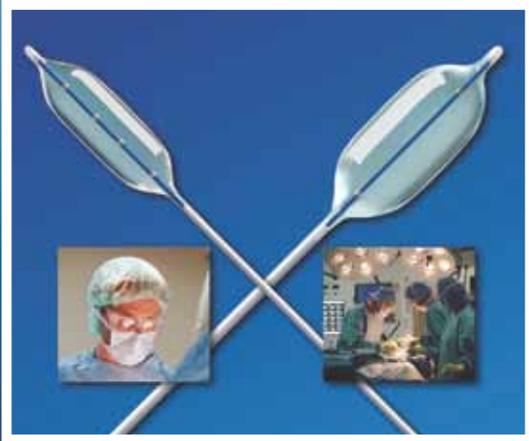
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patient wait and in-room times to allow both staff and physicians to be more cognizant of behaviors that increase unnecessary delays.

2. Innovative Design

Our group recently had an opportunity to design our outpatient area from shell space. A design concept used often in the intensive care setting is the central pod design: patient rooms are clustered around a central nursing/support area. This hospital design concept was adopted for the outpatient area with 3-4 medical assistants in a central core area (with the office manager's administrative office immediately adjacent) and the 9 patient rooms clustered around this central core area. This design, albeit one originally designed for award-winning intensive care units, has facilitated patient flow in our outpatient setting.

3. Medical Scribe

The use of a medical scribe as a physician extender, especially with the current travails of tedious electronic medical record documentation, can increase not only physician productivity but also both physician and patient satisfaction.³ The use of a scribe also allows the physician to maximize eye contact with the patient and family during the entire visit as scribes procure data and document conversations. Our

“This compendium of ten business and technological innovative measures can add substantial efficiency and productivity to the present conundrums of outpatient pediatric cardiology service in both an academic and private practice setting.”

physicians typically electronically sign off the notes at the end of the clinic session so there is no longer the oft dreaded end-of-the-day dictation marathon. In addition, there is also consistency in documentation style and content. As we have extended the medical scribe support to the inpatient service, the notes flow back and forth between clinic visits and in-hospital admissions with fluidity and accuracy. Whether this medical scribe strategy increases patient and family satisfaction is currently under investigation at our institution.

4. Staff Empowerment

The five main elements of the business concept *kaizen* (Japanese for improvement) philosophy involve teamwork, personal discipline, improved morale, quality circles, and suggestions for improvement. In the spirit of Toyota's *kaizen*, the clinic staff all participates in both an annual retreat and monthly debrief sessions to elucidate their suggestions for incremental improvement of their own work sector. The clinic staff is also encouraged to make suggestions outside of these group discussions as the true *kaizen* philosophy is a daily application to humanize the work environment and improve the service quality. Finally, the staff in the business office is also empowered to discuss specific issues that pertain to billing and finances with the physicians directly, as to attain a total transparent process in the business paradigm.

5. Electronic Communication

The Joint Commission has made improving effectiveness of communication amongst health caregivers high priority in its 2011 National Patient Safety Goals. An innovative, easy-to-use, web-based, HIPPA-compliant electronic communication system can vastly improve communication and referrals between primary care and subspecialist physicians. One such system in Orange County is the



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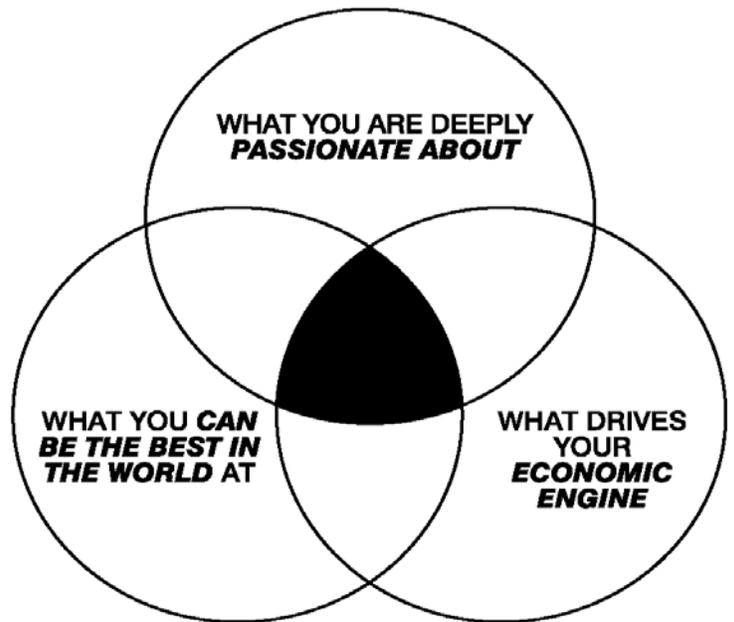


Figure 2. (From Collins J. *Good to Great*. HarperCollins Publishers Inc., New York, 2001).

eConsult system (www.hfpoc.org/econsult) via Access OC for uninsured pediatric patients; this system obviates the use of anachronistic methodologies such as faxes and phone calls. A more sophisticated referral and education artificial intelligence project is being developed to further enhance the referral experience and expediency. In addition, physician-to-physician contact can be also facilitated with an electronic communication tool such as *Vivmed Connect* (www.vivmed.com). *Vivmed Connect* is a secure, HIPPA-compliant application that allows its users to communicate with other medical professional in real-time or asynchronously via a panoply of electronic means (text, mobile, concierge, etc) and is both smart-phone and web accessible.

6. Digital Disconnection

While it is helpful to have the aforementioned electronic support infrastructure in the clinical environment, the examination room could be preserved as a patient/family sanctuary free of digital distractions. Not having computers and other distractions in the examination room would result in a patient-centric environment, and add favorably to the overall patient/family experience. The support of the above-mentioned medical scribe further liberates the physician from the burden of electronic medical record. Whether this radical departure from present convention of the full array of computer equipment in the patient room truly improves the physician-patient relationship is currently under study at our institution.

