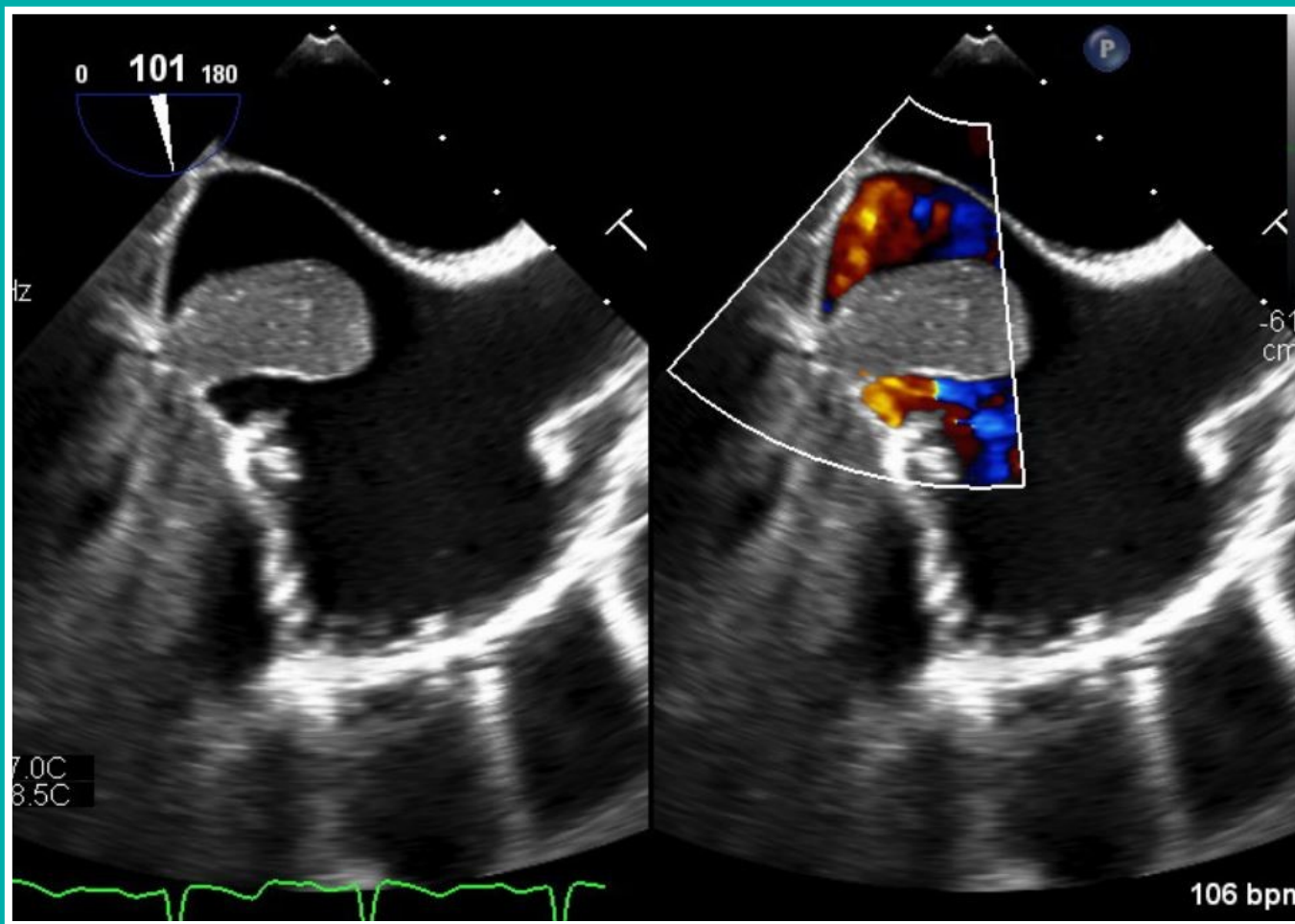


ECHO



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2023 EDUCATION CALENDAR

CONTENT AVAILABLE NOW

Advanced Echo: Echo Access Online Course

Featuring the best content from Echo Hawaii and State-of-the-Art Echocardiography

Jointly provided by ASE and the ASE Foundation

Registered Physician in Vascular Interpretation (RPVI) Online Review Course

An overview of all vascular imaging modalities for board review, introductory learning, or as a review for experienced imaging readers

SEPTEMBER

Echo in Pediatric & Congenital Heart Disease: Echo Access Virtual Experience

September 30 – October 1, 2023

Jointly provided by ASE and the ASE Foundation

OCTOBER

11th Annual Echo Florida

October 7-9, 2023

*Disney's Yacht & Beach Club Resort
Orlando, FL*

Jointly provided by ASE and the ASE Foundation

Discounted rates for ASE members. *To learn more and register, visit us at ASEcho.org/Education.*

Hoag 37th Advanced Echo Symposium

October 20-21, 2023

Provided by Hoag Memorial Hospital Presbyterian in cooperation with ASE

NOVEMBER

Critical Care Echocardiography Review Course

November 14-16, 2023

*OLC Education & Conference
Center, Rosemont, IL*

Held in Partnership with SCCM and ASE

JANUARY 2024

SAVE THE DATE:

33rd Annual Echo Hawaii

January 15-19, 2024

*Fairmont Orchid, Kohala Coast,
Big Island, HI.*

Jointly provided by ASE and the ASE Foundation

FEBRUARY 2024

SAVE THE DATE:

36th Annual State-of-the-Art Echocardiography

February 9-12, 2024

*Westin Kierland Resort & Spa,
Scottsdale, AZ.*

Jointly provided by ASE and the ASE Foundation

*This text also appears in the September JASE.
OnlineJASE.com*

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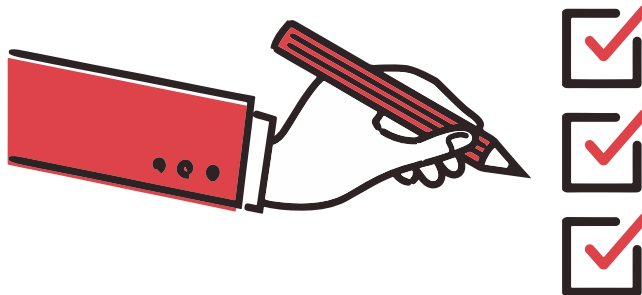
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of Echocardiography

Cover art: "Unicuspid Aortic Valve Unicorn"
John Goodman, RDCS, RVT, The Christ
Hospital, Cincinnati, Ohio

EDITORS' NOTE

ASE is very grateful to our members who contribute to *Echo* magazine and values their willingness to share personal insights and experiences with the ASE community, even if they may not be in total alignment with ASE's viewpoint.

