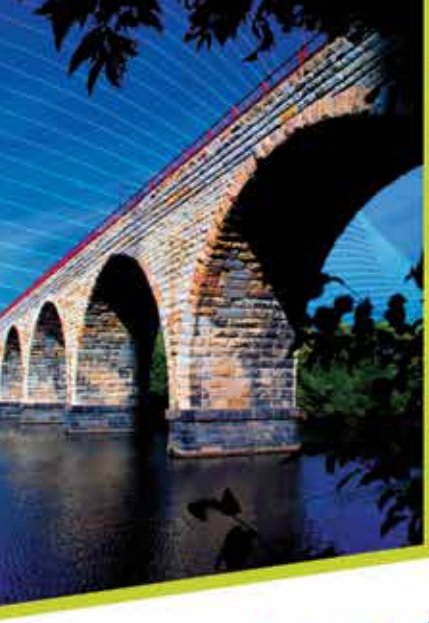
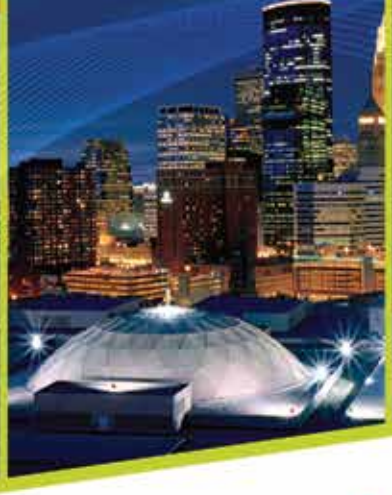
ECHO

VOLUME 1, ISSUE 2 | **MARCH 2013**






ASE 2013

AMERICAN SOCIETY OF ECHOCARDIOGRAPHY

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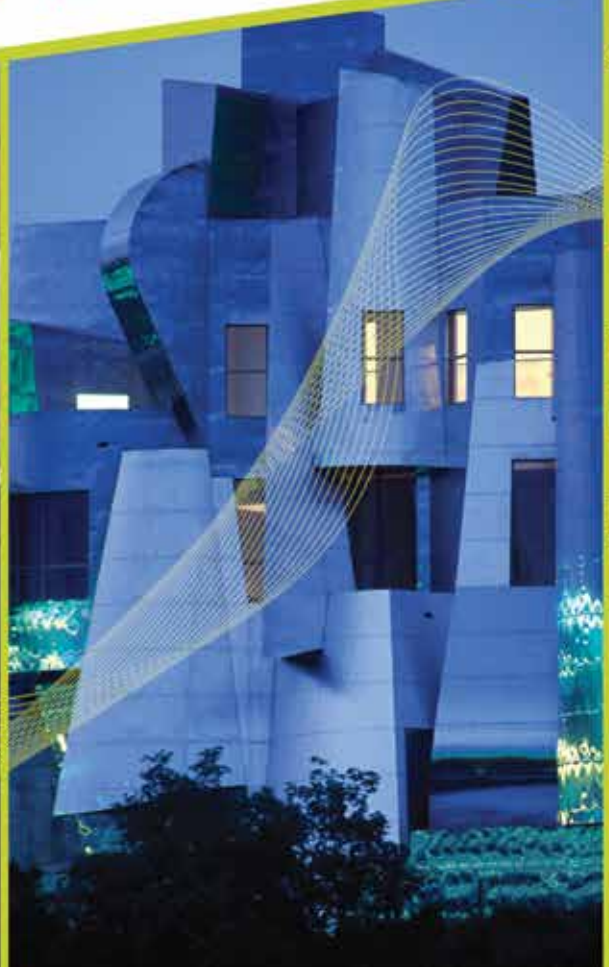


ECHO

A MEMBER NEWS SOURCE
VOLUME 1, ISSUE 2 | **MARCH 2013**

YOUR ASE WORLD. Engaging. Informational. Entertaining.

ABOUT ASE

The American Society of Echocardiography (ASE) is a professional organization of physicians, cardiac sonographers, nurses, and scientists involved in echocardiography, the use of ultrasound to image the heart and cardiovascular system. The Society was founded in 1975 and is the largest international organization for cardiac imaging.

ASE'S MISSION

ASE is committed to excellence in cardiovascular ultrasound and its application to patient care through education, advocacy, research, innovation and service to our members and the public.

Our members are the Heart and Circulation Ultrasound Specialists. They use ultrasound to provide an exceptional view of the cardiovascular system to enhance patient care.

COMMENT AND CONTRIBUTE

Like what you read? Have an idea for a future article? We want to hear from you! Email echo@asecho.org.

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ASE MEMBERS:

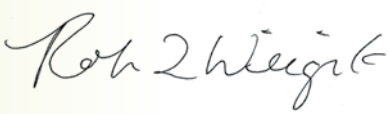
As we were putting together this second issue of the *Echo*, I was reminded that our work, like our members' professions, is so keenly a team-oriented endeavor. In this issue we cover a variety of topics, including the 2013 annual meeting, the World Summit, ASE's participation in the *Choosing Wisely*® campaign, and the COA-ACS organization's founding, each of which has been put together with a lot of labor (and love) from both volunteers and association staff.

Such a team-based approach is needed, as everyone sees the cardiovascular field's changes from a different perspective. Our association's job, therefore, is to coalesce these experiences and try, through many avenues, including educational and outreach efforts, to help our members stay apprised of developments in the field, to adapt, and ultimately, to thrive.

Echocardiography continues to be a vibrant and evolving technology, as evidenced by all the remarkable research activity that was discussed in the recent Technology Summit (see page 38). Our executive committee, board, and volunteer leaders are committed to continuing to push the field forward and make it a viable and exciting profession in which to train, work, and participate in the future.

We hope you continue to enjoy our new publication now and in the future. This news source should augment our online offerings, bi-monthly e-newsletters, and other information resources. Let us know if you are receiving the type of information you need – our goal is to help you and provide a resource that resonates with your interests!

Thank you for your continued membership; we are stronger together than alone.



Robin Wiegerink, MNPL, *ASE's CEO*

Inventive Medical Launches HeartWorks eLearn

'HeartWorks eLearn: a complete introduction to TEE' has its roots in the HeartWorks echocardiography simulator that has made an exceptional contribution to the evolution of echocardiography training worldwide. The system is the brainchild of three practising cardiac anesthesiologists at The Heart Hospital in London, UK. Doctors Andrew Smith, Bruce Martin and Sue Wright had been heavily involved in echocardiography education in the UK for several years when they decided to create a teaching tool that would help them to demonstrate the correlations between cardiac anatomy and echocardiographic images to students of TEE. Two years of painstaking 3D modeling and software development followed, resulting in a TEE simulator that has been adopted by customers in 23 countries since. The success of the TEE simulator led on to the production of TTE simulation, and, more recently, the release of models of pathological hearts within the system.

The outstanding success of HeartWorks within echocardiography education was further consolidated when Inventive Medical Limited decided to crystallize their teaching skills in the form of an internet-based teaching resource. Forming a partnership with several leading cardiac anesthesiologists in the US Inventive Medical Limited established HeartWorks eLearn, a novel eLearning website that uses the unparalleled features of the HeartWorks' system to illustrate learning points in echocardiography.

The resulting internet-based course, 'HeartWorks eLearn: a complete introduction to TEE' comprises nine modules which span topics from TEE probe manipulation and imaging planes to structure based topics such as mitral valve imaging. The ability for self-testing at the conclusion of each module introduces an interactive element that allows students to gauge their learning, while the administrative tutors of learning groups can also track individuals' progress through the course on line. Passing the end of the course test earns students 11 *AMA PRA Category 1 Credits*™ designated by ASE.

"We recognized that there was little educational material aimed at novices in TEE. With HeartWorks eLearn we aimed to illustrate the basic principles of TEE imaging in a clear and structured way, presenting the course content in a media-rich interactive format," said Sue Wright.

Andrew Smith added, *"We've put a lot of effort into presenting the fundamentals of echocardiography, particularly those relating to physics or echocardiography calculations, in an easily digestible way. The text is clear and uncluttered and we have created new animations to illustrate traditionally difficult concepts".*

The course has been strikingly well received by students of TEE. "The eLearn interface is very appealing and easy to use," said Dr. John Chandler, anesthesia fellow at The Heart Hospital in London. "Coupled with excellent course content, it made HeartWorks eLearn invaluable in my echo exam preparation."

HeartWorks eLearn can be trialled free for 72 hours at **http://learn.heartworks.me.uk**. Jointly sponsored by ASE and Inventive Medical Ltd. Content has been developed by, and is the property of, Inventive Medical Ltd. CME provide by ASE.

HEARTWORKS eLearn

ASE American Society of Echocardiography

IML INVENTIVE MEDICAL Ltd.

CHARITY

Inventive Medical Ltd, 5th Floor East,
250 Euston Road, London, NW1 2PG
Registered in the UK No: 6468381

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Society of Echocardiography and Inventive Medical, Ltd. The American Society of Echocardiography designates this enduring material for a maximum of 11 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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AMERICAN SOCIETY OF ECHOCARDIOGRAPHY

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JASE goes mobile:

{Introducing the iPad app}

Did you know that, in October 2012, the *Journal of the American Society of Echocardiography* (JASE) debuted its iPad app? The JASE editors and ASE worked for over a year in concert with our publisher, Elsevier, to develop a tool that would allow you to take the Journal with you wherever you go. The result is a sophisticated and fully integrated piece of software that incorporates the experience of reading the print journal with the convenience of digital access.

This simple to use app allows first-time users the opportunity to acclimate quickly to this new way of reading and exploring JASE. Reading JASE through the app will give you an automatically superior experience to the online or paper versions of the Journal. Subscribers are easily able to read and download new research, forward articles to themselves or to colleagues, and save and bookmark their favorite articles for future reference. They can also watch embedded supplementary videos, email images from the articles to themselves or colleagues, or share articles via social media with a tap of the finger. The app even provides digital note-taking capabilities, helping you to make sure you don't miss a thing.

Interested in downloading the JASE app? We've provided you with some simple tips to get started:

1. Download the JASE app via the Apple iTunes Store searching for "Journal of the American Society of Echocardiography" will bring you to the correct app.
2. Once you have downloaded the app on your iPad, you will have to register your subscription online so that you will make sure you get your content in a timely manner.
3. To do so, visit **www.onlinejase.com**
4. Register in the upper right corner of the screen.
5. Claim your society subscription.
6. Log into the app using these Elsevier-issued credentials when you are prompted to do so (these are NOT your ASE login credentials). You will only need to log in one time, and then the app will remember your information.

Logging into the app is then as quick and easy as logging into JASE's Elsevier-hosted homepage.

We at ASE and JASE are committed to bringing you the research you value in ways that you find convenient; we will continue to work with our publisher to explore new platforms and to enhance those we have currently to provide you with the best journal experience possible.❤

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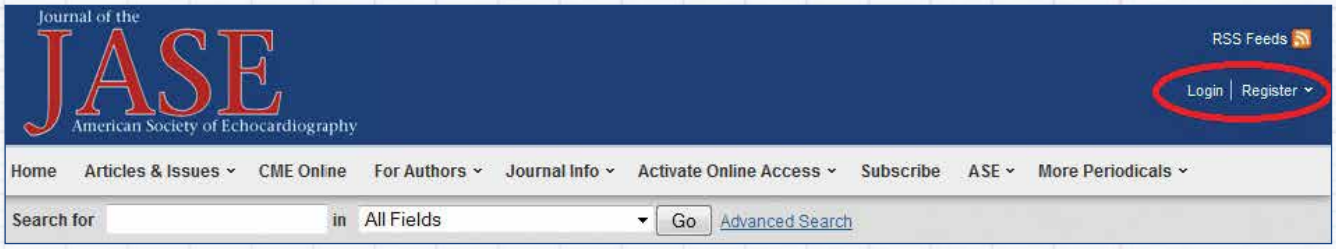

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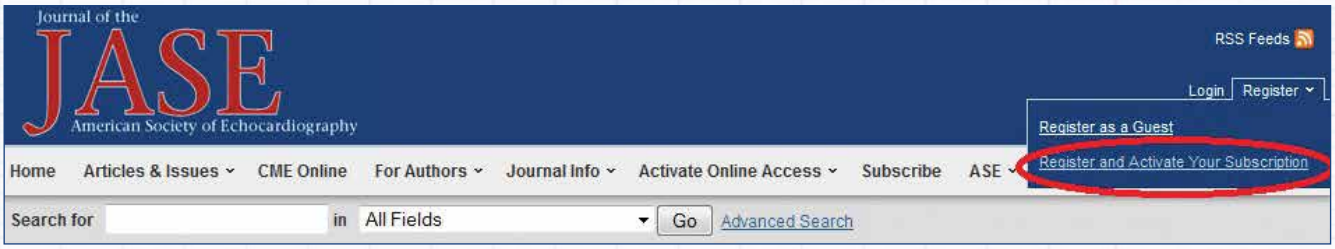