7. Multidisciplinary Collaboration

There is a myriad of potential patients in other multidisciplinary subspecialty clinics who need cardiology support, such as



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neuromuscular disease, pulmonary hypertension, or metabolic disease clinics in which there is a relatively high proportion of cardiac involvement and morbidity. The presence of a pediatric cardiologist not only adds to the overall patient and family experience, but also assures that follow-up plans are implemented and followed. New referrals can also be made during this clinic and this initial introduction allows the patient and family to be acquainted with the cardiologist prior to the actual cardiology visit. For patients who are already being followed by the pediatric cardiologist, feedback to the other subspecialists in the multidisciplinary clinic is also readily made during the visit.

8. Point-of-Service Subspecialist Support

The triad of deficiencies of the primary care-to-subspecialist relationship entails:

- 1) inadequate communication;
- 2) suboptimal clinical service; and
- 3) lack of continuing medical education.

A "mobile" cardiologist practice (the *iSpecialist program*), with medical assistant/nurse, echocardiography technician, and office administrator, can be "embedded" within the pediatrician's office for a half or whole day. The triad of deficiencies is mostly eliminated by this on-site strategy of delivering outpatient service as there are no longer issues with access, feedback, and education. The electronic documentation of the patient referral (with results of the ECG and echocardiogram) is also deposited in the pediatricians' electronic record prior to the group departure. Any follow-up visits are at the pediatric cardiologists' offices (several strategically located throughout the county) in order to maintain maximal referral slots for new patients at the pediatricians' offices.

9. Unique Services

In Jim Collins' *Good to Great*, the trenchant business author discusses the importance of the middle common area of the intersecting triad of: doing what you can be best (or the only or few) in the world at, doing what you are deeply passionate about, and doing what drives the economic engine (see Figure 2). If one applies this philosophy to pediatric cardiology, there are areas in pediatric

cardiology that could potentially fill this intersecting area that reflect new paradigms in diagnosis and/or treatment. An example in our heart program is the institution of a new pediatric oncocardiology service that involves a closer partnership with the long term effects oncology service.⁴ This would not only fulfill a patient service need, but also distinguishes the program and adds to the clinical portfolio of services.

10. Community Involvement

Current health care crises include obesity and other community issues such as sudden death in athletes and attention deficit disorder drug utilization. While it is understandable to eschew these clinical areas, an alternative strategy is to take on these challenges in a requisite public health arena. These efforts can be done in conjunction with the county board of education, local American Academy of Pediatrics and American Heart Association chapters, and department of health. These *esprit de corps* efforts contribute significantly to community heart health awareness and also provide the cardiologists an opportunity to develop a strong presence and become a continual resource in the community. An example of such a community collaboration is the *Be the Beat* effort (<http://bethebeat.heart.org>) in Orange County in a promotion for CPR training for school-age children as a direct result of collaboration between pediatric cardiologists and the county department of education.

Conclusion

This compendium of ten business and technological innovative measures can add substantial efficiency and productivity to the present conundrums of outpatient pediatric cardiology service in both an academic and private practice setting. While these strategies require additional manpower and resources for implementation, these can be scaled up and deliver incremental but substantial short and long-term dividends. Which of the aforementioned ten new concepts could be implemented (and in what priority and order) is best customized to the exigencies of the individual pediatric cardiology program or practice. Once a new initiative is decided, however, those programs with a penchant for

overabundant analysis can create a situation of early loss of momentum and logistical paralysis. To avert failure, perhaps the better strategy involves a "serial entrepreneurship" mentality-navigating uncertainty while minimizing risk with a spirit of perseverance.⁵

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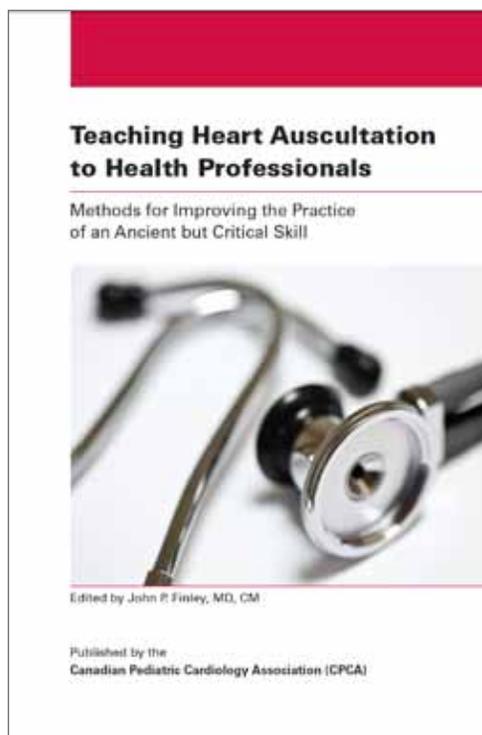


Book Review - Teaching Heart Auscultation to Health Professionals: Methods for Improving the Practice of an Ancient but Critical Skill

~ Edited by John Finley, MD, CM; Published by the Canadian Pediatric Cardiology Association

By John W. Moore, MD, MPH

As pediatric cardiologists, many of us are called upon to consult on patients referred with "heart murmurs." In the cardiology clinic at Rady Children's Hospital San Diego, such patients represent at least one third of the new patient referrals. In addition, each patient receives a screening ECG and many also have chest x-rays taken. The burden of these patients is so significant in our practice that we have established a weekly "murmur clinic" which is "double-booked," in order to handle the volume of these referrals in a timely manner.



In addition, to our duties as consultants who must definitely screen patients with possibly pathological murmurs, many of us are charged with teaching auscultation to medical students, pediatric residents, as well as cardiology fellows. In San Diego we do this by using individual patients and the traditional methods of describing and graphing the timing of their heart sounds and murmurs, and perhaps by making some fairly feeble attempts to mimic them. In addition, one of our faculty members gives an annual brief lecture series about auscultation and heart murmurs, which

“In this text, Dr. Finley has tapped the expertise of a multi-disciplinary group of authors including a musician and an audiologist. Furthermore, he outlines a curriculum for teaching medical students cardiac auscultation, and he provides references and identifies resources for implementing the curriculum.”

includes use of auditory examples and quizzes.