THE DNA OF ASE – OUR CORE VALUES

Contributed by **Benjamin W. Eidem, MD, FASE**, Director of Pediatric and Congenital Echocardiography, Mayo Clinic and Professor of Pediatrics and Medicine at Mayo Clinic College of Medicine, Departments of Pediatrics and Cardiology, Rochester, MN

“

I believe that it is vital for all our membership to not only be aware of these core values or be able to articulate them but also have these values ingrained in each of our own DNA.

Great organizations carefully define their culture through their core values. But what exactly are “core values” and how do they impact our Society?

The concept of institutional core values was first introduced by Collins and Porras in a 1994 book entitled *Built to Last: Successful Habits of Visionary Companies*.¹ The authors commented that many of the best and most enduring organizations adhered to a set of principles that they termed “core values.” These deeply ingrained principles were intended to guide all an organization’s actions and strategic mission. These core values were the organization’s culture and the DNA that was foundational to the organization’s identity. They were to guide the organization and its people toward a shared mission or goal and were firmly embedded in everything the organization did.

ASE has key core values for our Society (Table 1). The foundation of our Society’s strategic goals and mission is rooted in our core values.

(Table 1)

<p>ASE CORE VALUES</p> <p>Diversity</p> <p>Excellence</p> <p>Professionalism</p> <p>Ethical Behavior</p> <p>Advancing Knowledge</p> <p>Caring Community</p>
--

I believe that it is vital for all our membership to not only be aware of these core values or be able to articulate them but also have these values ingrained in each of our own DNA. Over this coming year, I plan to better define each of these core values as well as demonstrate the impact they have on our Society's activities and our mission moving forward.

In this current JASE President's Message, I want to focus on *diversity*. Harvard University defines diversity as "The condition of being different or having differences – differences among people with respect to age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits, and other human differences."² Being a diverse organization is not only the right thing to do but also has many additional tangible benefits including improved performance, increased member satisfaction and trust, facilitation of a larger talent pool, increased work output, enhanced innovation, and enabling better overall decision-making.

Equally important ideals that go hand-in-hand with diversity are equity and inclusion. Equity can be defined as "the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment" while inclusion can be defined as "the recognition, appreciation, and use of the talents and skills of employees of all backgrounds."³ An inclusive Society provides and sustains a sense of belonging – it values and practices respect for the talents, beliefs, and backgrounds of its members. Equity and inclusivity make people feel respected and valued for who they are.

Diversity, equity, and inclusion permeate ASE's DNA in every facet of our Society, including our committees, task forces, councils, educational courses, and so many other areas. It is demonstrated throughout our Society's leadership and plays a critical role in our Society's overall health and ongoing strategic mission. These values enable and enhance our

productivity, foster innovation, and promote increased membership engagement. To strive for diversity is not only important to do – it is the essential thing to do! It is our diversity that creates a Society that has all the right tools to succeed. But we cannot rest on our laurels – ASE must continue to be vigilant to ensure that we attract, develop, mentor, and promote the next generation of diverse leaders in all areas of our Society!

Remember – great organizations carefully define their culture through their core values. Please join me in your commitment and in your practice of ASE's core values – with everyone's support there is truly no limit to our Society's success!

1. Collins JC, Porras JI. *Built to Last: Successful Habits of Visionary Companies*. Harper Collins Publishers, Inc. New York, New York. 1994.
2. Harvard Human Resources Glossary of Diversity, Inclusion and Belonging (DIB) Terms. Accessed July 21, 2023. https://edib.harvard.edu/files/dib_glossary
3. DEIA Definitions. U.S. Department of Housing and Urban Development. Accessed July 21, 2023. [hud.gov/program_offices/administration/admabout/diversity_inclusion/definitions](https://www.hud.gov/program_offices/administration/admabout/diversity_inclusion/definitions)

This text also appears in the September JASE.
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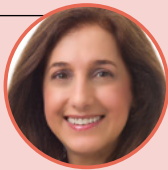
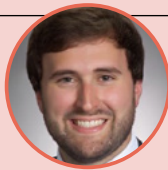
Benjamin W. Eidem,
MD, FASE
ASE President



ASE 2023 Scientific Sessions

Recap for Interventional Echocardiography Track

Contributed by: **Vinesh Appadurai, MBBS; Brody Slostad, MD; Akhil Narang, MD, FASE; Jyothy Puthamana, MD, FASE; Kiran Belani, MD, FASE; and Vera H. Rigolin, MD, FASE, Northwestern Medicine, Chicago, IL**



The creation of the Interventional Echocardiography (IE) Council in 2023 generated a new level of excitement and enthusiasm at ASE's 2023 Scientific Sessions.

THE CREATION OF THE Interventional Echocardiography (IE) Council in 2023 generated a new level of excitement and enthusiasm at ASE's 2023 Scientific Sessions. The IE track, which consisted of seven sessions and 57 individual presentations, provided a comprehensive exploration of the rapidly evolving spaces within structural heart disease and interventional echocardiography.