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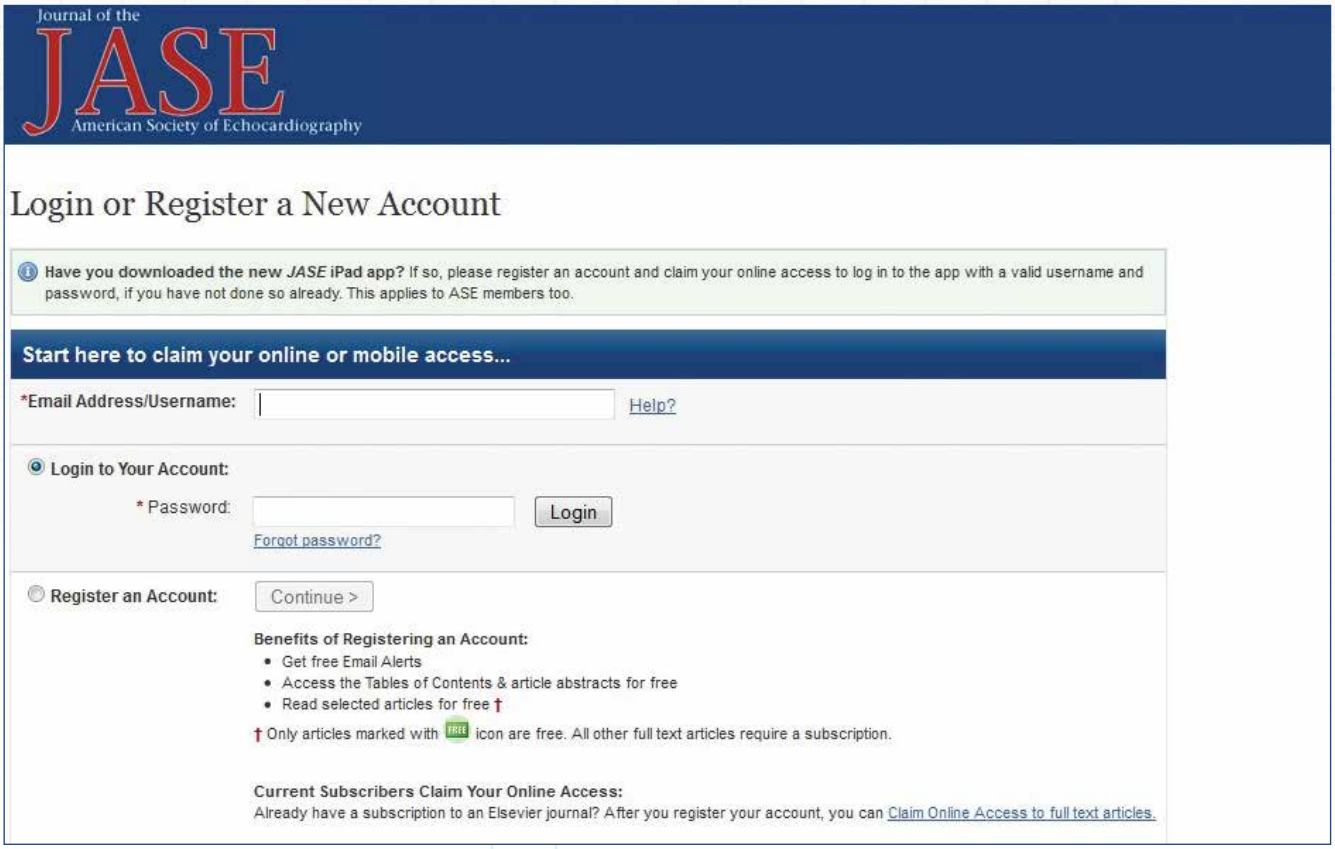


Should you have any questions, thoughts, or feedback, please don't hesitate to let us know at **jaseoffice@asecho.org** ❤

10 WAYS TO MAXIMIZE YOUR MEMBERSHIP

ASE supports its members with a variety of services and programs designed to make your life easier and save you time and money. Get the most out of your membership. By taking advantage of just half of these ten offerings, you may find that your ASE member card is the most valuable thing in your wallet!

1 LOG ONTO WWW.ASECHO.ORG

Members-only resources will not disappoint at **www.asecho.org**. Log online and read up on the latest advocacy news. Do you know what an ACO is? What about SGR? You need to, so don't miss this valuable information. ASE's member resources include practice management and advocacy information as well as information on training programs, research opportunities, awards and grants, and much more.

2 ACCESS JASE ONLINE

Log on through ASE and follow the links to access JASE. The easy to use platform receives rave reviews from our users. It is easy to navigate and provides access to articles-in-press as well as a clear way to view articles most-cited and most-read. You can search and read back issues and print PDFs. Moving images are also included, adding extra enhancement from the paper version.

3 EDUCATION, EDUCATION, EDUCATION.

Did someone say FREE CME? Over $400 worth of free education is available online at any time for members. In the form of articles or pre-recorded talks, free education is valuable for all members whether you are trying to fulfill your certification requirements or simply want to keep updated on what is new. Don't let a year go by without accessing this very valuable and convenient resource. You will be glad you did.

4 CONNECT TO ASE

ASE provides you with a unique way to connect with colleagues. Are you looking to move to a new state or institution? You can search for contacts by location, areas of interest, and other criteria and make professional contacts to make your move a smoother one. Do you need technical advice? Many members post questions and receive advice from cardiovascular specialists from across the globe. If you want to update your old teaching slides, browse unique images in the image library. Advocacy and presidential blogs give you the best information from the experts in the field. Is your entire lab staff members of ASE? If so, create a private community for your group and use Connect@ASE as an interoffice workflow manager. The options are endless.

5 REGISTER FOR THE SCIENTIFIC SESSIONS

With early registration, members can save a pile of money. You can save up to $370 in registration for the 24th Annual Scientific Sessions. The 24th Annual Scientific Sessions begins June 29th and will focus on clinical practice. This year's disease-based diagnosis and therapy theme will assist you in your daily or routine clinical needs. An increase in the amount of small sessions and faculty involvement will allow you to have the most meaningful conference experience possible. And, Echo Jeopardy is back! Register now before the early bird deals are gone and to ensure you get the opportunity to add ticketed events before they sell out.

6 GIVE BACK

ASE relies on volunteers to help strategize and prepare the society for the future. Task Force and Committee appointments are made every year in March for a July to June term. Volunteering can help you give back to your field while you earn activity that can help make you eligible for FASE. Consider volunteering and give to the ASE Foundation. We would appreciate your support!

7 CERTIFICATION IS EASY

Automatic CEU reporting to American Registry for Diagnostic Medical Sonography (ARDMS) and Cardiovascular Credentialing International (CCI) is easy. All you need to do is be sure your registry numbers are in ASE's member database. Log on and view your record (you might want to update your address as well). Reporting is automatic and can help you avoid an audit. Or, would you rather file the paperwork yourself? No, we didn't think you did.

8 CAREER CENTER

The ASE Career Center allows members to upload their resumes and search for positions in the field of cardiovascular ultrasound. You can also upload your LinkedIn profile and resume directly. Members can post job openings at a discount and can even highlight their positions for increased visibility. You want your next colleague to be well-trained and informed so don't you want to look to ASE for help? We happen to know about 16,300 good candidates!

9 GET READY FOR FASE

Only members of ASE can be a Fellow of the American Society of Echocardiography (FASE) and be recognized for their achievements with this very special designation. FASE recognizes those who meet rigorous standards and celebrates the dedicated member who has proven professional contributions, a diverse set of skills, and knowledge of all aspects of cardiovascular ultrasound. FASE lets colleagues and patients know that you're part of an outstanding group of cardiovascular ultrasound professionals. Already 1,400 ASE members have met the mark. You may be eligible and not know it. Find out today at **www.asecho.org/FASE**

10 BUY A PRODUCT

The ASE Guideline Reference Book continues to be our top-seller and members save $140 on this product alone! Other guideline reference products include the ever-popular posters sold individually or in a set, our new flip chart, and our well-received pocket guides. Smartphone apps are also available on your phone's app store; thousands have been sold already. In addition to guideline products, you can find great teaching aids, CME products, and online-only products too. Whether you need help passing your board exam or want material to improve training, the ASE store has what you need. And free parking (at your desk)! ❤

pathway *to* FASE

ANNOUNCING A NEW BENEFIT TO FELLOWS IN TRAINING

As a recent graduate from training, being selected as a Fellow in the ASE might seem out of reach. However, it is not too early or too complicated to begin planning your strategy to move toward Fellowship in the ASE.

The FASE designation recognizes those who meet rigorous standards and celebrates the dedicated member who has proven professional contributions, a diverse set of skills, and knowledge of all aspects of cardiovascular ultrasound. FASE lets colleagues and patients know that you're part of an outstanding group of cardiovascular ultrasound professionals.

The Way to FASE has been developed to help Fellows prepare for the future. It provides a check list of possible accomplishments that will help you earn FASE and instructions on how to begin to file your application materials directly upon completion of your Fellowship program! Helpful materials will assist you to:

- Plan what kind of activities you may want to work on to help achieve FASE in the future such as research and education or volunteerism
- Change your membership from Fellow in Training to Early Career member
- Use ASE resources to help you prepare you for the Boards and after you have Testamur status, ready your application to be Certified in Echo
- Network and make connections for strong letters of recommendation
- Search for appropriate sources for the letters of recommendation

Once your cardiovascular ultrasound fellowship has been completed, you may ready your application materials and when your certification has finally come through, you will be all ready to be reviewed. ❤

Contact **ase@asecho.org** to learn more about the Way to FASE. And, look for an announcement of materials that will be available online soon!

YOUR PERFORMANCE STANDS OUT, SO SHOULD YOU

Reap the benefits of your diligence by being recognized as FASE (Fellow of the American Society of Echocardiography), a designation that lets colleagues and patients know that you're part of an outstanding group of cardiovascular ultrasound professionals.

For those who meet the rigorous standards, FASE recognizes the dedicated member with proven professional contributions and a diverse set of skills and comprehensive knowledge of all aspects of cardiovascular ultrasound.

Strive for FASE. You may already be eligible.

Learn the professional benefits and review the application at www.asecho.org/FASE.

FASE Fellow of American Society of Echocardiography

LEAD. CONTRIBUTE. BE RECOGNIZED.

center your career w/ ASE

Job Trends in Echocardiography

The medical job market has changed drastically in the last decade, owing in large part to new developments in healthcare policy, the national debt crisis, and evolving models of practice management.

Additional major influences include the wave of baby boomers poised to retire in the next five years, and the rapid growth of technology, both as it relates to the practice of medicine and as a way of increasing access to information and resources. In spite of today's sluggish domestic economy, multiple job markets are thriving, including the field of echocardiography. Job opportunities have been rising steadily in this field and are projected to increase by 26% by the year 2016. Multiple positions exist for echocardiographers in hospitals and primary care clinics, which remain the principal employers in this field. Environments set to hire increasing numbers of echocardiographers include physicians' offices, mobile health services, and diagnostic imaging centers.

Many areas of the United States are now experiencing shortages of echocardiography practitioners as the rate of heart disease and patient loads continue to rise. Career opportunities are also expanding as advances in echocardiography reduce the need for more costly and invasive procedures. Regions with the most demand for those specializing in echocardiography include Florida, New York, Texas, Michigan, and Ontario. Top paying regions include Alaska, Colorado, Wisconsin, Connecticut, and Washington.

Careers in cardiovascular ultrasound are also appearing in a variety of pathways including education, independent business operations, management, and research. Cardiac sonographers with cross training in both invasive and non-invasive studies are highly valued.

As the job market for echocardiographers continues to become more robust, ASE offers the new ASE Career Center for members. This site is designed to help our members connect with new and exciting employment opportunities in cardiovascular ultrasound. Members can post resumes, view jobs, and create job alerts so that suitable job openings do not go unnoticed. New jobs that match user defined search criteria are automatically emailed to each member. Employers and recruiters are also able to view resumes, post jobs, and take advantage of our recruitment products. ASE members also receive a monthly email with the top ten job listings on the ASE Career Center.