It is fair to say that many of us do not focus on auscultation as a methodology in our world of high technology, intervention, surgery and intensive care. In fact, many of us actually regard, use of the stethoscope as only a necessary prerequisite to more definitive patient evaluation using ultrasound. The consequences are that our students have not been adequately trained to distinguish between pathological and non-pathological sounds, and far too many patients are referred. We submit them to additional testing, much of which is unnecessary, and there is a high burden of cost all around.

Teaching Heart Auscultation to Health Professionals is a call to action with respect to teaching auscultation. This thoughtful monogram outlines our current antiquated and failing educational approaches, and provides a road map to modernize and improve them. This is not a text about heart sounds or murmurs per say, but rather a teachers' guide, outlining all of the modern teaching methods and resources.

In this text, Dr. Finley has tapped the expertise of a multi-disciplinary group of authors including a musician and an audiologist.

Furthermore, he outlines a curriculum for teaching medical students cardiac auscultation, and he provides references and identifies resources for implementing the curriculum. In one of the most useful chapters, Finley provides a listing of recordings, books with recordings, websites and hardware to use as teaching aids.

In a time of scarce health care resources, we can expect that excellent auscultation skills and interpretation by all practitioners will improve patient care and help to control costs. This monogram provides a useful reference for redesigning, updating and improving our current educational programs to make them more appropriate for the modern era.

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*Teaching Heart Auscultation to Health Professionals:
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Letter To The Editor - May 2012

By Michael Slack, MD, FACC, FSCAI

Dear *Congenital Cardiology Today*:

I enjoyed the comprehensive article titled "Expanding the Role of Percutaneous Pulmonary Valve Implantation" in the North American and International April 2012 editions of *Congenital Cardiology Today*. www.congenitalcardiologytoday.com/index_files/CCT-APR12-NA.pdf and www.congenitalcardiologytoday.com/index_files/CCT-APR12-INT.pdf. The authors are to be commended for bringing many important issues to light as we all begin to integrate this "game changer" new technology into our practices. I do have a couple of important comments that I believe are cogent to this discussion. First, the article does contain a factual error that requires correction. On page 6, in the second paragraph (just after reference # 30), the authors incorrectly state that the Sapien™ valve from Edwards Life Sciences was approved by the FDA through a "Humanitarian Device Exemption (HDE)" approval process. In fact, the device was approved through the full PMA process,¹ and not as an HDE/HUD device as stated in the article. This new percutaneous aortic valve is indicated for the treatment of acquired senile calcific aortic valve stenosis in patients who are deemed inoperable as defined by strict objective scoring criteria. These two FDA device approval pathways are significantly different in both their evidence requirements and with respect to their usage restrictions post-approval.

Secondly, the authors state, without apparent cautionary note, that the off-label use of the Melody Percutaneous Pulmonary valve device, which was approved as an HDE/ HUD device, may benefit a select group of high-risk patients who are not candidates for traditional surgical valve replacement. I think it is important to remind the readers that the FDA generally discourages ad hoc off-label use of devices given a HUD designation because the approval process does not include proof of efficacy for any specific indication. Although safety and "probable benefit" are the evidence thresholds required for this type of approval, efficacy is clearly not. It is very important for all potential implanters to initiate full local IRB review and oversight prior to any planned off-label usage of any HUD/HDE devices as delineated in the Information Sheet Guidance published by the FDA.² Furthermore, the concept of patients being too "high-risk" for surgery further compounds this often subjective determination in the world of congenital heart disease where we don't have well defined objective scoring systems like the STS & Euro scores. We

"The authors are to be commended for bringing many important issues to light as we all begin to integrate this "game changer" new technology into our practices. I do have a couple of important comments that I believe are cogent to this discussion."

should all be reminded to proceed with extreme caution and that the FDA can (and most definitely has) rescinded the HDE/ HUD approval of transcatheter devices whose "off-label" use spiraled out of control (see PFO Occluder devices history). It would be very unfortunate for such a thing to happen to HDE/ HUD approved percutaneous pulmonary valves.

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Pediatric Cardiac MRI Opportunity

The Heart Center (THC) at Nationwide Children's Hospital, pediatric teaching facility for The Ohio State University in Columbus Ohio, is recruiting an attending faculty with expertise in Pediatric Cardiac Magnetic Resonance Imaging and Noninvasive Cardiac Imaging to join its faculty. The Cardiac MRI/CT service performs over 350 studies per year, and the team includes 3 dedicated pediatric radiologists and 1 pediatric cardiologist. The NCH Echocardiography Laboratory is ICAEL accredited and the team includes 7 attending physicians and 10 sonographers. The NCH Echocardiography Laboratory performs more than 11,000 studies annually using state-of-the-art transthoracic, transesophageal, fetal, intracardiac, intravascular, strain, and 3D techniques.

The program includes a 4th year Advanced Noninvasive Cardiac Imaging fellowship, in addition to pediatric and combined pediatric-adult cardiology fellowship programs. We are directly linked to our Center for Cardiovascular and Pulmonary Research, which has an NIH T-32 training grant. THC has extensive and active programs in adult congenital heart disease, hybrid strategy, cardiac intensive care, translational and outcomes research, interventional catheterization, cardiovascular surgery and outreach clinics. Current annual clinical metrics for THC includes: 450 cardiothoracic surgeries, 600 catheterizations, 10,000+ cardiology outpatient visits. The candidate would participate in programmatic growth encompassing all aspects of the Heart Center's mission including clinical service, education and research.

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John Kovalchin, MD
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Associate Professor of Pediatrics,
ED628, 700 Children's Drive
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John.Kovalchin@nationwidechildrens.org



Letters to the Editor

Congenital Cardiology Today welcomes and encourages Letters to the Editor. If you have comments or topics you would like to address, please send an email to: LTE@CCT.bz, and let us know if you would like your comment published or not. Those wishing to have their LTE published will be sent a preproduction draft to review.

SCAI Monthly Column: Help SCAI Improve Quality of Care, One Cath Lab at a Time

SCAI is inviting YOU to join the interventional cardiology community in tackling continuous quality improvement with the recent launch of its *Pediatric Quality Improvement Toolkit (SCAI QIT)* at PICS-ACS in April and at SCAI 2012 in May.