The first session, titled "Introduction to interventional imaging: not just about the intervention," took place early Friday afternoon and offered a sweeping overview of the current role and expectations of interventional echocardiographers. The session provided insights into the origin and current status of IE in the field of cardiac imaging. Dr. Marie-Annick Clavel highlighted the significant contributions from their lab, focusing on the advanced understanding of low-gradient aortic stenosis in the current interventional era and the decision-making process for transcatheter aortic valve replacement (TAVR) suitability and outcomes. Dr. Jyothy Puthumana presented crucial data on prognostication for severe mitral regurgitation (MR) and tricuspid regurgitation (TR), offering thresholds for intervention that could potentially influence decision-making and patient inclusion in future trials. Other important points discussed in this session included pre-procedural planning echocardiography, the role of multi-modality imaging, the current position of IE in the TAVR era, intraprocedural guidance for mitral procedures, expected normal findings post-intervention, and the current state of structural valve follow-up.

The second session, titled "Help I need somebody! TTE diagnosis of complications following structural procedures," was a nail-biting endeavor that provided comprehensive examples of complications encountered during intra- and post-procedural transthoracic echocardiography in patients undergoing structural interventions. Presented in a question-and-answer format, cases were first presented, followed by solutions and practical explanations from experts in the field. Dr. Frank Silvestry showcased a textbook example of single-leaflet detachment in the context of a flail P2 post-MitraClip™ procedure, while Dr. Lucy Safi provided valuable tips for recognizing and managing this morbid complication. Mr. Ian Crandall presented a case of aortic root rupture and fistulization resulting from a failed TAVR implantation, with Dr. Markus Scherer offering insights on the recognition and quantification of this situation using transthoracic echocardiography. Other notable cases included an intricate valve-in-valve-in-valve TAVR case with high-risk coronary obstruction, a tricky case involving new suspicion of tricuspid regurgitation leading to the discovery of a membranous ventricular septal defect post-TAVR, and assessment of LVOT obstruction post transcatheter mitral

valve interventions and device embolization post transcatheter-edge-to-edge repair. These cases, along with expert solutions and discussions, highlighted the importance of transthoracic echocardiography in diagnosing and managing complications arising from structural procedures.

The Cutting Edges and Sharp Angles session, held on Sunday afternoon, proved to be an enlightening experience for attendees. Two remarkable research abstracts were presented, highlighting outstanding contributions to the understanding of valvular heart disease. Dr. Mathias Claeys presented the "Opti-Mitra-Score," a predictive scoring system developed to assess the success of mitral transcatheter edge-to-edge repair (TEER) in cases of mitral regurgitation (MR). Dr. Lin Wang detailed her center's experience with intracardiac echocardiography (ICE) imaging for tricuspid valve TEER. Dr. Konstantinos Koulogiannis reviewed contemporary data on mitral TEER with respect to best practices for optimal patient selection, procedural guidance, and key challenges, particularly in secondary MR. The session also showcased the advancements in holographic imaging display for structural interventions presented by Dr. Mark Lebehn. This technology offers a unique and immersive visualization



The second session, titled "Help I need somebody! TTE diagnosis of complications following structural procedures," was a nail-biting endeavor.

approach, enabling interventional cardiologists to better understand complex anatomical structures and guide procedures with enhanced precision. Moreover, the application of 3D ICE was extensively discussed in the context of transcatheter MV, TV, and left atrial appendage interventions. These three presentations by Drs. Narang, Silvestry, and Chen examined the benefits and potential risks associated with the implementation of 3D/4D ICE in these specific interventions. The presentations sparked meaningful discussions regarding the potential of this advanced imaging modality to improve procedural planning, device selection, and overall patient outcomes in structural heart disease interventions.

Monday morning kicked off with the session “Newer Structural Interventions Guided by Echocardiography” chaired by Dr. William Katz and Dr. Frank Silvestry that explored a range of novel interventions guided by echocardiography from MAC intervention to ASD closure. This session also highlighted the excellent case-based learning discussions of para valvular leak and pseudoaneurysm closure by Dr. Markus Scherer, including a cutting-edge application of intra-arterial ICE to guide a transcatheter paravalvular leak closure.

The session titled “Interventional Echocardiography: Building A New Subspecialty” took place on Monday afternoon and began with an introduction by Dr. Muhamed Saric, who acquainted the audience with the IE Council. The IE Council provides a platform for a strong voice and representation in the ASE's board and important committees. Dr. Enrique Garcia-Sayan reviewed the recently published ASE IE Training Statement, which serves as a comprehensive guide for IE training programs and trainees, ensuring robust training for fellows and those receiving on-the-job training after fellowship. Challenges and opportunities for ICE in interventional procedures were discussed by Dr. Tiffany Chen, highlighting the expanding role of this technology in complex cases where TEE may not be feasible or provide sufficient imaging. Dr. Burkhard Mackensen provided valuable insights into the perspective

The insights gained from these sessions will undoubtedly shape the future of interventional cardiology.

of cardiac anesthesiologists, emphasizing their crucial role in IE procedural guidance and the unique expertise they bring to the heart team.

The IE track concluded with a session focused on advanced intra-procedural guidance of structural interventions. Through several case presentations, attendees gained in-depth insights into procedural guidance for structural heart disease interventions. Dr. Stephen Tomlinson presented a challenging transseptal puncture, supplemented by Dr. Ranuka Jain's tips and strategies, particularly emphasizing the critical role of 3D imaging. Other case presentations included mitral transcatheter edge-to-edge repair by Dr. Richard Bae, challenging tricuspid valve imaging by Dr. Evin Yucel, paravalvular leak closure by Dr. Carlos Godoy Rivas and left atrial appendage closure by Dr. Tiffany Chen. Experts including Dr. Frank Silvestry, Dr. Edwin Ho, and Dr. Edward Gill shared their tips and tricks for these procedures, emphasizing the importance of multiplanar reconstruction, transgastric views, and the utilization of intracardiac echocardiography when necessary. Dr. Rebecca Hahn closed the session with a review of intracardiac echo.