In addition to providing career opportunities, the ASE Career Center offers additional valuable resources for members. The Content Library offers numerous articles to provide interviewing tips, effective resume examples, and more. For those who prefer hands-on assistance in their professional development, biographies and contact information for career coaches are provided.

The ASE Career Center supplies resources that can help guide each member, whether he/she is actively searching for a new position or wants to brush up on negotiation skills. As careers in echocardiography expand and evolve in the next five years, stay abreast of the newest opportunities and continue your professional development by utilizing this member resource. To access the center, navigate to our home page **www.asecho.org** and go to the right hand side with Quick Links and click Career Center.

Or visit **www.asemarketplace.com** ❤

Healthcare REFORM

By Cathleen Biga, President and CEO of Cardiovascular Management of Illinois

In the current healthcare climate, it can sometimes feel like change is incremental and slow to take hold. In fact, however, the system is undergoing a major overhaul in the form of new payment models, incentives, and penalties, particularly as these relate to imaging modalities; it is vitally important to be aware of these developments in order to remain solvent through this period of flux.

Experts agree that it is critical for physicians and staff both in private practice and in hospital settings not only to understand the various programs that are in place but also to be prepared for the rollout of new initiatives. Many of these paradigms begin by rewarding offices and hospitals for reporting on specific criteria but switch at a predetermined date to penalizing those who fail to measure up. Still other programs incentivize or dock reimbursements based on data from up to 24 months prior, so it is especially important to know what today's reports will be used to calculate in the future. Being caught unaware by any of these new measures can result in a devastating blow to your bottom line, a result ASE is committed to helping you avoid.

Many new approaches to healthcare reform resulting from the Affordable Care Act are gaining traction among practitioners nationwide. Owing to new government initiatives and reimbursement rates, the majority of providers are abandoning the old fee-for-service model in favor of some hybrid approaches.

Some of these include »

» **BUNDLING CARE:** Care is reimbursed based on the expected cost for one episode of care. This is considered to be a middle ground between fee-for-service and straight capitation (see below) and purports to discourage the ordering of duplicate procedures or unnecessary treatments.

» **CAPITATION:** Providers are paid a lump sum per enrolled patient regardless of how many services the patient requires during a given amount of time. Capitation is aimed at encouraging providers to select appropriate preventative care for their patients in order not to go over the per capita reimbursement amount with expensive, avoidable health crises.

» **ACCOUNTABLE CARE ORGANIZATIONS:** Networks of doctors and hospitals responsible for providing care to at least 5,000 Medicare beneficiaries for at least three years. ACOs mostly demonstrate that the care they administer achieves the three-part goal of 1) better population health, 2) better individual care, and 3) lower costs per capita.

» **ADJUSTMENTS TO THE MEDICARE SUSTAINABLE GROWTH RATE:** The Sustainable Growth Rate (SGR) is updated each year based on the estimated annual change in fees for physician services, the number of Medicare fee-for-service beneficiaries, the estimated 10-year average annual percent change in real GDP per capita, and the estimated percent change in expenditures due to changes in law and regulation. The SGR has been poised to decrease physician payment dramatically for years. Congress has stepped in year after year to halt this cut, but no permanent action has been taken.

Depending on their work environment, practitioners may encounter one or all of these types of programs, which can have a powerful effect on the way they treat their patients. As these various options demonstrate, however, no one approach has been identified as the "golden ticket" for reducing ballooning health care costs while maintaining high standards of quality for care.

Regardless of the approach you and your practice or institution take, it is important to be aware of changes and new policies on the horizon. Penalties and incentives stand to be accrued under any of the above models, so understanding how and why these can occur is paramount. The following article, which has been prepared with expert advice from Cathleen Biga, President and CEO of Cardiovascular Management of Illinois, provides not only summaries of office and hospital programs, but also information on when you need to be prepared for change. This guide will aid you as you determine your objectives and budgets for the coming years.

» ELECTRONIC PRESCRIBING (e-RX) INCENTIVE PROGRAM PENALTIES: The Medicare Improvements for Patients and Providers Act (MIPPA) stipulates that, beginning in 2012, qualifying physicians will face penalties for not adopting a qualified e-Rx system. The penalty for failing to participate is a 1.5 percent payment reduction for all Medicare claims in 2013 and increases to 2% in 2014. Certain medical professionals are exempt automatically, while others must apply for exemption status. More information on the program, penalties, and exemptions is provided on the CMS website: **http://www.cms.gov/ERxIncentive/06_E-Prescribing_Measure.asp#TopOfPage**.

» PHYSICIAN QUALITY REPORTING SYSTEM: This program, which uses a combination of incentive payments and adjustments to promote quality reporting by physicians, has existed since 2007. Beginning in 2015, however, a 1.5% penalty will begin to be assessed to physicians who fail to report successfully – on data from 2013. Data from 2013 will be used to determine penalties in 2015, the timing of which can be difficult, as physicians often will not know whether they have passed or failed until the fall of the next year. Because quality data from 2013 will be reported in October of 2014 and used to calculate and determine penalties on January 1, 2015, it is of critical importance that eligible professionals follow program requirements and measure specifications to the letter in order not to be penalized. Physicians who wish to participate are able to do so through claims, a registry, Electronic Health Records, Group Practice Reporting Options, or, beginning in 2013, administrative claims. More information on who is eligible to participate and how to report can be found here: **http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/pqrs.**

» MEANINGFUL USE: The Medicare and Medicaid Electronic Health Records Incentive Programs provide financial rewards for the appropriate use of certified electronic health record (EHR) technology to improve patient care. There are three stages through which eligible providers must progress to qualify for incentive payments. Currently, Stage 1 is still in place and will remain in place until 2014 when Phase 2 will begin. Stage 1 requires that participants meet fifteen required core objectives and five objectives chosen from a list of ten possible objectives for 90 days during their first year of meaningful use. Additionally,

Healthcare REFORM cont.

eligible professionals must report on six total clinical quality measures: three required core measures (or three alternate core measures) and three additional measures (selected from a set of 38 clinical quality measures). In order to receive credit for fulfilling these requirements, providers must attest that they are using an approved EHR in a meaningful way. Attestation worksheets ask providers to report on each measure and include evidence that proves that the measure was performed. Success in each measure is calculated as a fraction, in which the number of patients who fulfill the objective serves as the numerator and the total number of patients functions as the denominator. Both the worksheet and more information regarding Meaningful Use participation and attestation can be found here: **http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html**

4. PHYSICIAN VALUE-BASED PURCHASING (PVBP): The objective of the PVBP is to improve Medicare beneficiary health outcomes by using payment incentives to encourage higher quality services. Rewards and consequences are used to hold providers accountable for the quality and cost of the healthcare they provide. In order to maintain a neutral budget, physicians who perform well on the quality measures will receive financial incentives, whereas those who do not will be penalized. As of October 15th, 2013, physicians in groups of 100 or more eligible professionals who submit claims to Medicare using the same TIN (Tax Identification Number) must participate and will be subject to the value modifier in 2015 based on their performance in 2013. In order to avoid penalty, physician groups must self-nominate according to deadline schedules set forth by CMS and sign up to report by using either the GPRO (Group Practice Reporting Option) Web Interface, a qualified registry, or CMS calculated administrative claims. Deadlines depend on the reporting mechanism physician groups wish to use; further details can be found here: **http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html**

The value modifier is based on the score a physician group receives on quality and cost measures. A score of less than 1.0 results in an incentive payment, a score of 1.0 is neutral and above could result in a payment penalty.

» QUALITY AND RESOURCE USE REPORT (QRUR): QRURs provide physicians with information about the quality of care and cost they furnish to Medicare fee-for-service patients. The report also provides comparative information from other physicians in the same specialty. The Physician Feedback Program (PFP) is currently in Phase 3, and this year reports were sent to physicians in nine states. The reports aim to provide critical performance data on an individual basis. These reports will provide the information needed for providers to decide if they wish to participate in the quality tiering component of Physician Value Based Purchasing program. Every physician will eventually receive his or her report in future iterations of the PFP; currently, however, reports are sent only to groups who participated in GPRO Web Interface PQRS reporting and physicians in the nine states with 25 or greater providers. More information can be found here: **http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ReportTemplate.html**

» PUBLIC REPORTING: Section 10331 of the Affordable Care Act requires that quality reporting data be made available to the public. A key component of this initiative is the Physician Compare website, which allows consumers to search for physicians and other healthcare professionals enrolled in the Medicare program **(http://www.medicare.gov/find-a-doctor/provider-search.aspx)**. More data elements will be added to the website with the eventual addition of individual adherence to specific quality and cost measures. QRUR Reports will also be made publicly available in the future.

» CG-CAHPS: Consumer Assessment of Healthcare Providers and Systems Clinician and Group Survey (CG-CAHPS) is the first national survey of patients' opinions of provider care. The survey is standardized to allow valid comparisons to be made across healthcare providers nationwide. Participation will become a requirement for ACOs and Pioneer ACOs in 2013, and results may appear on the Physician Compare website this year. Additionally, it will also be wrapped into the final PVBP.

In addition to the initiatives listed here, hospitals will face new incentive and penalty programs this year. These include:

❶ **VALUE-BASED PURCHASING:** A program that began in October 2012 in which Medicare rewards hospitals for providing high quality care. Scores are determined based on hospitals' performances on a specified list of measures **(http://www.healthcare.gov/news/factsheets/2011/04/valuebasedpurchasing04292011b.html)**

❷ **INPATIENT QUALITY PROGRAM CORE MEASURES:** A list of 35 measures defined by The Joint Commission on which hospitals are evaluated for public consumer use. These include congestive heart failure and myocardial infarction.

❸ **HOSPITAL READMISSION REDUCTION PROGRAM:** Under this program, CMS reduces payments to IPPS hospitals with an excess of patients readmitted to the hospital within 30 days of discharge for three index conditions. Acute Myocardial Infarction and Heart Failure are two of the three index conditions that are used to calculate excess readmission ratios **(http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html)**

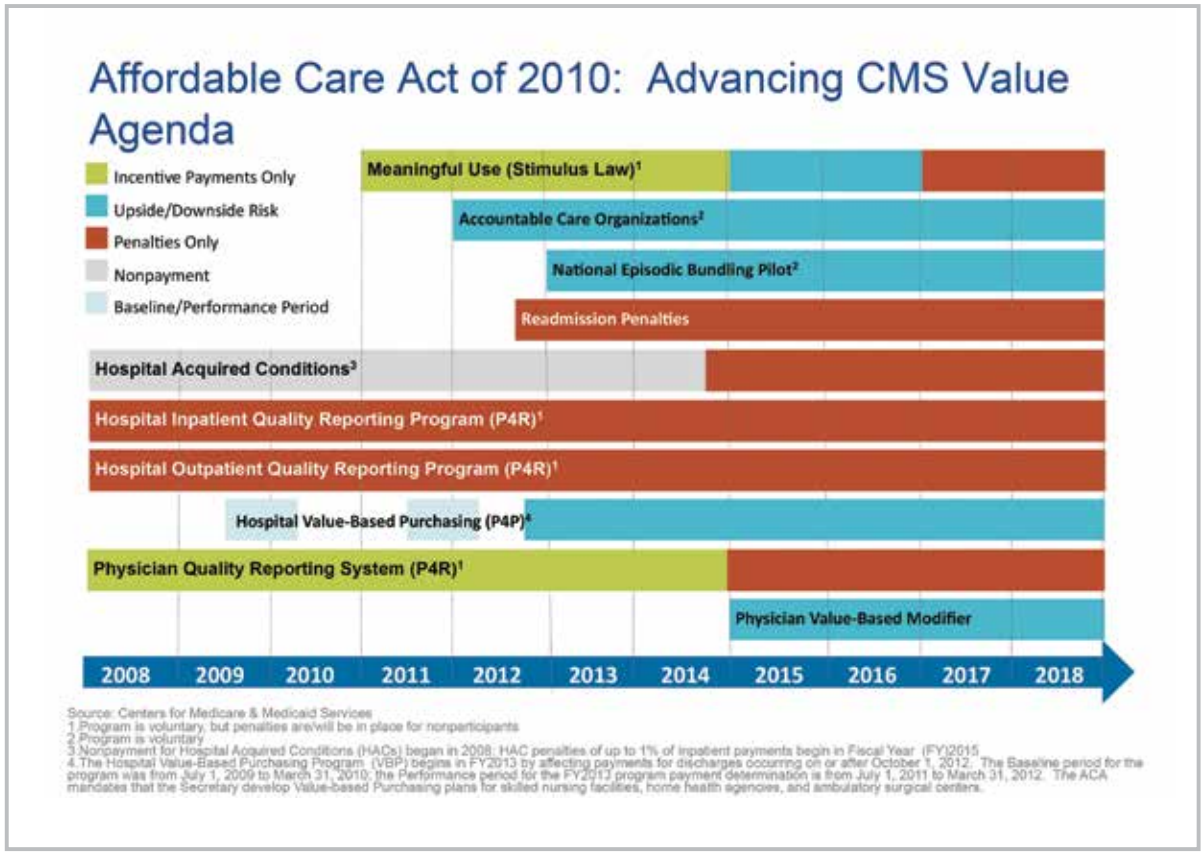
❹ **HOSPITAL-ACQUIRED CONDITIONS:** Under this payment provision, IPPS hospitals will not receive full payment for cases when one of the conditions identified by CMS is contracted while in the hospital. In 2012, two new HACs were added to the existing list: Surgical Site Infection Following Cardiac Implantable Electronic Device and Latrogenic Pneumothorax with Venous Catheterization. A complete list is available at: **http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/downloads/hacfactsheet.pdf**