Adapted from the original *SCAI-QIT* by *Pediatric SCAI-QIT* Chair Henri Justino, MD, FSCAI, this new tool specific to pediatric interventionalists is based on four modules focusing on achieving quality improvement:

- Radiation Program Best Practices
- Procedure Checklists
- Procedural Quality
- Defining Quality in the Cath Lab

The beauty of *SCAI-QIT* is that it is flexible and can be customized for each user. Even better, you will lead the way at your own institution, using its practical tools to document your strengths, identify opportunities for improvement, and prepare for government-mandated "Pay-for-Quality" initiatives.

The *Pediatric SCAI-QIT* initiative is FREE and SCAI will be also be hosting a webinar this summer for those unable to attend PICS-ACS or SCAI 2012. To get updates on this webinar and to enlist as a Quality Champion at your facility simply visit www.SCAI.org/PediatricQIT.

Educated Patients Lead to Better Care – Introduce Your Patients to SecondsCount.org

It's been demonstrated that informed and educated patients tend to stay healthier, seek help when they need it, and have fewer complications and return trips to the hospital. They understand how their habits and behavior affect their health, and, as a consequence, they make better choices. Many patients turn to the Internet for information, but we all know that many websites feature inaccurate, outdated, or misinterpreted information on the latest studies and the standard of care. That's why SCAI has created SecondsCount.org.

This site is a comprehensive, education resource on heart health for patients and their families. This includes recently

expanded content for our youngest heart patients, overseen by SecondsCount.org Associate Editor-in-Chief Dennis Kim, MD, PhD, FSCAI, a pediatric interventional cardiologist at Sibley Heart Center Cardiology/Children's Healthcare of Atlanta.

Featuring pediatric heart patient stories, and separate sections on children and heart disease, congenital heart disease, and adult congenital heart disease this site is a must-referral for your patients. Be sure to prescribe SecondsCount.org as part of your patient care!

Call for Unique CHD Angiogram Submissions

SCAI hosts a special interest page specific to interventional therapies for Congenital Heart Disease at www.SCAI.org/CHD and we need your help!

"Please send your images or AVI files, with a bit of background info to us at egrammer@scai.org."

As part of this project being spearheaded by Makram R. Ebeid, MD, FSCAI, and Russel Hirsch, MD, FSCAI, SCAI is currently building a comprehensive library of angiograms of unique lesions (single ventricle, heterotaxy, pulmonary atresia, etc.). Have an interesting angiogram that might be a valuable resource for our community? Please send your images or AVI files, with a bit of background info to us at egrammer@scai.org.

Remember to remove any personal identifiers. We'll be recognizing the very best images in an *Interesting Image of the Week* feature on the site.

CCT

Outpatient Congenital Cardiologist

The Heart Center (THC) at Nationwide Children's Hospital, pediatric teaching facility for The Ohio State University in Columbus Ohio, is recruiting a board certified/eligible attending outpatient congenital cardiologist at any academic level. This individual's primary role would be outpatient care both in our on-campus and extensive network of satellite clinics. Other clinical opportunities are available. He/she would join the THC which is comprised of a dynamic team of professionals focused on the care of congenital heart disease patients regardless of age. THC embraces a culture of patient safety and quality, transparency, translational/outcome research, education and public health involvement. These create ample participation and leadership opportunities for the candidate's professional growth.

THC has an active hybrid palliation of single ventricle program, thoracic organ transplantation program, blood conservation strategies and manages a large number of adult patients with an on-campus adult CHD program as examples of our clinical innovations. Current annual clinical metrics for THC includes: 450 cardiothoracic surgeries, 600 catheterizations, 10,000+ cardiology outpatient visits. We have a pediatric and pediatric/adult combined cardiology fellowship program. We participate in numerous multicenter clinical trials and quality initiatives including the JCCHD QI Collaborative. We are directly linked to our Center for Cardiovascular and Pulmonary Research which has an NIH T-32 training grant.

Interested candidates are encouraged to submit their curriculum vitae to:

Kerry Rosen, MD
Director of Outpatients Services,
Nationwide Children's Hospital
ED633, 700 Children's Drive
Columbus, OH 43205 or
kerry.rosen@nationwidechildrens.org



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Pediatric Cardiologists

The Division of Pediatric Cardiology at the University of Utah School of Medicine and based at Primary Children's Medical Center is recruiting board eligible/board certified pediatric cardiologists with major interests in 1) Heart Transplant/Heart Failure and 2) Adult Congenital Heart Disease. The Pediatric Cardiologists will join a 25-member division and established Heart Transplant and Adult Congenital Heart Disease Programs. There will be protected time and mentoring available within the Division for clinical research. The Division has a very active clinical research program and is one of the participating centers in the Pediatric Heart Disease Clinical Research Network funded by the NIH.

The successful candidates will receive a faculty appointment at the University of Utah on the clinical or tenure track. Rank will be dependent on qualifications. The University of Utah offers an excellent benefits package that includes 20.2% retirement contributions that vest immediately, and excellent health care choices. Salt Lake City is a diverse major metropolitan area with outstanding restaurants, arts and music. Recreation is unparalleled with 6 ski resorts within 30 minutes and 5 national parks within an easy 4 hour drive. It is serviced by a convenient international airport with direct flights to most major cities.

To read more about each opportunity and to apply, please go to:

- Heart Transplant/Heart Failure Position**
<http://utah.peopleadmin.com/postings/13074>
- Adult Congenital Heart Disease Position**
<http://utah.peopleadmin.com/postings/8177>

For additional information, please contact Lloyd Y. Tani, MD:
lloyd.tani@imail.org.

The University of Utah is an EO/AA employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: <http://www.regulations.utah.edu/humanResources/5-106.html>.

The University of Utah Health Sciences Center is a patient focused center distinguished by collaboration, excellence, leadership, and respect. We value candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to the mission of the University of Utah Health Sciences Center.