In summary, the formalization of the IE Council provided an exceptional platform for the display of training pathways, techniques, challenging cases, and troubleshooting tips at the Scientific Sessions. The insights gained from these sessions will undoubtedly shape the future of interventional cardiology. The anticipation is already building for the wealth of IE topics to be presented at next year's Sessions in 2024, promising another exciting event that will further advance this rapidly evolving field.

► The ASE 2023 Online Library including these sessions is available in the **ASE Learning Hub**.

Remembering Regan Giesinger

WITH OUR DEEPEST REGRET, we wish to announce the death of an outstanding young investigator from our community, Dr. Regan Giesinger, who passed away after an extensive battle with cancer on May 16, 2023.

Regan was an Associate Professor of Pediatrics in the Division of Neonatology at the Carver College of Medicine, University of Iowa and Director of the world-leading neonatal hemodynamics program. Dr. Giesinger was an exceptional young clinician scientist, who at a very early stage of her career, achieved an international reputation in her field of neonatal hemodynamics and the application of targeted neonatal echocardiography (TNE) as a critical bedside tool to enhance clinical care and research through providing enhanced diagnostic and mechanistic insights. She published many original studies that focused on the complex hemodynamic physiology and response of novel therapy of critically ill newborns. Her primary research work, which characterized the relationship between right ventricular dysfunction and neurodevelopmental outcomes in term neonates with hypoxic ischemic encephalopathy, was precedent-setting and has laid the foundation for further investigation.

Despite her young age, she published over 80 original contributions related to novel therapies in pulmonary hypertension and the use of nitric oxide in preterm infants. In addition, Regan showed outstanding strengths, integrity, and leadership in education, training, and administrative roles, and represented the very best of academic medicine. She was a member of the Neonatal Hemodynamics Advisory at PAS and was one of the founding members of the Neonatal Hemodynamics and TNE specialty



In teaching the importance of physiology and diagnostic precision in cardiovascular care, Regan has influenced a generation of trainees and young faculty.

interest group (SIG) at the American Society of Echocardiography. In 2021, Regan was appointed as Fellow of the American Society of Echocardiography (FASE), only the second neonatologist to receive this accolade. She was also a member of the writing group to update the guidelines for TNE and cardiac POCUS. She has left behind a powerful legacy. In teaching the importance of physiology and diagnostic precision in cardiovascular care, Regan has influenced a generation of trainees and young faculty.

► Patrick McNamera, MD, FASE, shared a heartfelt message about Dr. Giesinger during a Grand Rounds the day after she passed away. [View the video online.](#)

2nd Annual Echo in Pediatric and Congenital Heart Disease Virtual Experience

Contributed by **Shiraz Maskatia, MD, FASE**, Lucile Packard Children's Hospital Stanford, Palo Alto, CA; **Rita France, RDCS, RDMS, RT, FASE**, Children's Mercy Hospital, Kansas City, MO; **Jimmy Lu, MD, FASE**, University of Michigan Congenital Heart Center, Ann Arbor, MI; **Rebecca Klug, BA, ACS, RDCS, (AE, PE), RT(R), FASE**, Mayo Clinic, Rochester, MN; **Daniel Forsha, MD, MCS, FASE**, Children's Mercy Kansas City, Kansas City, MO; **Melissa Wasserman, RDCS, RCCS, FASE**, Children's Hospital of Philadelphia, Philadelphia, PA; and **Bruce (Biff) Landeck MD, MS, FASE**, Johns Hopkins All Children's Hospital, St. Petersburg, FL



Q/A

The conference attendees were awesome and weren't shy about engaging with the faculty and asking great questions.

Q: Looking back at the inaugural ASE PCHD virtual echo conference last year, what were the most fun or rewarding aspects of that conference?

A: **Melissa and Biff:** We loved the course last year! There was a lot of enthusiasm from the faculty, and this really made the conference attendees feel energized about learning about our field. The Peds/CHD community was so supportive and really helped get the word out for the course, and attendance was great. For the two of us in particular, it was rewarding on the weekend of the course to pop in and out of the sessions and see it all come to fruition. The conference attendees were awesome and weren't shy about engaging with the faculty and asking great questions. And the Virtual Happy Hour was a lot of fun, with everyone getting to know each other and share some personal connections.

Q: What do you think attendees enjoyed most about that conference?

A: **Melissa and Biff:** There was something for everyone last year (and this year too!). The attendees liked the informal feel to the meeting with lots of time dedicated for Q&A with the amazing faculty for every session. There really was no feeling of intimidation or anxiety when asking questions.

Q: What did you learn from last year that you hope to apply to this year's conference?

A. **Melissa and Biff:** Last year people really liked the live Q&A time with the speaker panel for each session, so we definitely wanted to keep that this year. There was a lot of interest from sonographers who don't always scan pediatric and congenital patients, and we are building on that by including sessions this year which will be of interest to them. There was a lot of feedback about how much people enjoyed the variety of topics from scientifically intense to more practical day-to-day considerations. We made sure to keep that breadth of subject matter in this year's course.