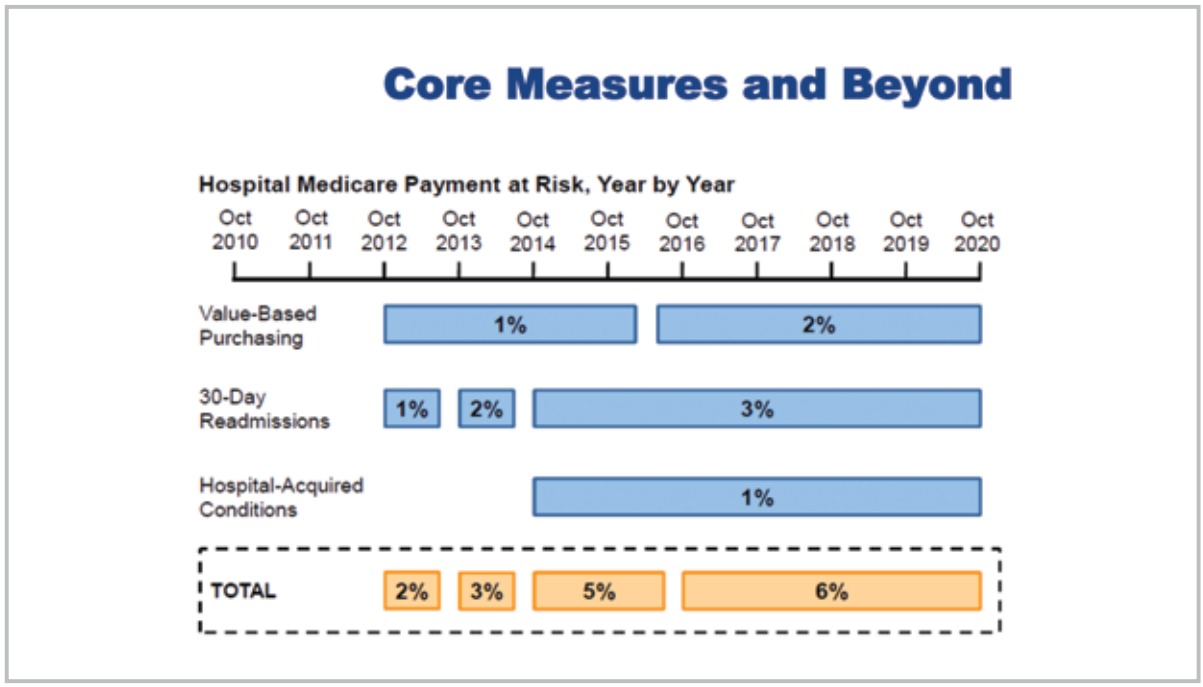
❺ **HOSPITAL OUTPATIENT QUALITY MEASURES:** This initiative aims to improve quality by rating how hospitals adhere to expert-recommended protocols for patient care.

We at ASE certainly appreciate the myriad ways in which healthcare policy changes affect you and your bottom line. We remain committed to keeping you up-to-date on these changes and to providing you with the most current information as new initiatives and programs take hold. Stay tuned for more tips and information both on ASE's advocacy blog and in the next issue of* Echo*!

www.asecho.org/advocacy

Healthcare REFORM cont.





WE NEED YOUR *Involvement!*

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

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 that 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 implications for code valuation. *Survey instruments are standardized 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 RUC process please see:
http://connect.asecho.org/ASECHO/Go.aspx?c=ViewDocument&DocumentKey=0a841d6a-d804-4af2-9098-10aace094d53

INVOLVEMENT!

Choosing Wisely®

ASE is excited to announce that it is one of 17 new specialty societies joining the ABIM Foundation's 2013 Choosing Wisely® campaign. This national initiative, which aims to promote quality and patient safety by reducing unnecessary medical procedures, charged these societies with identifying tests and treatments that are commonly used but not always necessary in their respective fields. This coordinated effort, which includes a partnership with Consumer Reports and AARP, will help patients and doctors discuss the most appropriate plan of care to make informed decisions about how to proceed.

Each participating society was asked to prepare a list of "Five Things Physicians and Patients Should Question." Released on February 21st, ASE's list is replicated below.

1

Don't order follow up or serial echocardiograms for surveillance after a finding of trace valvular regurgitation on an initial echocardiogram.

Trace mitral, tricuspid and pulmonic regurgitation can be detected in 70% to 90% of normal individuals and has no adverse clinical implications. The clinical significance of a small amount of aortic regurgitation with an otherwise normal echocardiographic study is unknown.

2

Don't repeat echocardiograms in stable, asymptomatic patients with a murmur/click, where a previous exam revealed no significant pathology.

Repeat imaging to address the same question, when no pathology has been previously found and there has been no clinical change in the patient's condition, is not indicated.

3

Avoid echocardiograms for preoperative/perioperative assessment of patients with no history or symptoms of heart disease.

Perioperative echocardiography is used to clarify signs or symptoms of cardiovascular disease, or to investigate abnormal heart tests. Resting left ventricular (LV) function is not a consistent predictor of perioperative ischemic events; even reduced LV systolic function has poor predictive value for perioperative cardiac events.

4

Avoid using stress echocardiograms on asymptomatic patients who meet "low risk" scoring criteria for coronary disease.

Stress echocardiography is mostly used in symptomatic patients to assist in the diagnosis of obstructive coronary artery disease. There is very little information on using stress echocardiography in asymptomatic individuals for the purposes of cardiovascular risk assessment, as a stand-alone test or in addition to conventional risk factors.

5

Avoid transesophageal echocardiography (TEE) to detect cardiac sources of embolization if a source has been identified and patient management will not change.

Tests whose results will not alter management should not be ordered. Protocol-driven testing can be useful if it serves as a reminder not to omit a test or procedure, but should always be individualized to the particular patient. While TEE is safe, even the small degree of risk associated with a procedure is not justified if there is no expected clinical benefit.

How This List Was Created

The American Society of Echocardiography (ASE) identified these interventions after careful review of evidence and clinical guidelines. In particular, ASE's cardiovascular care experts reviewed the ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR Appropriateness Use Criteria for Echocardiography (AUC), which was published in March 2011. ASE's cardiovascular care scenarios were chosen based on the highest likelihood of improving patient care and reducing inappropriate test use. Leaders in the organization transformed the scenarios into plain language and produced the clinical explanations for each procedure.

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About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the American Society of Echocardiography

As the largest global organization for cardiovascular ultrasound imaging, the American Society of Echocardiography (ASE) is the leader and advocate, setting clinical standards and guidelines with a commitment to improving the practice for better patient outcomes. ASE is devoted to ensuring patient access to excellence in the practice of Echocardiography around the world. Echocardiography provides an exceptional view of the cardiovascular system to safely and cost-effectively enhance patient care.

Full text of ASE's guidelines is available at www.asecho.org/guidelines. For more information about ASE, visit www.asecho.org. For patient-specific information on the practice of echocardiography, visit www.SeeMyHeart.org.

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwisely.org.

Choosing Wisely®

CONTINUED

THE OTHER SPECIALTY SOCIETIES WHO PARTICIPATED ARE:

Choosing Wisely partners include:

- American Academy of Allergy, Asthma & Immunology
- American Academy of Family Physicians
- American College of Cardiology
- American College of Physicians
- American College of Radiology
- American Gastroenterological Association
- American Society of Clinical Oncology
- American Society of Nephrology
- American Society of Nuclear Cardiology
- National Physicians Alliance

ADDITIONALLY, NEW SPECIALTY SOCIETIES WHO JOINED THE CAMPAIGN IN FEBRUARY 2013 ARE:

- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Otolaryngology–Head and Neck Surgery
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American College of Rheumatology
- American Geriatrics Society
- American Society for Clinical Pathology
- **American Society of Echocardiography**
- American Urological Association
- Society of Cardiovascular Computed Tomography
- Society of Hospital Medicine
- Society of Nuclear Medicine and Molecular Imaging
- Society of Thoracic Surgeons
- Society for Vascular Medicine

ANOTHER GROUP OF SOCIETIES IS DEVELOPING LISTS TO BE RELEASED THIS YEAR:

- American College of Surgeons
- American College of Chest Physicians
- American Headache Society
- American Society for Hematology
- American Society for Radiation Oncology

CONSUMER REPORTS – *the world's largest independent product-testing organization – is working with the ABIM Foundation to lead the Choosing Wisely® effort. Several other consumer-oriented organizations have also joined to help disseminate information and educate patients on making wise decisions, including:*

- AARP
- Alliance Health Networks
- Leapfrog Group
- Midwest Business Group on Health
- Minnesota Health Action Group
- National Business Coalition on Health
- National Business Group on Health
- National Center for Farmworker Health
- National Hospice and Palliative Care Organization
- National Partnership for Women & Families
- Pacific Business Group on Health
- SEIU
- Union Plus
- Wikipedia community (through a dedicated Wikipedian in Residence)

In developing its list, ASE leadership sought to ensure that the appropriate use criteria would be adhered to when performing echo-related tests and procedures. They relied on the most up-to-date research while following recommendations put forth by the ASE/Multisociety Appropriate Use Criteria (AUC). List contributors also provided evidence for when and why these recommendations are appropriate and applicable. Part of the motivation behind this campaign is to help physicians have honest discussions with patients about the need, or lack thereof, of certain tests and procedures; as many healthcare practitioners have experienced, these services are often asked for by patients themselves. ASE's list, which will reach well over one million people through Consumer Reports' distributing partners including AARP, will help both to cut down on requests for these services and to provide talking points for physicians when patients do ask.

In addition to its benefits for patients and physicians, the *Choosing Wisely®* campaign also seeks to reduce duplicate and wasteful procedures that raise the cost of healthcare in this country needlessly. It is important for practitioners and the societies who advocate on their behalf to work together to reduce unnecessary procedures in ways that help prevent further cuts and to work with the Centers for Medicare and Medicaid to ensure affordable, accessible, and quality echocardiography services for all those in need.

ASE looks forward to keeping you informed on the success of this campaign. By working together proactively, we can succeed in helping patients while lowering costs in a changing healthcare environment.

For updated information on this exiting campaign please go to:
www.asecho.org/choosingwisely ❤

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what's HOT

MEDICAL HOT SPOTTING

As national health spending continues to rise, health practitioners, patients, and policy makers alike search high and low for ways to lower costs while maintaining a high quality of care. While different agents each have different strategies and approaches, one fact remains clear: carefully coordinated patient care is critical to reducing duplicate procedures and to controlling ballooning prices. In our last issue of Echo, *we explored Accountable Care Organizations (ACOs) and the way that these new entities are incentivized to meet quality criteria while lowering costs. In this issue, we examine a different approach many proponents feel will help to remedy these issues: so-called medical hot spotting.*

/// WHAT IS HOT SPOTTING?

"Hot Spotting" is the brainchild of Dr. Jeffrey Brenner, a family physician in New Jersey who is now the executive director of the Camden Coalition of Health Care Providers. His treatment philosophy is founded on the notion that a very small percentage of patients absorb a large percentage of time, resources and money, and that, by diverting resources to the patients with the highest medical costs and carefully coordinating their care, overall costs will be lowered.