Medical News, Products and Information

Congenital Heart Lobby Day 2012 was Certainly One to Celebrate

Nearly 80 advocates gathered in Washington, DC, on March 1st for this incredible opportunity to talk to their lawmakers about congenital heart disease. Hosted by the Adult Congenital Heart Association (ACHA) and Mended Little Hearts (MLH), this annual event brought together patients, family members, medical professionals, and supporters from across the country to connect with more than 100 legislative offices.

Advocates came from near and far, including from the West Coast. Barbara de Maria from California, also an ACHA Heart-to-Heart Ambassador, was one of those advocates. "I jumped at the opportunity to get on a plane and travel to DC to lobby for a better medical future for my 22-year-old son and the CHD (Congenital Heart Disease) community," she says. "I couldn't think of a better way for Max to learn not only to advocate for his own healthcare, but what it feels like to have a voice in our government, and for him to appreciate the responsibility and power we have—as individuals and collectively, to be heard and to bring about change—in this case, by rallying support for policies that will affect his own heart future."

Meredith Atkinson, a long-time advocate and former Hill staffer who was recognized at this year's Lobby Day with a Heart Hero Award, notes the importance of ACHA and MLH coming together to advocate for the CHD cause. "I know very well that it's the job of the staffers to help their bosses (senators and representatives) find out the interests and concerns of their constituents and to then try to get taxpayer dollars sent in that direction," Atkinson says. "If we don't ask, these Members of Congress won't ask for the money and it will go somewhere else. We not only need to ask, but we need to show that we are a large group that will continue to ask."

"Many in the CHD community are not able to get up and have their voices heard—they are babies, children in the hospital, patients not healthy enough to travel, parents mourning losses," Atkinson continues. "We are those who can share the message. We must get out there and pave the way for better lives for CHD patients."

This year's message rang loud and strong. The participants took time to celebrate the tremendous success they have seen from past efforts, and used that energy to continue to motivate Members of Congress to do more!

- At Lobby Day 2012, the participants asked lawmakers to:
- Provide funding to the Centers for Disease Control and Prevention to support data collection to better understand CHD prevalence and assess the public health impact of CHD.
 - Support the National Heart, Lung, and Blood Institute's efforts to expand research targeted to the diverse lifelong needs of individuals living with CHD.
 - Join the Congenital Heart Caucus.

Atkinson paraphrases the general thoughts that one of Senator Mary Landrieu's (D-LA) staffers had after hearing advocate stories, facts about CHD and what we were asking for: "Wow, I had no idea how common congenital heart disease is. Thank you for this information and the

Harboring Hearts Housing Foundation, Inc.
333 West 52nd St., Suite 700
New York, NY 10019
info@harboringhearts.org | (212) 255-8371

www.HarboringHearts.org



statistics. I want to go and be your 'advocate' before the Senator so that you can get [the money] you need."

As patient organizations, ACHA and MLH are thrilled that they continue to grow in numbers and influence. "However, there is also remarkable power in developing partnerships with other organizations," says Amy Basken, ACHA and MLH Advocacy Coordinator. "For this reason we need to take the opportunity to say thank you—thank you to our advocates, and thanks to those partners who have stepped up to the plate for CHD."

The ACHA and MLH would like to thank the organizations that, through their generosity, have made this event successful. The American College of Cardiology (ACC) has provided sustained advocacy advice and material support since the first CHD Lobby Day in 2005.

Gerard Martin, MD, FACC, is immediate past chair of ACC's Adult Congenital and Pediatric Cardiology Section. "I am so happy to see the CHD advocacy groups coming together to lobby specifically for congenital heart disease," he says. "For too long we have had our message diluted by the competing priorities of our larger advocacy organizations. Real change is happening! Awareness and funding for CHD is increasing and lobbying is critical to maintain this momentum."

Special thanks to ACC's Texas Chapter for helping to build the foundation of advocate relationships by hosting our Welcome Reception on February 29. David May, MD, FACC, Governor of the Texas Chapter of ACC, explains why ACC enthusiastically supports advocacy on the part of those in the CHD community.

"As we relish the fabulous success we have achieved in the management of congenital heart disease, we must not fail to recognize the tremendous obstacles that still face these patients," Dr. May says. "As adults, insurability and employability remain problematic. Our advocacy and support for this group is a logical extension of our need to provide patient-centered care for these individuals and their families, ensuring that continued productivity and good health are within their reach."

Thanks also to the Georgia and Iowa chapters of ACC for getting the participants fueled for the day through breakfast and training, and the Louisiana Chapter for supporting the travel of a few of the key advocates. Thank you also to the Hope Marietta Foundation for supporting advocates throughout the day with the refreshment station.

ACHA and MLH also offer sincere and abundant thanks to our current Congressional Champions: Congressman Gus Bilirakis (R-FL), for his willingness to chair the Congenital Heart Caucus in the House, and Senator Dick Durbin (D-IL) for successfully supporting the Congenital Heart Futures Act into law, through funding and now, implementation.

But most of all, thanks goes to the advocates. Thank you to those who give of their time, energy and resources to come together to unite their voices on behalf of the millions of people with congenital heart disease. Even those who could not join us in Washington helped to leave their mark. An additional 60 advocates reported contacting their legislators via e-mail. As Basken says, "Being an advocate means doing whatever you can, whenever you can. Anyone can be an advocate. Lobby Day is the culmination of our efforts, but to be truly successful, we must continue to develop relationships with our Members of Congress all year long."

PEDIATRIC HEART FAILURE/ TRANSPLANT CARDIOLOGIST OPPORTUNITY



The Departments of Pediatrics at the University of Louisville School of Medicine and Kosair Children's Hospital are recruiting for a medical director of heart failure and cardiac transplantation for the Congenital Heart Center at Kosair Children's Hospital in Louisville, Ky.

The primary responsibilities for this position focus on directing and expanding current clinical programs in pediatric heart failure and transplantation to include collaborating with very successful clinical programs in adult heart failure, mechanical assist devices and transplantation. The Kosair Charities Pediatric Heart Research Program at the Cardiovascular Innovation Institute in Louisville and a broad array of basic science research programs at the University of Louisville provide outstanding research infrastructure and collaborative opportunities, with active programs in basic science and translational research involving tissue engineering, stem cells and ventricular assist devices.