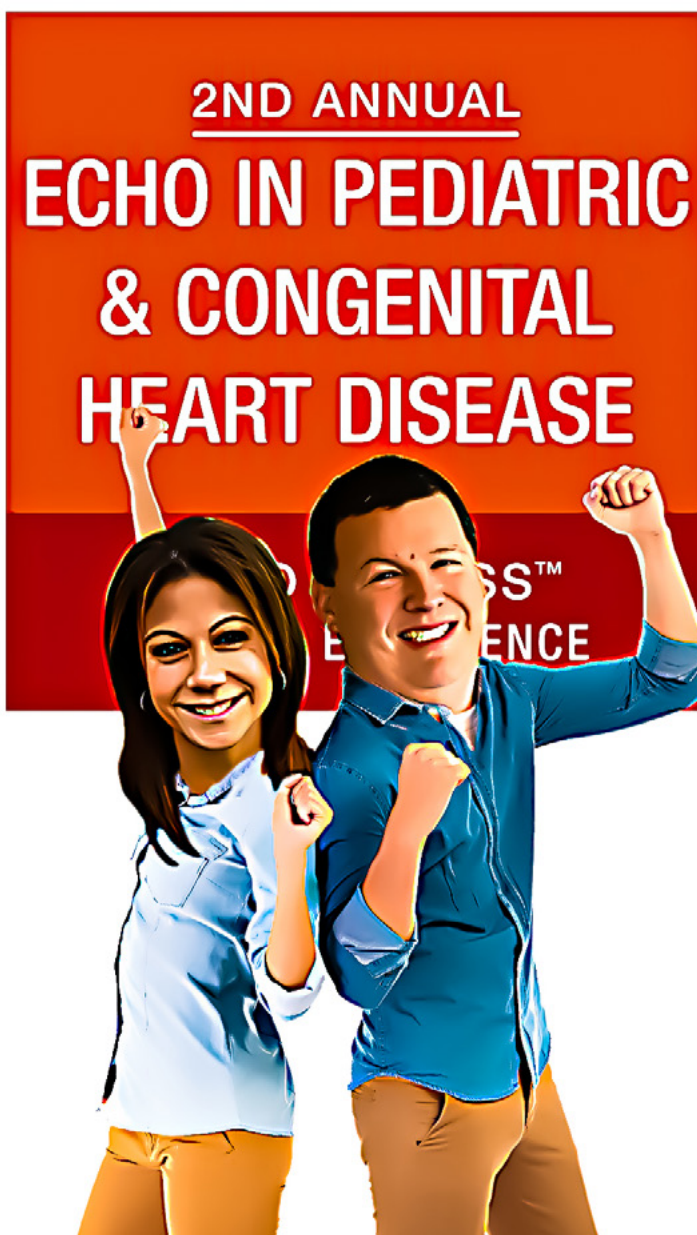
Q: It sounds like sonographer education will be the primary focus this year. How does this change the content and faculty speakers for this meeting?

A. **Melissa and Biff:** This year is all about sonographers! We are so excited to make sonographers our "target audience," and all of the sessions and talks are thoughtfully created with them in mind. We have worked hard (again) to have a diverse faculty for the course and are so excited that half of the faculty are sonographers themselves! This year is a great year for sonographers to consider the course because we're able to offer all of this exciting content (13 hours AMA/PRA Category 1 credits) for a fantastic registration price (\$199 for ASE members, \$250 for non-ASE members). The content will be available online for 90 days from October 9 to January 7 for those who want to review the talks again.

Q: Walk us through the structure of the conference. Are there particular sessions that you'd like to highlight?

A. **Melissa and Biff:** This year's course is more streamlined than the course last year. We are planning two days with

four, 90-minute sessions each day, as well as bringing back the popular Virtual Happy Hour on Saturday. Each session will have four speakers with plenty of time reserved for live Q&A and discussion with the faculty. There are so many great sessions this year that it's hard to single a few out, but since you asked, we're super-excited about the half day of ACHD-focused sessions (appealing to everyone!), a great session on cutting-edge functional analysis, a sonographer-focused session on being "happy and healthy," and some "how-to" talks about stress test and obtaining that perfect congenital image. The session we're most excited for is a very unique Sonographer



Roundtable discussion on career growth. We've got a great group of four sonographer discussants and two sonographer chairs, who will lead a vibrant conversation around how they jump-started their careers and advice for always staying engaged and fulfilled.

Q: You two have spent a lot of time together over the years chairing the inaugural and the second virtual PCHD virtual conference. Tell us something that you've learned about your co-chair through your experience working together.

Melissa: I've learned that it's possible to simultaneously laugh really hard and work really hard, when partnering with Biff. From creating witty titles for talks to drawing the worst map of the USA I've ever seen to make sure our faculty was diverse; Biff always kept our work fun! He's diligent, dependable, and creative. Also, everyone loves him so when he asks for input or for faculty recommendations, they simply can't say no! Biff is so very bright and has so many terrific ideas, yet somehow remains so incredibly humble. My next co-chair for this course has big shoes to fill!

Biff: Working with Melissa has been a true pleasure. She's so fun and engaging, and as everyone knows she's the life of the party. One thing I've come to expect working with Melissa is that we'll get nothing accomplished trying to talk as we're walking through the Scientific Session hallways because literally EVERYONE knows her and wants to stop and chat! It's like I'm walking with a celebrity. But seriously, Melissa is so helpful and reliable, never forgetting any detail. She's made all this work we've done for the course so easy.

► Echo in PCHD takes place September 30-October 1, 2023. Learn more at: ASEcho.org/EchoInPCHD

“
I've learned that it's possible to simultaneously laugh really hard and work really hard, when partnering with Biff.”