Brenner's novel idea came about not from what he saw in his practice, but through his work in civil reform, particularly with the Camden City Police Department. Indeed, long before he founded the Coalition, Brenner served as a citizen member of a commission in Camden that tried to help reduce both the amount of serious crime in the city and the cost of community policing in an area that, during the early 2000s, struggled with both issues. At the advice of experts, Brenner pushed the police department to map crimes and target "hot spots" using the Compstat model of policing made popular by the New York City Police Department rather than spending equal time and resources on both safe and dangerous areas. Although his suggestion met with resistance from the police department, Brenner decided to create his own database for hot spot detection, a project which quickly blossomed into something much more involved.

Using claims records from local hospitals and emergency rooms to determine where victims of serious assaults lived, Brenner created an all-payer database that allowed him to see patterns not only related to violent crime but also to poor healthcare and correspondingly high costs of treatment. He found that by far the greatest number of ambulances were called to transport elderly, low income residents of two housing towers to the hospital following falls and other results of chronic disease. Between January 2002 and June 2008, 900 of these residents accounted for over 200 million dollars in health care costs.[1] One patient in the database had been to the emergency room 113 times in one year.

Armed with this information, Brenner decided to drill down on the underlying causes of these incredibly expensive visits. He felt that the millions of public dollars Camden spent each year on healthcare were not being utilized effectively, given the extremely poor health of many of the city's residents. He believed that coordinated, individualized, and highly personalized care could prevent chronic health issues, including diabetes and heart disease, from exploding into majorly expensive crises. He soon began experimentally working with some of the city's sickest and most expensive patients in ways that go far beyond what hospitals and practices typically do.

Brenner's work involved not only diagnosing patients and prescribing treatments to help them, but also helping them break destructive habits, setting them up with social workers to help them get on disability insurance, and making sure they took their medication. Many of his efforts necessitated home visits and spending substantial amounts of time with the patients to get a sense of daily obstacles to their health. One diabetic patient Brenner encountered frequently visited the emergency room for high blood sugar. When the team visited his home, they asked to see him inject his insulin; they discovered that he was visually impaired and had been injecting air, not insulin, into himself for years. Although the patient was receiving technically high-quality care from an excellent doctor, he was not able to reap its benefits because of an easy-to-overcome, but somehow overlooked, obstacle: his poor vision. Brenner attributes these types of failures to a fragmented and uncoordinated healthcare system that has developed as a result of the fee-for-service model.[2]

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❶ Atul Gawande, "The Hot Spotters," *The New Yorker*, January 24, 2011.

❷ Kristin Gourlay, "We Ignore Sick People: A Conversation with Dr. Jeffrey Brenner" *The Pulse*, March 13, 2012.

/// HOW DOES HOT SPOTTING WORK PRACTICALLY?

To achieve actual cost saving associated with hot spotting, health practitioners must go beyond simply identifying high cost patients and treating them. Hot spot approach, however, is just one of many initiatives working toward a similar goal. As Brenner and others have found, it requires a truly coordinated approach to care that encourages all parties involved to communicate and collaborate to manage effectively the most expensive patients' conditions. The hot spotting concept is an especially innovative version of many related, ongoing attempts to address fractionation of care in the United States. The primary care medical home model is another holistic approach to treatment, where primary care practices are offered the resources to provide a locus where care is coordinated. A more nuanced version of this concept is termed "the medical neighborhood;" it recognizes that no one practice or physician is expert in every aspect of medicine, a lesson learned in the '80's during the HMO era. Patients with medical issues centering around one organ system may be most efficiently cared for by specialists in that discipline, such as cardiologists. The key difference between models like hot spotting or the medical neighborhood and today's fee for service approach is in the incentive the former provide to coordinate care and align resources.

The primary objective of hot spotting is to prevent patients with chronic conditions from receiving the bulk of their care in the emergency room and at hospitals, which comes at a high cost to taxpayer pockets and to caretakers' time. To accomplish this goal, regardless of the medical approach adopted, a system for sharing electronic health records must be put in place to allow physicians and staff not only to identify which patients are so-called superutilizers of care, but also to make sure that they are receiving comprehensive, but not redundant, treatments. Live staff meetings where physicians, emergency medicine practitioners, nurses, social workers, and caregivers at all levels discuss patients together are also critical to reducing emergency room visits and to avoiding duplicate procedures and tests.

Pilot studies have also shown that concierge-level care is critical to identifying issues that might otherwise slip by unnoticed during a 15-minute appointment with a physician. Spending substantial time with patients either in the hospital or during appointments allows caregivers to observe physical or mental problems that could interfere with the effectiveness of their treatment; according to proponents, addressing these smaller-scale issues can obviate the need for further, more expensive treatments and tests down the line. This, in turn, helps lower overall costs among a physician's patient population.

/// CAN HOT SPOTTING WORK ON A LARGE SCALE?

As you read the previous sections, you may have struggled to imagine how such a high-touch model of care could be implemented in big hospitals and practices with a large volume of patients. How could busy physicians possibly spend enough time with each patient to learn about each one of their underlying issues? Won't hot spotting require more staff and more care, which will in turn, suck up any potential savings it could create? How will doctors make a living wage if all of their time is spent on unbillable or low-cost activities? These questions are all legitimate, and because hot spotting is still in early stages of development, there are no absolute answers. In spite of these apparent roadblocks, however, there have been several early success stories as a result of hot spotting that suggest this approach could indeed lower costs even in busy settings: Massachusetts General Hospital was able to reduce trips to the emergency room by more than 15% and reduce costs by 5% by assigning a dedicated nurse to each of its 2,600 superutilizer patients. The AtlantiCare clinic in New Jersey used careful tracking, full time health-coaches, and daily, 45-minute staff meetings to monitor patients' progress; within one year, visits to the emergency room were down by 40% and costs by 25%. Brenner's own team was able to reduce patients' hospital visits and costs by between 40-50%, inspiring hope that this model could prove viable across the board in all communities.

The apparent effectiveness of this model inspired the Robert Wood Johnson Foundation to sponsor pilot studies at two different hospitals based on Brenner's findings and to pledge to do something similar at 16 others. One of these facilities is Maine Quality Counts (MQC), a Regional Health Improvement Collaborative comprised of patients, insurance companies, practitioners, and other stakeholders. Dr. Lisa Letourneau, executive director of MQC, established Community Care Teams to provide real or virtual help to superutilizers in ways that promote the patients' ability to access care. These teams include health coaches, nurses, and other practitioners who are able to provide day-to-day care management so that doctors can continue to see patients at their practice without substantial interruption. Additionally, MQC encourage their practitioners to organize themselves as a Primary Care Medical Home (PCMH) with the goal of delivering comprehensive, patient-centered, and coordinated care in ways that are accessible and high-quality. Letourneau and her colleagues want to help practices determine "who their population is and how they're coordinating their care over time – who hasn't come in, and who's the most sick."[3] Now halfway through their pilot period, MQC has recruited 26 practices in Maine to adopt the PCMH model and has been so successful that it is expanding to 50 more.

❸ Mindy Woerter, "Fixing Health Care: Lisa Letourneau, Maine Quality Counts," *MaineBiz*, August 6, 2012 <http://www.mainebiz.biz/apps/pbcs.dll/article?AID=/20120806/CURRENTEDITION/308029990/1088> ❹ "Briefing in Washington," *The Robert Wood Johnson Foundation*, March 29, 2012. < http://www.rwjf.org/en/research-publications/find-rwjf-research/2012/01/expanding--hot-spotting--to-new-communities.html>

Thomas Jefferson University Hospital has taken another approach to tackling these issues by tasking its pharmacists with care coordination for patients admitted with heart failure. Each patient is counseled individually and receives written discharge and medication instructions. An appointment is made for the patient within a week of discharge with his or her follow-up physician, to whom the same information is sent. Either a home visit or a follow-up phone call is arranged. Patients are even given scales with which to weigh themselves if necessary. Writes Dr. David Wiener, MD, FASE, chair of ASE's advocacy committee:

> *One of my own patients with severe heart failure also suffers from loneliness, has an inadequate living situation, and his means are too modest for him to move into a more structured home. Many of his readmissions were occasioned not by medical issues as much as loneliness and fear. We address this by having one of our cardiology nurses call him every day or two, wherein the social interaction is just as important in managing his disease as are the medication adjustments.*

This type of personal care, which goes beyond the typical interactions of providers and their patients, can make all the difference in reducing readmissions and assuring quality outcomes.

/// HOT SPOTTING SOUNDS GREAT – WHAT'S THE DOWNSIDE?

It is clear that hot spotting stands at odds with our current fee-for-service model, and that implementing it universally would almost certainly require a complete overhaul of the healthcare system. Under today's payment rubric, only 1% of patients account for 30% of the cost of care in almost all communities, whether privately insured or not, because of the way their piecemeal treatment is administered and billed; both policy-makers and practitioners alike agree that these costs are not sustainable.[4] According to its proponents, universal hot spotting would, more likely than not, eventually require that doctors be salaried. By removing the need for doctors to spend short amounts of time on many patients and procedures in order to make money, fixed salaries would free practitioners to spend more time with those in their care. This model has been proven successful by the concierge medicine model, whereby patients, who are typically wealthy, pay primary care physicians an annual retainer to receive highly attentive medical care. Under the system we have in place currently, however, doctors interested in reducing the overall cost of healthcare through high-touch care for complex patients on their own receive little support. Brenner himself acknowledges that, under today's model, he makes substantially less money at his Coalition than he did in traditional private practice. As he and his colleagues point out, there is no way to code visits to a sick patient's house or to be reimbursed for the extra hours of one-on-one time effective comprehensive care management requires.

This is not to say, however, that the expenses of hot spotting can't be somewhat offset by the revenue hospitals, ACOs, and private practices stand to make through CMS incentives for improving quality while reducing costs. Indeed, numerous programs testing these models afford participating doctors the opportunity to continue making money while spending more time on non-billable care. For example, practitioners selected to participate in the CMS Innovation Center's Comprehensive Primary Care Initiative must "deliver intensive care management for [...] patients with high needs" and provide "access to and meaningful use of electronic health records [to] support these efforts."[5] In exchange, they will receive a monthly care management fee and, within two to four years, the opportunity to share in Medicare savings. As initiatives such as these demonstrate, the Affordable Care Act can help doctors who are motivated to do so become hot spotters and even provide rewards for it. Because these initiatives are limited to specific invitees, however, participation is not always accessible to all.

There are even those who argue that hot spotting will not, in fact, cost practitioners more money on whole owing to changes in Medicare reimbursements under the ACA. Indeed, hot spotting at its core looks to reduce the number of visits chronically ill patients take to the hospital or emergency room, and, starting in October 2013, care for bounceback patients who are readmitted to the hospital within 30 days will be reimbursed at greatly reduced rates.[6] With this in mind, advocates argue that allocating resources to the comprehensive treatment of chronically ill patients can save doctors from performing procedures for which they will not be fully paid. According to this philosophy, while hot spotting might not increase revenues, it will not decrease them either; health care that would be administered almost free to bounceback patients will now be provided free up front to these superutilizers.

5 "Comprehensive Primary Care Initiative," *Centers for Medicare and Medicaid Innovation* <http://www.innovations.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/index.html> 6 Taunya English, "Hospitals will pay up front for preventable readmissions." *Newsworks*, August 13, 2012. <http://www.newsworks.org/index.php/local//healthscience/42774-hospitals-will-pay-up-for-preventable-readmissions-see-the-data>

/// HOW WOULD HOT SPOTTING AFFECT ECHOCARDIOGRAPHERS SPECIFICALLY?