An excellent multi-year compensation package is available, commensurate with expertise. Contact Christopher L. Johnsrude, M.D., chief of pediatric cardiology, at cjohn02@louisville.edu or (502) 852-3876, or Amanda R. Bailey, physician recruitment manager, Norton Physician Services, at (502) 439-5144 or amanda.bailey@nortonhealthcare.org.



Kosair Children's Hospital (a part of Norton Healthcare) and the University of Louisville are Affirmative Action, Equal Opportunity, Americans with Disabilities employers, committed to diversity. In that spirit, we seek applications from a broad variety of candidates.



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Interested? Simply send an email to Subs@CCT.bz, putting "Go Green" in the subject line, and your name in the body of the email.



Paediatric Cardiologist for a Faculty Position

Effective July 1st, 2012 Division of Cardiology, Department of Paediatrics, at the Hospital for Sick Children (SickKids), an academic health science centre dedicated exclusively to children, affiliated with the University of Toronto, is recruiting a paediatric cardiologist for a faculty position.

The Division of Cardiology is fully integrated into the Labatt Family Heart Centre and works collaboratively to provide the highest level of clinical care in an academically focused, evidence-based, environment. It has a strong training and education program that attracts undergraduate and postgraduate trainees from around the world.

The successful candidate should be fully trained in paediatric cardiology with an interest in heart failure and transplantation. The successful candidate should be eligible for an academic appointment at the University of Toronto. Rank and salary will commensurate with qualifications. All candidates must be certified or eligible for certification in Paediatrics by the Royal College of Physicians and Surgeons of Canada. This position will remain open until filled.

Interested individuals should submit a letter of application, curriculum vitae, and the names and addresses of three referees no later than May 31st, 2012 to:

Dr. Andrew Redington,
Head, Division of Cardiology,
Department of Paediatrics,
University of Toronto,
SickKids Hospital,
555 University Avenue,
Toronto, Ontario Canada M5G 1X8.
Fax (416)813-7547.
E-mail: andrew.redington@sickkids.ca

Visit our Web sites at www.sickkids.ca or for additional information regarding the Department of Paediatrics see www.sickkids.ca/paediatrics/

The University of Toronto is strongly committed to diversity within its community and especially welcomes applications from visible minority group members, women, Aboriginal persons, persons with disabilities, members of sexual minority groups and others who may contribute to further diversification of ideas. All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority.



Pediatric Cardiology Electrophysiologist - Assistant Professor

THE UNIVERSITY OF CALIFORNIA, SAN DIEGO, DEPARTMENT OF PEDIATRICS (<http://www-pediatrics.ucsd.edu>) AND CHILDREN'S SPECIALISTS OF SAN DIEGO (<http://childrensspecialists.com>) are committed to academic excellence and diversity within the faculty, staff, and student body and are jointly recruiting a Pediatric Electrophysiologist for the unified Division of Pediatric Cardiology at Rady Children's Hospital, San Diego. This 442-bed facility serves as a major regional tertiary care hospital for children and is the major teaching facility for the Department of Pediatrics of the UCSD School of Medicine.

The Electrophysiologist position is a unique opportunity to join an exceptional Electrophysiology, Pacing and Adult Congenital Electrophysiology Program in San Diego. The successful candidate must have specific training and experience in pediatric cardiac electrophysiology and should possess the qualifications for academic appointment at the rank of Assistant Professor. The academic series will be determined based on the background and qualifications of the successful candidates. Candidates must be Board Certified or eligible in Pediatric Cardiology and licensed or licensable to practice medicine in the State of California. This appointment will require administrative capabilities, excellent skills in clinical care and teaching, and clinical research development and accomplishment. Preference will be given to candidates with experience in equity and diversity with experience teaching, mentoring, research, life experiences, or service towards building an equitable and diverse scholarly environment.

The Division provides a full range of Pediatric Cardiology services. It currently has ten pediatric cardiologists, three cardiothoracic surgeons, and an ACGME approved fellowship program. The Division supports a program with more 400 surgical procedures yearly and 100 electrophysiology procedures. Extensive opportunities to perform clinical, epidemiologic or basic science research exist at UCSD and Children's Hospital, San Diego.

Salary will be commensurate with qualifications and based on University of California pay scales.

Review of applications will begin April 30, 2012 and continued until the position is filled.

Please send Curriculum Vitae to:

John Moore, M.D.
email: jmoore@rchsd.org

AA-EOE: UCSD is an Affirmative Action/Equal Opportunity Employer with a strong institutional commitment to excellence through diversity.

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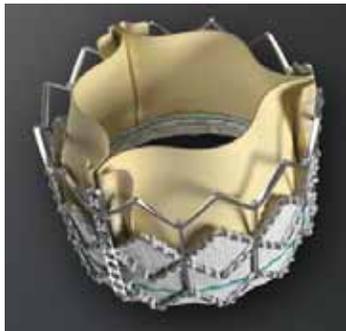
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www.aap.org/sections/cardiology/pediatric_cardiology/2012

Want to get involved? Please write your members of Congress today! To learn how, click here. To join the ACHA/MLH advocacy team to stay up-to-date on current advocacy efforts and requests, please email advocacy@achaheart.org. To learn more about the ACHA, visit www.achaheart.org. To learn more about MLH, visit www.mendedlittlehearts.org.

Strong Two-Year Outcomes Reported for High-Risk Transcatheter Patients



Edwards Lifesciences Corporation, the global leader in the science of heart valves and hemodynamic monitoring, reported that longer-term results (≥ 2 years) from the high-risk Cohort A of The PARTNER Trial -- a randomized comparison of patients treated with either surgical aortic valve replacement or the Edwards SAPIEN transcatheter heart valve -- were published March 26th in *The New England Journal of Medicine*.

The data were concurrently presented at the American College of Cardiology's (ACC) 61st Annual Scientific Session in Chicago.