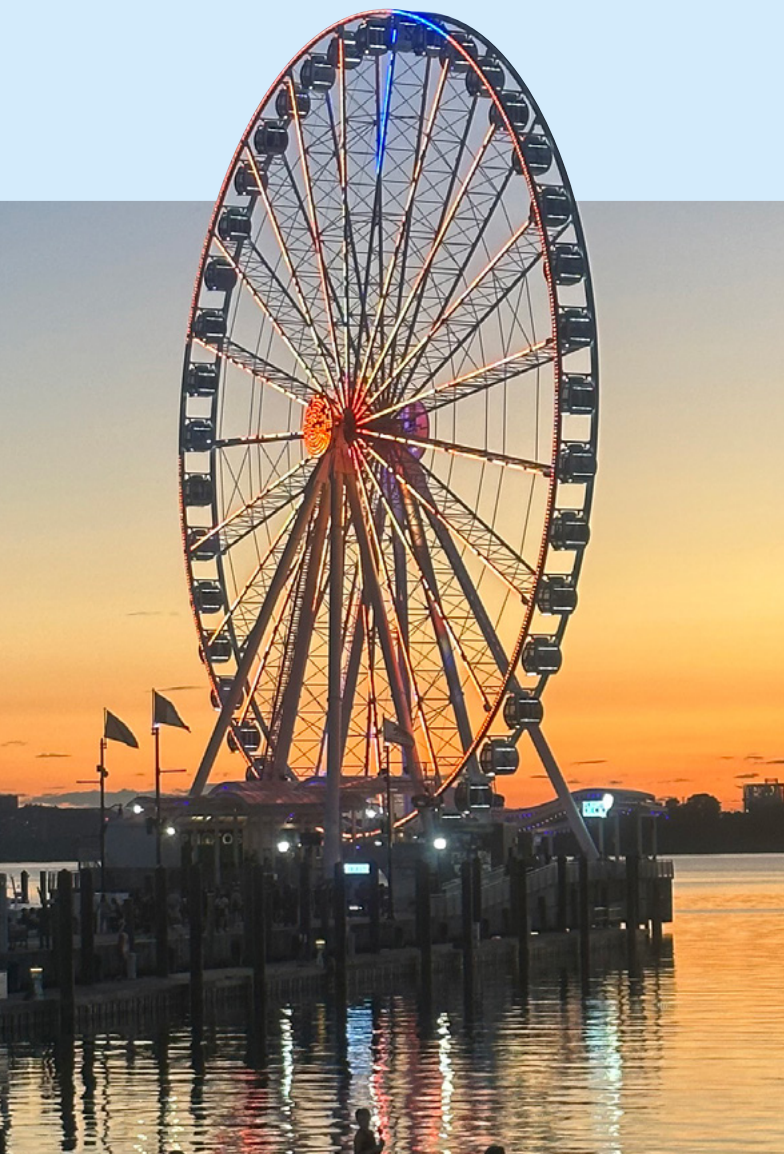
“
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ASE 2023 Scientific Sessions

Recap for Perioperative Track

Contributed by **Kiran Belani, MD, FASE,**
Northwestern Medicine, Chicago, IL



THIS YEAR'S 2023 ASE Scientific Sessions at the Gaylord National Resort and Convention Center (National Harbor, MD) continued to carry an amazing, dynamic energy after last year's return to an in-person meeting post-pandemic. The Perioperative Track for 2023 was led by Track Chair Dr. Jeremy Thaden (Mayo Clinic, Rochester, MN) and Track Co-Chair Dr. Richard Sheu (University of Washington Medical Center, Seattle, WA), and was supported by members of the Council of Perioperative Echocardiography (COPE) Steering Committee as well as several ASE leaders and collaborators from cardiac anesthesiology, cardiac surgery, and cardiology. These COPE supporters and contributors span a wide range of clinical practices and are either imagers in the perioperative space, or individuals who work closely with imagers in their respective institutions. The Perioperative Track this year totaled six sessions and 37 individual presentations, up from four sessions and 21 presentations last year in 2022, for an incredible showing and demonstration of the current state of perioperative echocardiography.

The Track kicked off on Friday with two sessions. We got a quick first look at the incredible progress that has been made in Perioperative



Dr. Madhav Swaminathan's acceptance of the 2023 Outstanding Achievement in Perioperative Echocardiography Award at the ASE Foundation Research Awards Gala.

Echocardiography at the session held by the Intersocietal Accreditation Commission (IAC), which highlighted the new, formalized Perioperative Echocardiography Accreditation. This accreditation can supplement an institution's already existing Adult and/or Pediatric Echocardiography service(s) in the Echo Lab(s). This seal of approval from the IAC ensures that a Perioperative Echocardiography Service achieves the standards of care and provides high quality of echocardiography services in the perioperative and periprocedural arenas. To date, four institutions have achieved this new accreditation (Duke University Medical Center, Cleveland Clinic, University of Washington Medical Center, and University of Michigan) and these excellent efforts have been spearheaded by several current and past COPE leaders (Drs. G. Burkhard Mackensen, Alina Nicoara, Richard Sheu, et al). The COPE Steering Committee intends on leading the charge to spread word about this new accreditation process and encourage colleagues at other institutions to pursue this now highly sought-after quality measure. This session was quickly followed by the open COPE business meeting, describing the contributions of current and outgoing members, general membership information, and recognizing our COPE ASE travel grant recipients and awardees.

His contributions are palpable nationally and internationally. As the first cardiac anesthesiologist to serve as ASE President (from 2019-2020), he paved the way to showcase how far we have come in the field of perioperative echocardiography and also to shine light on the bright future which lies ahead.

Speaking of awardees, the major spotlight of the Perioperative Track was the receipt of the Outstanding Achievement in Perioperative Echocardiography Award by one of the pioneers of Perioperative Echocardiography today who is a trailblazer in the ASE and in cardiac anesthesiology, and one of my beloved personal mentors: Dr. Madhav Swaminathan from Duke University Medical Center. His contributions are palpable nationally and internationally. As the first cardiac anesthesiologist to serve as ASE President (from 2019-2020), he paved the way to showcase how far we have come in the field of perioperative echocardiography and also to shine light on the bright future which lies ahead.

The individual talks and sessions were a resounding success. Panels consisted of multidisciplinary experts discussing the latest advances and up-to-date guidelines regarding complex valvular heart disease, management of aortic pathologies, approaches to mechanical circulatory support, and importantly, real-time decision-making dilemmas in the operating room. Dr. Richard Sheu gave a great lecture on the “Perioperative Incidentaloma: What to do with the PFO in my AVR Patient?” I was honored to present a case of “Residual Turned Recurrent Mitral Regurgitation after Surgical Mitral Repair” in the Challenging Mitral Cases session, along with Dr. Jeremy Thaden who discussed “What to do with my MAC Patient,” where we bridged perioperative and interventional mitral topics like a true heart team discussion. The Tricuspid Regurgitation primer included experts in the field including immediate-past COPE Chair Dr. G. Burkhard Mackensen and Dr. Rebecca Hahn highlighting the importance of the previously forgotten tricuspid valve and the importance of a comprehensive exam, multimodality imaging, and strategies for tricuspid imaging success. Drs. Bola Faloye, Kimberly Howard-Quijano, and incoming COPE Chair Dr. Sheela Pai Cole discussed several key imaging elements needed when dealing with temporary and durable mechanical circulatory support devices. Drs. Michelena, Swaminathan, Nicoara,

The individual talks and sessions were a resounding success. Panels consisted of multidisciplinary experts discussing the latest advances and up-to-date guidelines.