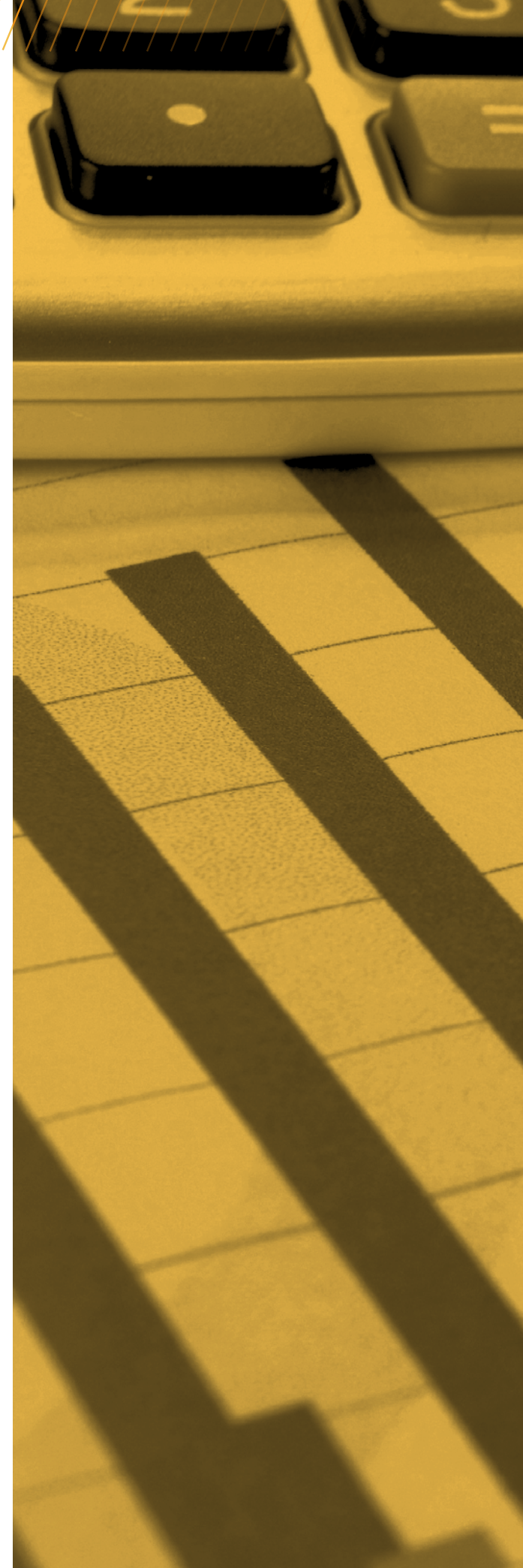
With respect to echocardiography, cardiologists do not benefit financially to a significant degree from ultrasound studies performed in emergency rooms or for hospital inpatients. Reducing hospital admissions will not have a significant impact on their incomes. Dr. Wiener writes:

The key point for echocardiographers to remember as the model changes is that we are not merely imagers (in distinction from radiologists, for instance). Rather we are clinician-imagers. We should leverage our talents in both spheres to educate our colleagues (and ourselves) to perform the right image at the right time, where it will add maximum value to the patient's management. We will move from being paid for piece work to being paid for outcomes, and need to seize the initiative in that respect.

For echocardiographers, the medical community already acknowledges the importance of reducing or eliminating inappropriate overutilization. New national initiatives that encourage collaboration between societies, providers, and patients to this end include the *Choosing Wisely*® campaign and the recommendations it promotes. In addition to combating overutilization, however, it is also important to examine inappropriate underutilization. Doctors in all specialties must be made aware that an echo should be performed in specific instances in order to prevent controllable situations from escalating into expensive and dangerous crises. There are opportunities to overcome "inappropriate underutilization," a term coined by ASE's Informatics Committee chair Andrew Keller, MD, FASE, and this constitutes both a challenge and an opportunity for clinician-imagers.

Atul Gawande's article "The Hot Spotters" underscores the overlap between medical and social issues. Readmissions result from issues such as homelessness, mental illness, low health literacy, and, in some cases, secondary pain. These complications do not readily fit a medical model, and medical professionals have neither the training nor the resources (or, as Gawande's article illustrates, access to the big picture of data and trends) to manage them. Payers, the Federal government, and any health system, ACO or other entity, need to play a large role in managing these issues, which currently lie beyond the standard purview of physicians.

ASE and *Echo* will continue to spotlight new trends in healthcare management as the Affordable Care Act and other initiatives aimed at reducing costs while increasing quality take hold. We look forward to investigating both sides of these significant questions with you in future issues. ❤



overheard on Connect@ASE

It's time for another set of featured questions and conversations posted on our online member forum, Connect@ASE. This exclusive member benefit allows you to connect in real-time with members the world over about topics related to the field of echocardiography which are relevant to your practice. We encourage all of our members to take advantage of the expertise of their fellow members and join us online. And now to the threads .....

/// APPROPRIATE USE

TECHNICAL DIRECTOR IN NY SEARCHES FOR SOME ADVICE:

I am looking for some insight from facilities and personnel that have proven systems in place for managing appropriate use with a CPOE system in place. Any suggestions as to the best way to ensure AUC are being met? We are implementing AUC and originally are starting from the point of view of purely data collection. Any suggestions and insight would be greatly appreciated.

/// REAL TIME OBSERVATIONS

PHYSICIAN IN FL HAS SOME CONCERNS ABOUT REAL TIME OBSERVATIONS DURING SCANS:

For those who are connected electronically to real time observation of your scanning by others, is the major intent of such real time observation to monitor every step of your study so you can receive real time critiques during your study? Or is the major intent to simply keep the echo doc and others in the lab informed of your status so that they are able to plan for the next patient's scan? It seems to me that such active constant real time critiques encourage sonographers to become less independent minded discouraging them from developing the skills necessary to think on their feet in the middle of a complex study.

/// ONLINE SCHOOLS FOR SONOGRAPHERS

SONOGRAPHER IN TX WRITES,

I'm interested in getting my Bachelor's degree in sonography online. Is there a program I should check out or should I just go back to school to get a Bachelor of Science degree?

Sonographer in NJ replies,

I think that the most important thing that you need to decide before enrolling in any program is where you want your career to go. If you want to be able to switch over into another type of ultrasound and you only have a degree in echocardiography, then you will have to go back and get more training and education. But if you are more than sure that you love cardiology, then a BS in echocardiography is a good way to go.

Sonographer in AL pulls from personal experience,

I worked with three echo techs that went to an online school. They all became excellent echo techs. The course was designed to teach in-the-classroom material online and very shortly after start clinicals. All three techs were studying echo, anatomy, anomalies, as well as physics. Where a student does clinicals is really an important choice. Optimally, they would have an ICAEL accredited lab that has willing and experienced techs to train with.

Sonographer in MO has one crucial piece of advice for any potential student,

Regardless, before entering into a program, check to be sure that the program is accredited by the Commission on the Accreditation of Allied Health Education Programs (CAAHEP). This will ensure that the program meets the minimum educational standards for cardiac sonography.

If you would like to join either of these or similar discussions, or start one of your own, go to **connect.asecho.org** and begin connecting with your fellow members. When considering replying to a post or starting one of your own, remember that the more specific the question or reply, the more likely a thread will continue to grow and thrive. ❤

WHAT'S NEW IN MEMBERSHIP?

Practice Management

ASE is proud to announce the debut of its new Practice Management website! This unique member benefit is designed to provide you with information and advice on the changing landscape of healthcare and to keep you up-to-date on new policy developments that affect your practice.

This new ASE website is comprised of four separate sections: the Resource Center, Practice Acronyms, Coding and Reimbursement, and Blogs. The resource center includes videos and articles by renowned health policy analysts Len Nichols, PhD and Cathie Biga, president and CEO of Cardiovascular Management. Here, experts provide invaluable practical advice for remaining profitable in the face of major changes in reimbursement. Resources include instructions and tutorials on how to code echocardiographic procedures appropriately and presentations on how the new ACA ruling affects practitioners **(www.asecho.org)**. Additionally, articles prepared by members of ASE's advocacy department on Accountable Care Organizations and securing reimbursements for the TAVR procedure help shed light on complicated issues you might encounter in your daily practice.

The Practice Acronyms section of the website provides a glossary of the many terms relating to the management of ASE members' practices. It provides a comprehensive overview and explanation of acronyms used in the federal reimbursement system and in healthcare reform. With new vocabulary being coined each day by Congress and its advisory groups, it can be difficult to master this evolving lexicon; we at ASE will continue to add new terms as they emerge and to expand existing entries as their definitions develop to help you stay current.

Have a specific question about coding? ASE's practice management site allows you to benefit from the Society's special relationship with coding expert Judy Rosenbloom, president and founder of JR Associates. Judy, who has over 20 years of experience in the diagnostic imaging and cardiovascular services field, is equipped and available to answer any coding questions you might have. Simply follow the instructions on the practice management site to submit your query, and Judy will reply to you within 48 business hours. This service is provided exclusively to you, our ASE members.

ASE's leadership is committed to helping you understand the specific ways in which healthcare reform affects echocardiography practitioners. With this in mind, Dr. David Wiener, MD, FASE and chair of the Advocacy Committee, maintains a blog for our members on this topic that is accessible from the Practice Management website. In his posts, he investigates the consequences of proposed cuts and provides information on ASE's work to prevent these from taking effect. On issues from TEE code review to the flawed sustainable growth rate (SGR), Dr. Wiener writes specifically about how these changes could affect you and what you can do to prepare. This information, along with our Advocacy Library compiled by ASE Health Policy Manager Irene Butler, will help you make sure you are not caught by surprise.

At ASE, we work hard to collaborate with our members to take a stand against policies and cuts that could inappropriately reduce the practice of echocardiography as a valuable imaging modality. Our new practice management site puts this information and more at your fingertips to facilitate collaboration between ASE and you. We know that by working together, we can help to stem the rising cost of healthcare while ensuring quality results for your patients, and we look forward to the successful partnership our new resources will foster.

In the coming year, we will continue to incorporate more information onto the site. We want to hear any thoughts, suggestions, or questions you might have. Please write to **ase@asecho.org** ❤

ASE GET A PEER GET A PRIZE!

REFERRING A PEER TO ASE IS NOW MORE OF A WIN-WIN THAN EVER!
Your peer receives the many benefits of ASE membership and you become eligible to win prizes.

HERE'S HOW IT WORKS:

- Refer a new member of the same member type to qualify for prizes. Applicants must provide referring member's name on application or contact the ASE Membership Department to notify us of who made the referral.
- Refer one peer and receive one general prize and be entered into the drawing to win one of two iPad minis.
- Refer two or more peers and you'll also be entered into the drawing for the grand prize. Each peer referred equals one entry in each drawing. Multiple referrals can get multiple drawing entries.

HERE'S WHAT YOU CAN WIN:

GRAND PRIZE:
Course registration to any ASE course plus $250 Visa gift card for expenses

1ST PLACE PRIZES:
2 iPad minis (Limit of winning 1 iPad mini)

GENERAL PRIZE:
ASE-branded jump drive loaded with Guidelines

1. Drawing for prizes will begin after September 1, 2013
2. Grand prize of meeting registration is for 2014 ASE meetings: Echo Hawaii, ASE's State of the Art, Review Course, Scientific Sessions or Echo Florida
3. General prizes will begin shipping April 1st and will go out monthly
4. Memberships are on a calendar year from Jan 1 - Dec 31 2013. Refunds will not be permitted

Contact your ASE Membership Team at 919-861-5574 or ase@asecho.org and visit www.asecho.org/Peer for more rules and supporting material.

education corner

SPOTLIGHT ON LOCAL SOCIETIES AND HOSPITALS

Despite staff and volunteer-created gossip on the benefits of ASE's continuing education offerings, one of ASE's better-kept secrets are our Local Society and Hospital Continuing Education programs. These programs are aimed at providing you, and your peers, the opportunity to receive ASE continuing education units (CEU) for local programming and in-hospital meetings that you are most likely already attending!

Designed to keep costs low, these programs are simple, accessible and best of all – costs will not exceed over $500/year! For this money, you can provide up to 12 ASE CEU credits to attendees at local society meetings, or to those who are attending educational meetings in your echocardiography lab. The only catch: you, or an alternate member of your local society or hospital, must maintain a current ASE membership (which will provide you with access to even *more* great benefits).

Sounds simple, right? Well – it gets even better. Not only are you in control of the content and faculty, meaning the program can be custom-fit to your needs, but ASE's credits are also accepted by both ARDMS and CCI toward registry requirements for sonographers.

As an added bonus, ASE works to provide local societies and hospitals participating in our CEU program with opportunities that extend outside the scope of continuing education. For example, join your peers for a meet and greet with other local society members at ASE's 24th Annual Scientific Sessions, being held from June 29 – July 2 in the beautiful host city of Minneapolis, MN. Or, if you love competition, watch out for our Local Society and Hospital Competition, a yearly event which benefits ASE's Education and Research Foundation (ASE Foundation, **www.asefoundation.org**). In this fundraising challenge, you'll have to work fast and collaborate with your peers – or your competition just might steal away the great prizes!

Join the dozens of organizations who already provide ASE CEU credits as a benefit to their members/employees. Contact the ASE education staff for more details.

DESTINATION EVENTS – EDUCATION IN STYLE!

By now, you are either one of the fortunate members who were able to attend ASE's Echo Hawaii or State-of-the-Art Echocardiography winter-getaway events – or – you spent January and February shoveling snow and dreaming of the next ASE educational activity that you would be able to attend. Well, we bring you good news! 2013 is packed with educational events in fabulous locations that you won't want to miss.