At two years, all-cause mortality for patients treated with Edwards' SAPIEN transcatheter aortic valve replacement (TAVR) was 33.9%, which is statistically equivalent to open-heart surgical aortic valve

replacement (AVR) at 35.0%. The authors concluded: "This 2-year follow-up of patients in the PARTNER trial supports the use of TAVR as an alternative to surgery in selected high-risk patients with aortic stenosis. The two treatments were similar with respect to mortality, reduction in cardiac symptoms and improved valve hemodynamics." The presentation also included available data out to 36 months, which trended similarly.

"We are pleased that the growing body of longer-term evidence supports the Edwards SAPIEN transcatheter valve as an important therapy for high-risk patients," said Michael A. Mussallem, Edwards' Chairman and CEO. "Consistent with previous studies, The PARTNER Trial also demonstrated that, even though seriously ill patients with aortic stenosis face dismal outcomes, many do not receive life-saving surgery because of other medical risks, age or preference. This underscores the value of an alternative therapeutic option for these high-risk patients."

The authors noted that earlier results raised concerns that TAVR was responsible for increased early and, possibly, late strokes. However, over the reported follow-up period from The PARTNER Trial, the available data published today showed there was no significant difference in the risk of stroke between TAVR and surgery patients.

Predictors of mortality for the overall trial cohort, as well as for each of the randomized groups, were also analyzed. The study authors noted that there was a new and important observation of an association of paravalvular regurgitation after TAVR with late mortality, possibly related to factors including the ratio of the transcatheter-valve size to the patient's native valve size. According to the authors, "Recently, the routine use of three-dimensional imaging techniques has improved annulus sizing, resulting in better selection of properly sized valves."



Pediatric Heart Failure Summit

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Pediatric Cardiac Critical Care Physician Chicago Area

Advocate Medical Group (AMG), a physician-led multi-specialty team of over 900 physicians, seeks an experienced board certified/board eligible Pediatric Cardiac Critical Care specialist to join The Heart Institute for Children at Advocate Hope Children's Hospital. Located in suburban Chicago this unique, thriving, dynamic clinical practice includes 16 Pediatric Cardiologists.

Position includes the opportunity to educate residents and fellows from multiple area institutions. The program has over 8000 clinic visits per year, 4500 on-site echocardiograms, 300 cardiac catheterizations, and 350-450 surgeries/year at our main campus alone. Our surgical group averages 700+ surgeries per year at multiple sites. Our outcomes are among the best in the nation. We have an accredited cardiology fellowship program with 6 fellows. We have a dedicated 9 bed Pediatric Surgical Heart Unit, an additional 15 bed Pediatric Intensive Care Unit, and a 4 bed step down unit.

Candidates must be BC/BE in Pediatric Cardiology or Pediatric Critical Care. Board Certification in both subspecialties is preferred but not required. This is an outstanding opportunity for the right individual who is interested in both cardiology and critical care. Additional training can be provided on-site dependent upon needs (with consideration for a fourth year training period for recent graduates). Numerous opportunities for research and professional growth exist. Excellent benefit package is offered.

It goes without saying that Chicago is indeed a wonderful place to live. It is a beautiful city that boasts a diverse cultural and historic background.

Interested candidates should send their resume to:

Donna C. Kutka, R.N., M.S.
Director, Physician Recruitment
708.684.5009
donna.kutka@advocatehealth.com

Andrew Van Bergen, MD
Director, Pediatric Cardiac Critical Care
The Heart Institute for Children
Advocate Hope Children's Hospital



Heart Failure Transplantation Pediatric Cardiologist

THE UNIVERSITY OF CALIFORNIA, SAN DIEGO, DEPARTMENT OF PEDIATRICS AND DIVISION OF CARDIOLOGY RADY CHILDREN'S HOSPITAL are jointly recruiting a Pediatric Cardiologist with expertise in Heart Failure and Transplantation for the unified Division of Pediatric Cardiology at UCSD and Rady Children's Hospital—San Diego.

Rady Children's Hospital—San Diego, a 320-bed facility, is the largest Children's Hospital in California and the major teaching hospital for the Department of Pediatrics of UCSD School of Medicine. The position includes responsibilities as Director of Pediatric Heart Failure and Transplantation within both institutions. An experienced UNOS certified pediatric heart surgeon has joined our faculty recently and will be a partner for the successful recruit. The successful candidate must be board certified or board eligible in pediatric cardiology and licensed or licensable to practice medicine in the State of California. The position also requires UNOS eligibility for care of transplant patients, excellent clinical and teaching skills, and demonstrated interest in clinical research. The Division provides a full range of Pediatric Cardiology services, has 11 pediatric cardiologists, three pediatric cardiothoracic surgeons, and an ACGME approved fellowship program. The Division supports a program with over 400 surgical procedures yearly. Extensive opportunities to perform clinical, epidemiologic or basic science research exist at UCSD and Rady Children's Hospital.

Applications received by July 1st or until the position is filled, will receive full consideration. Salary and faculty appointment will be commensurate with University of California policy.

Please send Curriculum Vitae to:

John Moore, M.D.
email: jmoore@rchsd.org

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www.wsopc.org



The Children's Hospital of Illinois and University of Illinois College of Medicine at OSF Saint Francis Medical Center are Seeking Pediatric Cardiologists in Peoria and Rockford, Illinois

Peoria - The new pediatric cardiologist will join a well-established team of 7 pediatric Cardiologists with 30 plus years of success in the region. In addition to general pediatric cardiology, opportunities are focused on those interested in echocardiography, fetal echocardiography, and adult congenital heart disease. Professional components include in-patient rotation coverage, general cardiology clinic coverage and in-patient/out-patient echocardiography. Scholarly and research interests are highly desirable, along with experience in teaching medical students and residents. The candidate must be board-certified or board-eligible in pediatric cardiology and will report to the Medical Director, Pediatric Cardiology.

Rockford - A BC/BE noninvasive pediatric cardiologist is desired to join 3 well established pediatric cardiologists in the Rockford branch of the Congenital Heart Center (CHC) system. The practice has been a stable source of quality pediatric cardiology care in the community for more than 20 years. The candidate should be skilled in all facets of echocardiography. Skills in fetal cardiology are desirable. The qualified individual will be part of the CHC which includes an additional 8 cardiologists at the Peoria campus. There is a direct clinical and academic relationship between the two groups.