Dr. G. Burkhard Mackensen (immediate-past COPE Chair) and Dr. Sheela Pai Cole (in-coming COPE Chair) heading out from the sessions and the COPE retreat- all smiles!

COPE Council at the Gala! From left to right: Dr. Douglas Shook, Dr. Chinonso Opara (fellow), Dr. Kimberly Howard-Quijano, Dr. Kiran Belani, Dr. Richard Sheu, Samantha King (ASE staff), Dr. Madhav Swaminathan, Dr. Sheela Pai Cole, Dr. Bola Faloye, Dr. Alina Nicoara, Dr. G. Burkhard Mackensen, and Dr. Qiong Zhao.



and Sherman contributed heavily to the intra-operative decision-making session, discussing topics from the new nuances of aortic valve repair surgery, surgery for HOCM, management strategies for incidental moderate mitral regurgitation and tricuspid regurgitation noted on the intra-operative exam, and a discussion of how much paravalvular leak is too much to accept. Dr. Ratna Vadlamudi also demonstrated some fantastic imaging in aortic dissections, showcasing her talent in imaging in tricky hemodynamic situations. These speakers and talks are only a small representation of the amazing contributions to the Perioperative Track. Throughout the sessions, the common theme that tied us together was that our 3D 6-beat acquisitions with color/without stitch artifact/taken under general anesthesia were always a huge hit with the imaging audience!

To finish off the Sessions, the COPE Steering Committee had their bi-annual retreat the day following the end of the Scientific Sessions, where brainstorming began for continued perioperative programming, initiatives, educational products, and collaborative endeavors that will continue to advance the field of perioperative echocardiography. There are also an increased number of COPE Steering Committee members whose practice spans both the perioperative and interventional echocardiographic spaces, which will lead to an increase in the amount of engagement we have with some of our partnering Councils for enhanced multidisciplinary work in subsequent Scientific Sessions and beyond.

On behalf of the COPE Council, I would like to extend a huge, heartfelt thank you to Drs. Thaden and Sheu for their work on the excellent Perioperative Track programming this year. I am personally very much

looking forward to furthering the vision of this group and extending our perioperative outreach as Dr. Sheu and I create the track for the 2024 Scientific Sessions. Portland cannot come quickly enough!

▶ The ASE 2023 Online Library including these sessions is available in the **ASE Learning Hub**.



Dr. Jeremy Thaden (COPE Track Chair) and Dr. Federico Asch (incoming ASE 2024 Scientific Sessions Program Chair) before their pro/con debate of TMVR for functional MR!



COPE Council Retreat! From left to right: Dr. Zuyue Wang, Dr. Sheela Pai Cole, Dr. Richard Sheu, Dr. G. Burkhard Mackensen, Dr. Charles Nyman, Dr. Bola Faloye, Dr. Kiran Belani, Dr. Douglas Shook, Dr. Kimberly Howard-Guijano, Dr. Himani Bhatt, and Dr. Ratna Vadlamudi.

ASE WORKING FOR YOU



Earlier this year ASE underwent the American Medical Association's House of Delegates (AMA HOD) five-year review process. The HOD is the legislative and policy-making body of the American Medical Association that sets the AMA legislative priorities. **Thanks to our members, we were able to maintain our two seats in the AMA HOD.** This past June, the HOD held its annual meeting and considered numerous resolutions. There were a limited number of resolutions pertinent to cardiology community broadly and the following are particular to ASE.



Contributed by ASE's Representatives to the AMA on the Advocacy Committee, **Kameswari Maganti, MD, FASE**, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ, and **Peter Rahko, MD, FASE**, University of Wisconsin School of Medicine and Public Health, Madison, WI

- The House business started with Medicare physician payment reform. Temporary patches, ongoing payment cuts, freezes and redistribution of Medicare physician payment system have left physician practices and patient access to care at serious risk. When adjusted for inflation, Medicare physician payment has effectively declined 26% from 2001 to 2023. This led to a new AMA campaign in an effort to get Washington D.C. to listen.
- The AMA council on medical education insisted that we train future physicians to lead interprofessional care teams in education and practice. Also, there was a lot of discussion regarding opposition to scope-of-practice expansions that threaten patient safety.
- The AMA plans to encourage medical schools to make students more aware of loan-forgiveness programs while the organization also seeks to cut other expenses that burden medical students.
- A resolution addressed to stop excessive punishments for low-level drug crimes was adopted, and this will be applied retroactively to those who were convicted or sentenced.


- Telehealth was also looked at closely. Telehealth has helped boost access to historically underserved populations. The AMA wants to continue ensuring that patients in underserved areas and seniors with complex health conditions have the technology skills as well as access to take advantage of this new mode of care. The AMA plans to encourage policymakers to determine what resources and training patients would need to maximize the benefits of telehealth and its potential to improve health outcomes.
- Physicians affirm, and clarify their duty to promote equitable care. AMA's newly adopted ethics policy advises physicians and healthcare organizations on their roles in advancing health equity.
- Another resolution discussed opposition to mandated reporting or disclosure of patient information related to sexual orientation, gender identity, gender dysphoria, intersex identity, and any information related to gender transition for all individuals, including minors.
- The HODs directed the AMA to advocate for the establishment and enforcement of legislation or regulations that ensure only physicians supervise the provision of emergency care services in an emergency department.
- There was a lot of discussion regarding Artificial Intelligence (AI). The AMA's first policies on AI were adopted in 2018 and recognized the technology's potential for enhancing patient and physician decision-making and improving health outcomes. The policies are being fine-tuned to ensure its positive aspects are funneled toward the benefit of patients and physicians while heightening awareness of the negative aspects of AI that can cause harm.
- As health insurance companies turn to AI to speed up patient claim and prior-authorization decisions, the AMA will advocate for greater regulatory oversight of the practice.
- While The Council on Ethical and Judicial Affairs (CEJA) Report 3 was sent back for further revisions, the report deals with short-term medical service trips, which will be of interest to our Society.