If you haven't yet finalized your summer plans, you will want to start making time for the **24th Annual ASE Scientific Sessions**. This year's event boasts several new offerings, including the opportunity to receive hands-on training through live scanning sessions, a special symposia on hypertrophic cardiomyopathy and the athlete's heart, redesigned breakfast sessions that have been formatted based on YOUR opinions, and (we've saved the best for last) Echo Jeopardy is back – and better than ever before! We won't even mention the beauty of the Minneapolis river banks, the art museums, or the downtown skyway system, which will keep you out of the elements as you attend educational sessions, the ASE Foundation Gala, or simply enjoy a night on the town with your friends and colleagues. This is truly one Scientific Sessions you won't want to miss. **(www.asescientificsessions.org)**

If you've already made your summer vacation plans, we have a fall solution that will provide you with four days of cardiovascular ultrasound education, including hands-on learning opportunities, in a location you can bring the family to: **Echo Florida**, being held for its second year at Disney's Contemporary Resort in Walt Disney World®, FL, from October 12-15, 2013. Course Director Michael Picard, MD, FASE will provide you with a magical experience that includes a highly-rated ASE Learning Lab, focused ultrasound sessions, interventional echocardiography, and more! Don't believe us? Believe your colleagues who attended last year's inaugural event:

- **>> "Great meeting! The speakers were fantastic!"**
- **>> "This was a fabulous conference!"**
- **>> "Thank you so much, I will return with friends. This is an amazing course."**
- **>> "What an impressive series of lectures with some of the best faculty on the planet!"**
- **>> "Accommodations were on-site and leisure after program excellent . . . very convenient."**

www.asecho.org/education

Still not convinced? Over 70% of 2012 respondents said they would be returning again in 2013!!

FEATURED ASE EDUCATIONAL PRODUCTS

We've all done it. Life gets busy and before you know it deadlines roll by, new technology is on the market, and you just don't have the time to get away for several days of lectures. ASE's line of home-training products may be just the solution you need. Whether you are trying to pull together a few continuing medical education (CME) credits or simply training to learn a new technique, don't forget to check ASE's marketplace for the solution.

Some of ASE's most popular at-home training solutions include the **ASEUniversity DVD** series. The most recent edition (Volume II) was released in 2012 and provides 15 hours of education from the experts on a wide-range of topics including 3D Echocardiography, the right heart, strain, valves, and more! Another option is ASE's **"How to Perform a Basic Transthoracic Echocardiographic Study: Transducer Position and Anatomy."** This activity offers instructional video and an interactive section for flexible presentation. The video includes an overview of relevant cardiac anatomy, a step-by-step presentation of all transducer positions, and the sequential transducer movements to acquire standard echo images needed to complete a transthoracic echocardiographic study.

If you prefer more flexibility with education that you can obtain online from your computer or mobile device, try our online **ASCeXAM/ReASCE Practice Exam Simulation**. Developed by renowned experts in the field of echocardiography, the test bank consists of 300 multiple choice questions containing over 400 images and videos covering topics you might see on the National Board of Echocardiography™ (NBE) ASCeXAM® and ReASCE® examinations. If you are not sitting for the Board Examinations, and are just looking to update your knowledge base, visit **www.Prolibraries.com/ASE**. Here, you are able to view lectures from past ASE programs, download content on specific topics, or search for your favorite lecturers to see their latest presentations.

As you take advantage of these great, at-home offerings, be sure to keep reading ASE's weekly newsletters for updates on **new products that will be coming in 2013** – including ASEUniversity III, a case-based learning experience; echocardiography-based maintenance of certification opportunities (MOC); and more!

www.asemarketplace.com ❤

Looking for other options? ASE's other upcoming events include:

>> ASE Chicago Sonographer Update, being held April 6, 2013 in Chicago IL.
>> 2013 ASCeXAM/ReASCE Review Course, being held April 28-30, 2013 in Boston, MA.
>> 2nd World Summit on Echocardiography, being held October 25-27, 2013 in New Delhi, India.

Calling ALL Sonographer Programs

By Michelle Bierig, MPH, RDCS, RCS, FASE, Chair, Committee on Accreditation for Advanced Cardiovascular Sonography (COA-ACS)

Provide the education for Advanced Sonography

Do you want to become an Advanced Cardiovascular Sonographer? *Thanks to ASE's continued active support, a new profession, the Advanced Cardiovascular Sonographer (ACS), is officially recognized by the Commission on the Accreditation of Allied Health Education Programs (CAAHEP). Additionally, CAAHEP approved specific educational curriculum associated with this advanced profession, and ALL cardiovascular sonography programs are encouraged to add it to their programs for both diversity and for the professional growth and development of the field of cardiovascular sonography.*

// WHAT IS AN ADVANCED CARDIOVASCULAR SONOGRAPHER (ACS)?

The Advanced Cardiovascular Sonographer (ACS) career track goes beyond technical performance and minimum criteria of achieving a credential (RDCS or RCS) and includes advanced educational content with an internship with a physician that is similar to a medical fellowship program. An ACS has skills similar to those held by sonographers working across the country who currently have the job description "ultrasound practitioner" or "advanced cardiac sonographer." The ACS-level sonographer will typically be more involved in the review of studies performed by staff sonographers, while serving as a resource for difficult, congenital or advanced interrogation. Other duties may include teaching, research, or technology implementation and/or education. Importantly, this position is not meant to replace physicians by providing interpretive reports or to compete with physicians for reimbursement of services. Rather, Advanced Cardiovascular Sonographers complement physicians and make physician services more efficient.

// HOW WILL THE NEW CURRICULUM DIFFER FROM EXISTING PROGRAMS?

The educational curriculum accredited through CAAHEP standardizes the educational background and requirements. **http://www.caahep.org/documents/file/COA/ACS/CoA-ACSStandardsFinal2012.pdf.** While current CVT and DMS educational programs teach students to perform echocardiograms at the entry level, the ACS is an advanced educational and clinical pathway, thereby providing the field of cardiovascular sonographers a clinical ladder with vertical progression. Depending on the resources of the programs providing the education, the coursework could be in a variety of formats, including an online platform.

As schools begin obtaining accreditation for this educational curriculum, the CAAHEP will post contact information for them at **www.caahep.org/Find-An-Accredited-Program/**

// A NEW LEVEL OF EXCELLENCE FOR SCHOOLS, SONOGRAPHERS AND PATIENTS

It's an exciting time for our profession, as schools will now be able to provide an accredited program for the advanced level (which could include a master's degree) and students will now have a formal source for education to advance their practice to a higher level. We look forward to an advanced credential and recognition for those sonographers who provide enhanced patient care in a variety of clinical settings.

For information on the Guidelines and Standards for Advanced Cardiovascular Sonography and the CoA-ACS Board, please visit **www.coaacs.org.** A more detailed description of the role and education of an Advanced Cardiovascular Sonographer are outlined in a white paper published in the December 2009 issues of *JASE*. **http://www.caahep.org/documents/file/COA/ACS/Advanced%20Cardiovascular%20Sonographer%20JASE%20Article%20Dec_%202009.pdf**

Programs interested in applying to offer programmatic education for the ACS should contact CoA-ACS headquarters at 919.465.9020 or www.coaacs.org to obtain a copy of the Self-Study for Initial Accreditation.

Introducing the 2013 ANNUAL APPEAL

Make an impact on cardiovascular ultrasound this year. Your donations support the following initiatives:

- Humanitarian Missions to Serve Populations in Need
- Career development and sonographer research grants
- Student and fellow scholarships and travel grants
- Standardization of guidelines

ASE Foundation

As a 501(c)3 organization, contributions made to the ASE Foundation are tax deductible to the fullest extent of law.

Make it easy on yourself this year. Sign up once and give back each month!
Visit www.asefoundation.org to sign up for monthly giving.

Please SAVE THE DATE

ASEF 4th Annual Awards Gala

honoring the 2013 ASE Award Winners

Saturday, June 29, 2013 | Windows on Minnesota
Minneapolis, MN

Benefactor and Premier tables, and individual tickets on sale now.

Please visit www.asefoundation.org to make your purchase.

ON THE ROAD TO ASE 2013 Minneapolis

ASE 2013 IN MINNEAPOLIS: WHAT'S IN IT FOR YOU?

Participants in all areas of cardiovascular ultrasound imaging and at all levels of experience will find sessions that meet their needs and help improve their practice. High quality lectures, debates, hands-on sessions, and poster presentations offer a broad spectrum of educational opportunities in both large and small group settings. Adult and pediatric cardiologists, cardiothoracic and vascular surgeons, cardiac anesthesiologists, cardiac sonographers, and emergency and critical care physicians, as well as hospitalists, radiologists, research scientists, residents and fellows in training, students, and nurses, are encouraged to participate actively in sessions and interact with available faculty, get a broad overview of all topics, or delve deeply into one or two topics.

Judy Hung, MD, FASE, Program Chair, along with the Scientific Sessions Program Committee, has developed a fresh, exciting Scientific Sessions Program for 2013. ASE's 24th Annual Scientific Sessions "Disease-Based Focus on the Role of Echo in Diagnosis and Guiding Therapy" will focus on clinical practice to help you be the best practitioner you can be. This year's disease-based diagnosis and therapy theme will assist you in your daily clinical needs. An increase in the amount of small sessions and faculty involvement will allow you to have the most meaningful conference experience possible. Old favorites and new features at ASE 2013 will provide you the quality education you expect from an ASE course. There will be sessions on new technologies including Transporting Newer Echocardiography Technology from Bench to Bedside, Emerging Technologies in Pediatric Imaging, and Echo of the Future: Technologic Developments that May Change Practice. In addition, ASE guidelines will be incorporated into talks that will demonstrate how and why they should be applied in daily practice.

SPECIAL SESSION: ATHLETE'S HEART: 360° PERSPECTIVE

Following the popularity of last year's "Hearts in Space" session, ASE has invited world renowned experts to discuss how intense athletic training impacts the cardiovascular system. Participants will also hear from Adolph M. Hutter, Jr., MD, Director of the Cardiac Performance Program at the Massachusetts General Hospital Heart Center. He is the Cardiologist for the Boston Bruins (NHL), the New England Patriots (NFL), and the Revolution (MLS). He'll be talking about his experience as a team physician for the high performance athlete.

Aaron Baggish, MD, works with Dr. Hutter and is the Associate Director of the Cardiovascular Performance Program at Mass General. Dr. Baggish is a senior author of a study published in January, 2013 in the *New England Journal of Medicine* which discusses the effects of marathon running on the heart. He will bring his expertise to this session in discussing his work on how the heart adapts to training. In addition to these two expert speakers, faculty will be discussing a topic that was hot at ASE 2012: sudden death in athletes and if imaging can help avoid these types of tragedies.

HAVE BREAKFAST WITH AN EXPERT (OR TWO)

Early morning risers will be rewarded with the opportunity to learn from luminaries in intimate breakfast sessions. These sell-out sessions are case-based and explore one topic in detail in an informal setting with experts in the field. The sessions have been reformatted for 2013 and are strictly limited to 25 attendees each to allow for maximum interaction between faculty and students. The cost for each ticket is $50.00. You may purchase these sessions while you are registering for the Scientific Sessions.