The University of Illinois is an Affirmative Action/Equal Opportunity employer.

**Stacey Morin, OSF Pediatric Cardiology
CHOI**

Ph: 309-683-8354 or

800-232-3129 press 8; Fax: 309-683-8353

E-mail: stacey.e.morin@osfhealthcare.org

Website: www.childrenshospitalofil.org

The PARTNER Trial is the first randomized, controlled trial of a transcatheter aortic valve and the only trial that has follow-up data on all patients for at least two years. Cohort A of the trial enrolled between May 2007 and Sept. 2009 and studied 699 patients with severe, symptomatic aortic stenosis deemed at high risk for traditional open-heart surgery. Patients were evaluated by a multi-disciplinary heart team and were evenly randomized to receive either traditional open-heart surgery or the Edwards SAPIEN valve with transfemoral or transapical delivery. The study represented the initial experience with TAVR at most sites, and the use of first-generation delivery systems. The PARTNER Trial achieved its primary endpoint, concluding that survival of patients treated with the Edwards SAPIEN valve at one year was equivalent to those treated with surgery.

The two-year data from the inoperable Cohort B of The PARTNER Trial were also published today in The New England Journal of Medicine. These data were previously presented in November 2011 at the Transcatheter Cardiovascular Therapeutics (TCT) Scientific Symposium.

Also, the Edwards SAPIEN transcatheter heart valve received United States Food and Drug Administration (FDA) approval for the treatment of certain inoperable patients in November 2011; it is currently an investigational device for the treatment of high-risk patients in the U.S. and is awaiting approval. Following primary endpoint analysis, Edwards submitted one-year data from Cohort A of The PARTNER Trial to the FDA in April 2011.

Edwards Lifesciences is the global leader in the science of heart valves and hemodynamic monitoring. Driven by a passion to help patients, the company partners with clinicians to develop innovative technologies in the areas of structural heart disease and critical care monitoring that enable them to save and enhance lives. Additional company information can be found at www.edwards.com.

Do you use an iPad in your practice or hospital?

If you answered, "Yes," we are looking for readers who would be interested in submitting a manuscript on when, how and why they use the iPad.

If interested, send your manuscript to: RichardK@CCT.bz

CONGENITAL CARDIOLOGY TODAY

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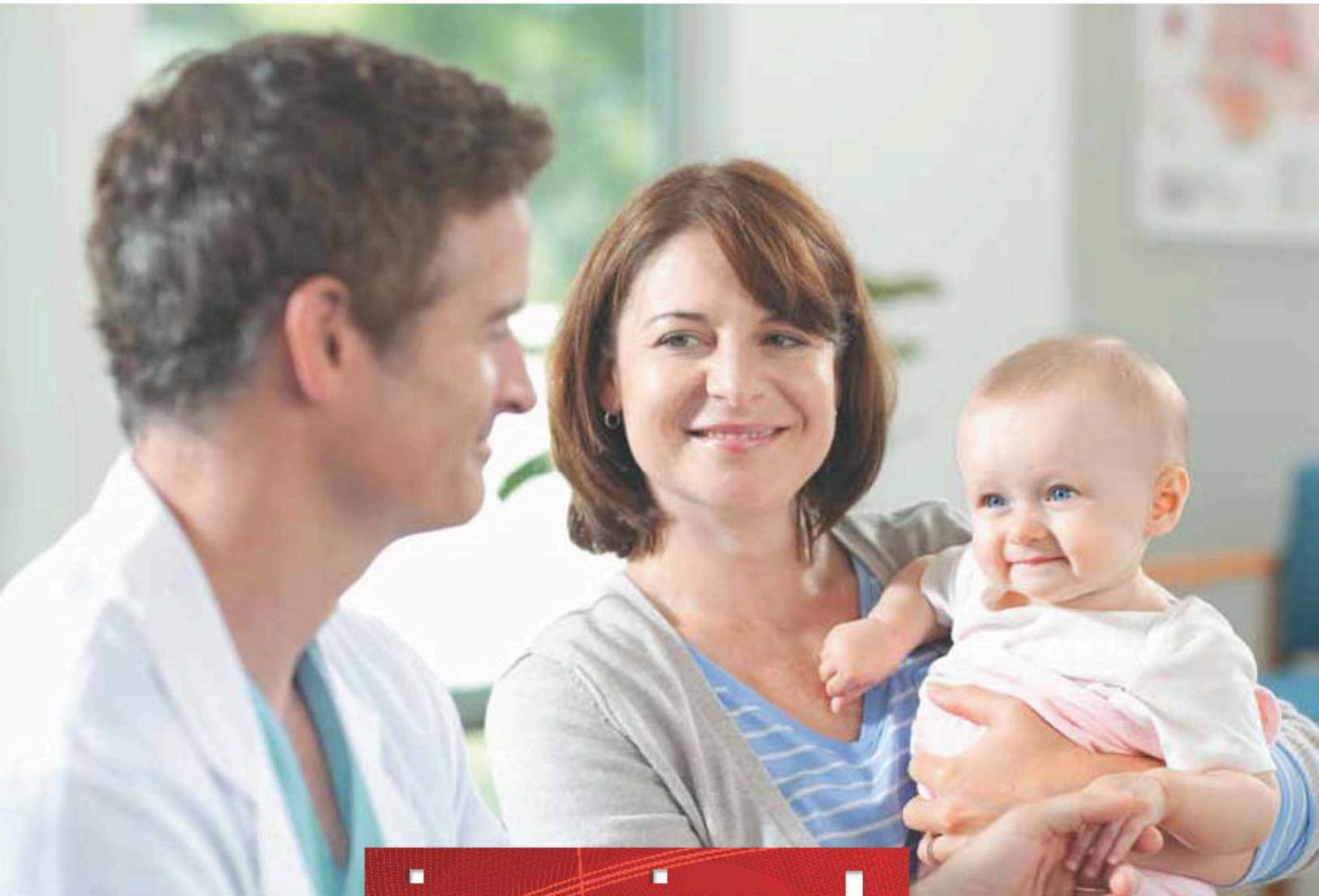
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