These trips send physicians and physicians in training from wealthier countries to provide care in resource-limited settings for a period of days or weeks, have been promoted as a strategy to provide needed care to individual patients and, increasingly, to address global health inequities. These realities define fundamental ethical responsibilities for volunteers, sponsors, and hosts to jointly prioritize activities to meet mutually agreed-on goals; navigate day-to-day collaboration across differences of culture, language, and history; and fairly allocate host and team resources. Participants and sponsors must focus not only on enabling good health outcomes for individual patients, but also on promoting justice and sustainability, minimizing burdens on host communities, and respecting persons and local cultures. Volunteers should be clear on the possibility that they may be ethically required to decline requests for treatment that cannot be provided safely and effectively due to resource constraints.

The full report is available to ASE members in the [ASE Member Portal](#).

PARTICIPATE in the PROCESS



Contributed by
Denise Garris, a Principal
at The Korris Group and
retained by ASE to assist
with ongoing strategic
activities to maintain and
improve coverage and
reimbursement for
echocardiography services

There is nothing intuitive about the process by which Medicare determines payments for physicians. The American Medical Association (AMA)/Specialty Society Relative Value Scale Update Committee (RUC) is a unique multi-specialty committee comprised of 31 members. This committee is tasked with making relative value recommendations to the Centers for Medicare & Medicaid Services (CMS) for new and revised codes, as well as annually updating relative value units (RVUs) to reflect changes in medical practice.

How is the accomplished?

Specialty societies such as cardiology, conduct surveys for physician work and practice expense (clinical labor, supplies and equipment). These recommendations are submitted to the AMA RUC, which reviews and decides whether to accept, reject, or modify the recommendations. It should be noted that the RUC is not a federally chartered advisory body and operates under their first amendment rights to provide recommendations to CMS regarding how healthcare providers should be paid.

But why is this important to an individual physician?

The RUC's recommendations to CMS hold considerable influence on the relative values assigned to physician services and, as a result, how much physicians are paid. CMS expects allowed expenditures under the Medicare physician fee schedule to exceed \$546.7 billion this year, and the RUC will be instrumental in determining how those dollars are parceled out.

The real impact of the RUC is even bigger when you consider that many other payers tie their fee structure to Medicare's – approximately 85 percent of private payers and 69 percent of Medicaid programs, according to one recent survey.

CMS has historically accepted 80 percent or more of the RUC's recommendations. Given that the average cardiologist's patient mix is 40-50 percent Medicare, the RUC is likely to have a direct influence on approximately half of your income.

What impact can an individual physician have?

Specialty societies need input to determine fair values for procedures. ASE collects data on behalf of the RUC when codes are reviewed or proposed. If you receive a request to complete a survey from ASE or ACC, please act. Your societies need your help to assure relative values will be accurately and fairly presented to the RUC and ultimately CMS the revision process. This is important to you and other physicians because these values determine the rate at which Medicare and other payers reimburse for procedures.

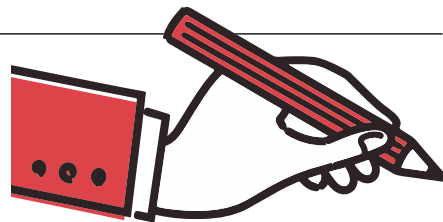
What happens if physicians don't act?

The valuation of physician work involves measurement of physician time as well as the complexity and intensity of the task. If potential survey pool members ignore the email, the results of the survey will be

weaker. Surveys are blinded, so regardless of whether these reduced results are representative or not, the RUC and CMS process will proceed. If the arguments are not concise and robust, there is a risk of either low valuation (for a new CPT code) or low valuation (for an existing CPT code). If the RVU is lowered, the “net savings” is redistributed to the rest of the physician payment pool. In the case of high-volume services such as echocardiography - millions of dollars could be shifted.

Since the surveys are the primary source of data used to determine RVUs, it is essential that ASE members complete surveys when they receive the email invite. All physicians are best served when all specialties actively convey the work and overhead involved in their respective, commonly furnished services.

WE NEED YOUR HELP!



ASE periodically needs experts to fill out RUC surveys for the AMA Specialty Society/Relative Value Update Committee. To ensure the physician services across all specialties are well represented, the AMA established the AMA/Specialty Society Relative Value Scale Update Committee.

The RUC makes recommendations regarding valuation for new and revised Common Procedural Terminology (CPT) codes to the Centers for Medicare and Medicaid Services (CMS). The RUC makes recommendations on revising and updating the resource-based relative value scale (RBRVS), which is utilized by Medicare and many private payers to determine reimbursement for medical services. Information, such as the time and intensity it takes to perform certain services for patients are derived by surveying physicians who have expertise in performing those services.

This information is critical to ensuring appropriate valuation.

ASE actively participates in the RUC process, and as part of the process, you may be asked to participate in a survey to help value a CPT code. Familiarity with the survey instrument and methodology is essential for accurate completion of a survey and has important implication for code valuation. Survey instruments are standard across all specialties. ASE strongly encourages members who are familiar with a procedure undergoing a RUC survey to take the time to complete a survey.



Filling out a survey takes about 20 minutes.

For more information about how to complete a RUC survey and the REUC process please see:

<https://www.asecho.org/what-is-the-ruc-and-ruc-survey/>

ECHO

ASE'S MISSION

*To advance cardiovascular
ultrasound and improve lives
through excellence in education,
research, innovation, advocacy,
and service to the profession and
the public.*