HERE IS A LISTING OF THE TOPICS AND SPEAKERS FOR THE AVAILABLE SESSIONS:

SUNDAY, JUNE 30

>> Echo in Patients with VADs – *Michael Picard, MD, FASE, Yan Toplinsky, MD, James Kirkpatrick, MD*

>> Prosthetic Valve Dysfunction – *John Dent, MD, Jean Dumesnil, MD, FASE*

>> Contrast Echo for Improving Patient Care – *Sharon Mulvagh, MD, FASE, Kevin Wei, MD, FASE, Howard Leong-Poi, MD*

>> Diastolic Function-How to Incorporate into Clinical Care – *Brian Hoit, MD, FASE, Jon Won Ha, MD*

>> Constrictive, Restrictive, and Effusive-Constrictive Physiologies: How to Distinguish – *Smadar Kort, MD, FASE, Kiber Yared, MD, Lehcia Fernandez-Fierra*

MONDAY, JULY 1

>> Hemodynamics: Shunt Evaluations and Doppler Quantification – *Joe Kisslo, MD, FASE, Shiro Iwanaga, MD, Kian Keong Poh, MBBCh, FASE*

>> Case Studies in Advanced LV Mechanics - Twist, Torsion, Strain – *Marielle Scherrer-Crosbie, MD, PhD, FASE, Rory Weiner, MD, Jorge Lorenstein, MD*

>> Aortic Stenosis: Pseudo, Low Flow, Low Gradient: How to Tell – *Catherine Otto, MD, Ricardo Ronderos, MD, PhD, FASE, Hiroyuli Watanabe, MD*

>> Basic Approach to Assessment of Congenital Heart Disease – *Mary Etta King, MD, FASE*

>> Echo in the OR – *Mark Adams, BS, RDCS, FASE, Michael Andrawes, MD, Amanda Fox, MD, MPH*

TUESDAY, JULY 2

>> Aortic Trauma: Dissection, Intramural Hematoma, Transection-Differential Diagnosis – *Hector Michelina, MD, FASE, Leonardo Rodriguez, MD, Joao Cavalcante, MD*

>> How to Run an Efficient Pediatric Echocardiography Laboratory – *Wyman Lai, MD, MPH, FASE, Puja Banka, MD*

>> Stress Echo: Experts Bring Their Toughest Cases: Do You Agree With Their Interpretations? – *Robert McCully, MD, Steven Sawada, MD, Steve Smart, MD, FASE*

>> How to Map the Mitral Valve: 2D and 3D – *Vera Rigolin, MD, FASE, Edward Gill, MD, FASE, and David McCarty, MD*

>> Workshop on CRT: Dyssynchrony and AV Optimization: How To Do – *John Gorcsan, III, MD, Ricardo Ronderos, MD, PhD, FASE, Annabel Chen-Tournoux, MD, Steven Lester, MD, FASE*

REGISTER EARLY AND SAVE MONEY!

ASE looks forward to welcoming you to Minneapolis this summer. Registration for the ASE Scientific Sessions includes access to over 50 non-ticketed sessions, CME/CEU Credit, admission to the Exhibit & Poster Hall, morning continental breakfasts, lunch at the Industry Science & Technology Theatre Sessions (limited space available), and coffee breaks twice a day. Also included is a cocktail reception honoring President Patricia Pellikka, MD, FASE in the Exhibit & Poster Hall on Saturday evening, a Welcome Reception for ASE members on Sunday night, and a closing reception on Monday afternoon in the Exhibit & Poster Hall. ❤

>> *Register by May 31 and save $100 off the registration fee. You can register online at* ***www.asescientificsessions.org***

MAKING A WORLD OF DIFFERENCE:

ECHO WORLD SUMMIT 2013

The 2nd World Summit on Echocardiography promises to be memorable for both attendees and faculty alike. We hope you will be able to join us in Gurgaon, India. ASE, EACVI and six additional echocardiography societies look forward to welcoming you to this global event!

In 2011, the first World Summit on Echocardiography was planned with the goal of providing training in parts of the world where that education would make a difference. The first World Summit on Echocardiography would have remained a dream if not for the visionary leadership of Dr. Roberto M. Lang (ASE) and Prof. Jose Luis Zamorano (EACVI). "For years we talked about collaborative opportunities with all the echo societies, and finally said 'No more talking, let's do it!'" said Dr. Lang of the event. The first World Summit was held in July 2011 in Buenos Aires, Argentina under the guidance of Dr. Jorge Lowenstein.

For 2013, the World Summit moves to India. The largest democratic country in the world, India is a land of magnificent monuments, rich heritage, varied culture, and ethereal beauty. A rapidly growing economy in the Southeast-Asian subcontinent, however, has resulted in increased affluence and major lifestyle changes, which carry with them a dramatic rise in the incidence of risk factors and cardiovascular diseases. With the absorption of cardiovascular ultrasound into India's mainstream clinical care, the spectrum of users now includes virtually every practitioner from primary care providers to almost all physician subspecialists.

The 2nd World Summit on Echocardiography continues the tradition of an educational collaboration by a consortium of echocardiography societies: American Society of Echocardiography (ASE), European Association of Cardiovascular Imaging (EACVI), Indian Academy of Echocardiography (IAE), Echocardiography Association of the Interamerican Cardiology Society (ECOSIAC), Chinese Society of Echocardiography (CSE), Japanese Society of Echocardiography (JSE), Korean Society of Echocardiography (KSE), and Canadian Society of Echocardiography (CSE). ASE will take the organizational lead for this event, which will be held October 25-27, 2013 at the Leela Kempinski Gurgaon Hotel in Gurgaon, India.

Even before the first summit, which successfully hosted 1200 attendees, the second summit was scheduled for India in 2013, with Dr. Partho P. Sengupta tapped to lead the program. "We were confident that this event was important enough to be self-sustaining," said Dr. Lang. "With global collaborations of this type, the end result is not just education, but understanding." Dr. J.C. Mohan, a long-time echocardiography leader in India, is working alongside Dr. Sengupta as Program Chair in 2013.

The 2015 World Summit is expected to take place in Beijing, China, where organizational leadership will be provided by EACVI.

"With global collaborations of this type, the end result is not just education, but understanding."
Dr. Roberto M. Lang

A GROWING PURPOSE

Dr. Sengupta added that "there is a recognized need for a global voice so cardiac ultrasound speaks the same language." Ultrasound is a safe, cost-efficient and practical tool, but it is very user dependent. "While you can gain a lot of great information with ultrasound, it is frequently not properly utilized to its full extent. Most guidelines have been developed for the Western countries. It is not known if they are applicable for unique situations in the rest of the world. With the increasing use of telemedicine, tele-echocardiography, and remote tele-consultations, as tested by the recent ASE/GE humanitarian/training event in rural India, it will be necessary to have standardization across countries," stated Dr. Sengupta.

Photo by Barry Canaday

While tele-echo and miniaturization are allowing echocardiography to reach the hearts of remote communities, the development of multidimensional and multiparametric imaging now permits the accurate determination of disease severity as well as the timing of therapeutic options. The World Summit will provide the opportunity for strategic development on both fronts of cardiac ultrasound imaging for global utilization.

"There is an unmet need to adapt, for the rest of the world, guidelines and standards that have been developed in Western countries," said Dr. Patricia A. Pellikka, ASE President and member of the World Summit International Committee. The theme for the 2013 summit is **Global Implementation of Best Practice Opportunities and Challenges in Cardiovascular Ultrasound**. What makes the World Summit a must-attend meeting is the stellar faculty that will be representing each of the collaborating echocardiography societies. Each participating society has agreed to sponsor two to three faculty members from its organization for this event, thereby creating a diverse and robust three-day teaching environment. The summit will allow attendees to place a finger on the pulse of the global cardiovascular ultrasound environment. Topics covered will include focused exams, automated analysis, optimized workflow, data connectivity, telemedicine and cloud computing, documentation, and negotiating the balancing act between high quality and cost-effective patterns.

In addition to didactic sessions, there will be paper presentations, abstracts, case studies, debates, new technology presentations, live case relays, and a world quiz competition. There will be opportunities to interact with industry, key software developers, and international leaders in echocardiography.

THE VENUE AS A DESTINATION

Gurgaon is a 2012 Tripadvisor® winner for "Traveler's Top Choice Destination." Located near the National Capital Region of Delhi, this upcoming district houses numerous multinational companies and as a result, has plenty of tourist-friendly malls, hotels and restaurants.

The Leela Kempinski Gurgaon Hotel, site of the World Summit, is a five-star hotel only 15 minutes from the Delhi International Airport (DEL) and 23 kilometers from central Delhi. Gurgaon is on the outskirts of New Delhi, making the location convenient for international guests flying in, as well as for those who live within driving distance. The Leela's Spa Lavenya was India's only city hotel spa recognized in the UK's *Condé Nast Traveler's* "Luxury Spas of the World" for 2011 and 2012. This spa has a reputation for establishing new standards in detox therapies and signature treatments. If additional distractions are needed, the Leela is adjoined with the luxurious Ambience Mall, India's largest operational shopping mall. In addition to retail therapy and a variety of dining options, the mall also includes a multiplex cinema, car showroom, meditation center, beer garden, bowling alley, and simulated golf course.

The proximity to nearby Delhi makes Gurgaon an excellent base for visiting tourist sites such as the majestic Red Fort, Qutub Minar, and Humayun's Tomb, all listed as UNESCO World Heritage Sites, or a day of shopping at Chandni Chowk. And a day trip to the incredible Taj Mahal is not to be missed.

"For those who have been looking for a reason to visit India, the World Summit is a perfect reason to combine education and pleasure," suggested Dr. Pellikka, ASE President. New Delhi weather in October is typically dry, with temperatures averaging from 69 to 86 degrees. Diwali, the festival of lights, will be observed November 3-7, for those interested in spending additional time in this diverse and complex country. Tourism opportunities will be offered for meeting attendees.

ASE INVITES YOU TO JOIN US IN INDIA

It is expected that the majority of the anticipated 1200 attendees will be from India in keeping with the purpose of the meeting. However, the stellar faculty that has signed on for this meeting will attract physicians, sonographers, and scientists from around the world. The meeting will be conducted in English. "We invite ASE members to join us for this meeting," said Dr. Pellikka. "Registration fees are reasonable, the program will be professionally stimulating, and India is a country that must be experienced." Registration is now open, and can be accessed at **www.wsecho.org**

Ken Horton, RCS, FASE, and Chair of ASE's Sonographer Council, will additionally lead a sonographer session during the event. While there are sonographers in India, they are rare, mostly in the southern part of the country. There is a growing interest within India about the role of sonographers, and physicians are also committed to improving their image acquisition skills for improved patient care. Certificates of Attendance will be provided to participants of this meeting, reflective of the hours participated.❤

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ASEF gears up for innovation

A 2020 Roadmap: The ASE Foundation Hosts its Second Cardiovascular Ultrasound Technology and Research Summit

In this era of dwindling government research funding and support for research fellowships, the ASE Foundation convened a one-day think tank to address both monetary and other challenges, and lay out a roadmap for the future of cardiovascular ultrasound technology and clinical research.

On Saturday, November 3, 2012, the ASE Foundation hosted its second Cardiovascular Ultrasound Technology and Research Summit prior to the American Heart Association Scientific Sessions in Los Angeles. Chaired by ASE President Patricia Pellikka, MD, FASE, along with Pamela Douglas, MD, FASE, and James Miller, PhD, the summit brought together key ASE thought leaders, leadership from the National Heart, Lung, and Blood Institute (NHLBI), National Institute of Biomedical Imaging and Bioengineering (NIBIB), and ultrasound engineers from leading device and pharmaceutical companies for a focused discussion to define future applications of cardiac ultrasound and the correlating areas of research and technology development necessary to meet those future clinical needs.

The ASE Foundation's biannual Cardiovascular Ultrasound Technology and Research Summit is part of an ongoing commitment to define and promote future applications of cardiac ultrasound and the correlating areas of research and technology development needed to meet our field's future clinical needs

The Foundation's inaugural technology and research summit in 2010 was instrumental in establishing a collective dialogue between ASE clinicians, scientists, industry, and government to increase funding for cardiovascular imaging training grants, reinforce the value of cardiovascular ultrasound as a clinical and scientific tool, and further technological advances in imaging and therapy using ultrasound. The second summit was designed to build on that collaborative success with a discussion agenda formulated around current areas of active investigation and technology development. Focusing on how to bridge the gap between what is useful clinically and what is achievable technically, participants debated topics including the need to standardize image quality and data to drive both clinical application and clinical trial use, the role of the imager in interventional procedures, and how imaging is affecting management of these patients, how best to balance innovation within the reality of workflow restrictions, and how to expand grant funding for the cardiovascular ultrasound community while also growing the community of scientists interested in echo research.

A proceedings document summarizing key recommendations from the summit discussion will be published in an upcoming issue of *The Journal of the American Society of Echocardiography* (JASE) this spring to serve as a resource for practitioners, researchers, and national funding agencies. ASE leadership is also planning a meeting with the National Institutes of Health (NIH) later this year to discuss achievement of these recommendations.

Look for the 2020 Roadmap in JASE in April. For more information on research resources, including career resources and ASE Foundation funding opportunities, visit ***www.asecho.org/research***

The ASE Foundation plays a crucial role in supporting the progress and future of our field through investment in the discovery process and in the careers of investigators. The 2012 Cardiovascular Ultrasound Technology and Research Summit was wholly supported by funds raised during the 2011 ASE Foundation Annual Appeal. Visit **www.asefoundation.org** for more information on how you can make a vital investment in the future of your profession.

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ASE'S MISSION

ASE is committed to excellence in cardiovascular ultrasound and its application to patient care through education, advocacy, research, innovation and service to our members and the public.

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