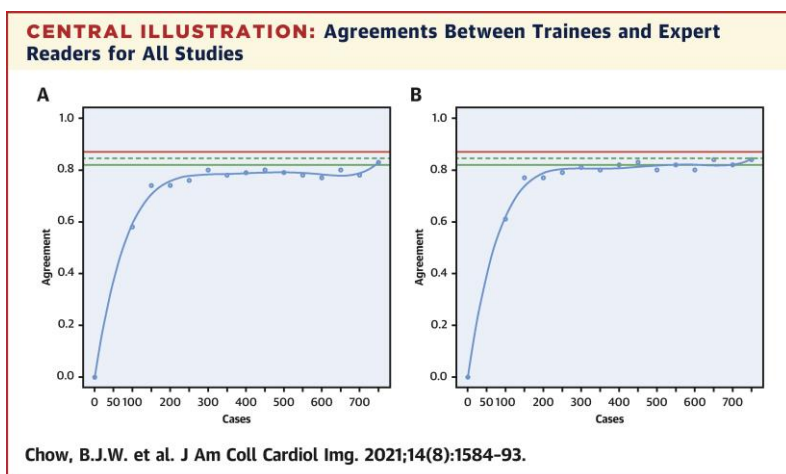




# Michigan Outpatient Cardiovascular Association

*August Edition*

## Are Training Programs Ready for the Rapid Adoption of CCTA?



"This study sought to assess training volumes and its relationship to learning and identify potential new thresholds for determining expertise.

A total of 36 trainees interpreted 14,432 cardiac CT studies. Agreement between trainees and experts increased with CT case volumes, but trainees learned at different rates. Using a threshold for expertise, skill of measuring coronary calcification was achieved within 50 cases, but expertise for coronary CT angiography appeared to require a mean case volume of 750, comprising 400 abnormal cases.

Current volume-based training guidelines may be insufficient and higher case volumes may be required. We demonstrate that tracking cardiac CT learners is feasible and that CBME could be incorporated into CT training programs."

<https://www.jacc.org/doi/full/10.1016/j.jcmg.2021.01.040>

### FYI:

- Deaths related to irregular heart rhythm may be rising, especially among younger people
- Transplanting hearts from drug users is safe, could shorten wait

## NEW Legislative Speaking Series

Beginning this fall, M.O.C.A. will be introducing a new series! Individuals from various leadership positions will be speaking to the association on important healthcare topics and issues.

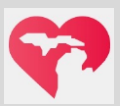
Starting with, *State Senator Curt VanderWall*: Senator VanderWall was elected in November 2018 to represent the residents of Michigan's 35<sup>th</sup> Senate District, prior to being elected VanderWall served two years in the Michigan House of Representatives. Senator VanderWall currently serves as Chair of the Health Policy and Human Services Committee.

## Disparity in the Setting of Incident Heart Failure Diagnosis

"The investigators estimated the proportion of incident HF diagnosed in the acute care setting (inpatient hospital or emergency department) versus outpatient setting based on diagnostic codes from a claims database covering commercial insurance and Medicare Advantage between 2003 and 2019. After excluding new-onset HF potentially caused by a concurrent acute cause (e.g., acute myocardial infarction), they identified demographic, clinical, and socioeconomic predictors of diagnosis setting. Patients were linked to their primary care clinicians to evaluate diagnosis setting variation across clinicians. The authors estimated the association between patient characteristics and acute care diagnosis using a multivariable logistic regression model with adjustment for all characteristics.

Of 959,438 patients with new HF, 38% were diagnosed in acute care. Of these, 46% had potential HF symptoms in the prior 6 months. Over time, the relative odds of acute care diagnosis increased by 3.2% annually after adjustment for patient characteristics (95% confidence interval [CI], 3.1%-3.3%). Acute care diagnosis setting was more likely for women compared with men (adjusted odds ratio, 1.11 [95% CI, 1.10-1.12]) and for Black patients compared with White patients (adjusted odds ratio, 1.18 [95% CI, 1.16-1.19]). The proportion of acute care diagnosis varied substantially (interquartile range, 24%-39%) among clinicians after adjusting for patient-level risk factors.

The authors concluded that earlier diagnosis could allow for timelier high-value interventions, address disparities and reduce the progression of HF." <https://www.acc.org/latest-in-cardiology/journal-scans/2021/08/02/15/50/disparity-in-the-setting>



## HB 4502

Certificate Of Need (Meerman)  
Modifies the requirement to obtain a certificate of need for catheterization. To amend 1978 PA 368 by amending section 22203 (MCL 333.22203), as amended by 2002 PA 619.

### HB 4502 Official Sponsors:

- Representative Luke Meerman (R), 88th District
- Representative David LaGrand (D) 75th District
- Representative Andrew Beeler (R), 83rd District
- Representative Andrew Fink (R), 58th District
- Representative Kevin Coleman (D), 16th District
- Representative Steven Johnson (R), 72nd District



### HB 4502 Updates:

- Mar. 11: Officially a (Cardiac Cath.) House Bill which is 4502. This is a bi-partisan bill with both Republican and Democrat co-sponsors
- Positive responses from most House Committee members. Looking to be a hearing later in the Spring
- Mar. 18: The Standard Advisory Committee unanimously approved the draft language of the report and sent the report to the public comment period
- After the public comment period, the final report/final rule package gets sent to the Joint Committee on Administrative Rules
- The Chair of this Committee is Representative Luke Meerman (R), who is the bill sponsor for HB 4502, which would remove cardiac cath. procedures from CON oversight if CMS has approved the procedures to be done in an outpatient facility

## SB 12

Certificate of Need (Zorn): Modifies Public Health Code requirement to obtain a certificate of need for catheterization.

