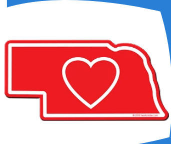

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Nebraska ACC

SUPPORTING PHYSICIANS, TRAINEES, AND CARDIOVASCULAR TEAM MEMBERS WITH EDUCATION, ADVOCACY, & NETWORKING OPPORTUNITIES

Chapter News

Despite the COVID-19 pandemic, the Nebraska ACC is abuzz with exciting activity.

- The Nebraska ACC **2020 Annual Meeting** occurred on October 28 in the evening. The event featured a live keynote presentation by John Spertus, MD, MPH, a pioneer of the National Cardiovascular Data Registry (NCDR). If you missed our event, you can watch a recording. CME is still available.
- The Nebraska ACC **2020 Annual Meeting** also featured the annual **FIT Poster Competition**, including live presentations of the top two posters and cash prizes. You can view all of the poster submissions on our website.
- The Advocacy Committee will hold a Zoom meeting with **Nebraska State Senator Machaela Cavanaugh** on December 9 at 7:00am. Telehealth and prior authorization reform will be discussed. In addition, Senator Cavanaugh has been a strong proponent of stricter tobacco regulation. Contact Nebraska ACC Executive Director Carmen Chinchilla to participate.
- Planning is underway for the Nebraska ACC **Cardiovascular Team Spring Meeting** for nurses, technologists, pharmacists, and other team members. E-mail CVT Liaison Jessica Livingston, MSN, RN-BC, AACC to help plan, and check you email for details soon.
- The **Nebraska ACC Bylaws** have just been updated from their vintage 1994 form. Email voting to approve the new bylaws will occur shortly.
- We want to hear from YOU! Contact Dr. Anu Tunuguntla if you would like to **write for this Newsletter**. The Newsletter features four brief articles quarterly: Chapter News, Cardiology Update (by a cardiologist), FIT Corner (by a fellow-in-training), and CVT Corner (by a CV team member).
- Please **follow us** on Twitter and Facebook!

Andrew M. Goldsweig, MD, FACC, FSCAI, RPVI
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Nebraska
CHAPTER

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CARDIOLOGY UPDATE

MANAGEMENT OF HFREF IN 2020 AND BEYOND

Despite significant growth in the armamentarium available for treatment of systolic heart failure over the last several decades, the number of patients on target doses of guideline-directed medical therapy (GDMT) remains exceedingly low. With these agents showing not only reduction in hospitalizations, but more importantly mortality reduction, initiation as well as ongoing uptitration and optimization of these is paramount to improved patient outcomes.

While beta blockers and ACE inhibitors and ARBs are commonly used in this population, initiation of or conversion to additional GDMT or soon to be GDMT remains poor. While PARADIGM-HF and subsequent studies have shown the benefit of sacubitril/valsartan use in HFrEF, utilization of this class remains suboptimal. Currently, most heart failure providers are attempting to convert a majority of their patients to ARNI therapy and many are initiating sacubitril/valsartan as first line therapy without trial of ACEi or ARB.

Mineralocorticoid receptor antagonists like spironolactone and eplerenone also remain to be significantly underutilized despite decades old data showing mortality reduction with these agents as well.

Sodium-glucose Cotransporter-2 (SGLT2) inhibitors like dapagliflozin and empagliflozin are the new kids on the block and each have shown (DAPA-HF and EMPEROR-Reduced, respectively) to lead to a reduction in worsening heart failure and reduction in mortality when utilized in conjunction with standard GDMT. While many cardiologists may not feel comfortable initiating these agents, especially in diabetics already on glucose lowering therapy, a collaboration between primary care providers and endocrinologists should be broached to ensure that appropriate patients are being started on these agents.

While GDMT remains the mainstay of management in HFrEF, device therapy in the management of these patients is also rapidly expanding. Use of remote pulmonary artery pressure monitoring has been shown to reduced heart failure hospitalizations and therapies like cardiac contractility modulation and reduction in venous congestion with a partially implanted balloon catheter currently undergoing evaluation, devices will likely continue to have an evolving role in the management of HFrEF.

With the ever-changing landscape of management and options in this complex patient population, a good line of communication and collaborative effort with an advanced heart failure specialist can be beneficial in patient-specific optimization.

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FIT CORNER

INTERVIEWING IN A PANDEMIC

As society continues to evolve through COVID-era, graduate medical programs are forced to use alternative means to interview candidates. The world of online interviews were rolled-out and put to a stress test in their infancy. Interviewing online has its advantages and disadvantages, however with successful planning, the process can be beneficial for both parties involved.

Online interviewing tips

When it comes to online interviews, the interviewer has only a small window to visualize your face and background. This allows small imperfections, to be magnified.

1. Dress up! as you would for a regular face-to-face interview.
2. Choose a quiet location devoid of any loud background noises or distractions. Silence your phone and keep it away.
3. Set your computer and camera at eye-level so that the interviewer is face-to-face.
4. Plugging in your computer to an electrical outlet allows you to have sufficient power throughout.
5. Choose a reliable internet source capable of streaming live days ahead of time.
6. Choose a neutral and professional background. If in doubt, a white wall always works.
7. Choose a well-lit room to eliminate shadows on your face.
8. Mute your microphone where you are not speaking.
9. Fully update your computer to suit all varieties of online interviewing software. Close all background programs and notifications to avoid pop-ups.
10. Practice! After you have tested equipment, task a friend to conduct a mock interview.

Wrap up

Online interviews have the advantage of being conducted from almost any desired location with a reliable internet source with the savings associated without having to travel. Although it is tempting to treat the online interview process in a relaxed manner, one should strive to respect the interview and treat it with the same focus and preparation as a face-to-face interview.

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CVT CORNER

SPECIALIZED TEAMS IN THE CARDIAC CATH LAB

For those that have spent any amount of time working in the cath lab, it's known that there are MANY different types of procedures performed. To benefit the patient, physicians, staff, and the overall outcomes of the department, it's imperative that specialized teams, made of experts in particular procedures and equipment, are created and utilized.

When staff begin their career in the cath lab, they typically start out by staffing left heart cath cases. From there, with added skills and confidence, they begin working in cases that are of higher patient acuity and require an intensified skill level and procedural/equipment expertise. This natural role progression leads to the rationale that specialized cases require staff with specialized skills.

A procedure dedicated to intervening on a chronic total occlusion (CTO) of a coronary artery is an example where a specialized team is necessary, as there are certainly different equipment needs, heightened patient monitoring requirements, and specialized skills that each team member must possess to create a safe patient care environment and produce positive patient outcomes. Other examples where specialized teams are essential are structural cases (including transcatheter aortic valve replacement, Watchman, MitraClip, etc), and peripheral cases.

Experienced staff that are able to progress in their roles and begin working in these specialized procedures tend to be more satisfied, feel valued, provide high-quality patient care, and have solid and trustworthy relationships with their colleagues and physicians. As a result, this creates an optimal environment for patient care, quality outcomes, staff retention, and a robust reputation that enables the department to grow exponentially. It's in the best interest of all cath labs to begin building these specialized teams if they are not already in place.

Jessica Livingston, MSN, RN-BC, AACC

ACC CV TEAM NEWSLETTER

Did you know? The ACC has a monthly newsletter for CV Team Members. Click on the link below to learn more about what is happening on the national stage!

Read the ACC CV Team Newsletter here!

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