### SB 12 Activity:

- 1/13/21: Introduced to Health Policy and Human Services Committee
- 3/11/21: Committee Hearing in Senate Health Policy and Human Services Committee
- 3/18/21: Voted out of committee, 6-3, and Reported to the full Senate

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## Certificate of Need Commission Update, 7/13/21

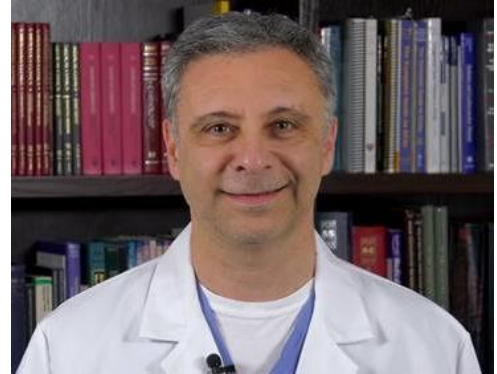
The CON Commission gave their final approval of the cardiac cath. standards at their June meeting. The standards have been submitted to the Joint Legislative Committee and the Governor for their review.

The clock is ticking on the 45 day review period. However, since at least 9 of the 45 days have to be Legislative session days and the Legislature doesn't meet much during the summer, the review period won't end until the fall.



## M.O.C.A. Board Spotlight:

### Dr. Edouard R. Daher



Dr. Daher has special interests in vascular disease, specifically percutaneous revascularization of lower extremities, renal artery stenting and carotid artery stenting.

He has authored numerous papers on imaging of the heart in the basic and clinical arena. He played a leading role in nuclear cardiology and was the President of the ASNC Chapter for Michigan.

He was also the Chief of Cardiology at the Detroit VA Medical Center. He chaired numerous sessions and presented at national and international meetings.

He received the Young Investigator Award at the International Nuclear Cardiology Meeting in Italy. He was involved in multiple clinical trials involving imaging of the heart and treatment of cardiovascular diseases.

Certified in Nuclear Cardiology Vascular Medicine, Dr. Daher completed training in Cardiology at Yale New Haven Hospital, Vascular Medicine at St. Elizabeth Med. Ctr., Boston and Interventional Cardiology at New England Med. Ctr. in Boston.



### Dementia can complicate heart recovery and treatment

"Dementia is a thief. It steals a person's memory, their ability to reason, to live independently. As people age and face more medical challenges, it also robs them of something even more basic to survival – the ability to participate in their own recovery, especially from major events such as heart attacks. And that can limit the treatments they receive.

"It interferes with adhering to a medical treatment plan, unless there is someone there to support them," said Dr. Karen Alexander, a cardiologist and professor of medicine at Duke University School of Medicine in Durham, North Carolina. Studies show people with dementia – and even those with mild cognitive impairments – are less likely than those with no cognitive loss to receive invasive procedures used to treat heart disease, for example. These include cardiac catheterization, used to check for blockages in the arteries, and coronary revascularization, used to clear those blockages either with stents to prop arteries open or by rerouting blood flow to the heart using bypass surgery.

In general, dementia describes a particular group of symptoms that affects a person's daily living, such as difficulties with memory, language, problem-solving and other thinking skills. "Patients with dementia have an increased risk of delirium when hospitalized for any reason, including having a heart attack. Delirium is associated with higher mortality, greater functional decline and prolonged length of stay and can be distressing for the patient and family," said Dr. Deborah A. Levine, an associate professor of internal medicine and director of the Cognitive Health Services Research program at the University of Michigan in Ann Arbor." <https://www.heart.org/en/news/2021/07/30/dementia-can-complicate-heart-recovery-and-treatment>

### Dangers of life-threatening second heart attack may be highest soon after the first

"A first heart attack is a serious, life-changing event, although most people now survive them. But a new study underscores the importance of doing everything possible to avoid another one.

"It's like taking another hit," said Dr. Umesh Khot, a cardiologist at the Cleveland Clinic in Ohio. "One heart attack is a lot, and having another one is a big hit on the heart." Khot is lead author of a study that examined the outcomes of patients who suffered a second heart attack – formally known as recurrent myocardial infarction – within 90 days of being discharged from the hospital after the first heart attack. The study published Monday in the Journal of the American Heart Association.

Khot's team examined the data from 6,626 admissions for heart attack at the Cleveland Clinic from 2010 through 2017. While only about 2.5% of them were readmitted within 90 days with another heart attack, nearly 50% of those people would die within five years. "What we've done for the first time is to analyze a large population of patients to find this uncommon recurrence and describe it," he said. "It's important for the cardiology community to understand that this phenomenon happens, and when it does it has significant implications for long-term mortality."

One surprise in the results, Khot said, was that the greatest risk of an early recurrent heart attack occurred in the first two weeks, "which means you have to really get on top of this early on in terms of treatment."

<https://www.heart.org/en/news/2021/08/02/dangers-of-life-threatening-second-heart-attack-may-be-highest-soon-after-the-first>