VOLUME 1 ISSUE 4

MARCH 2020

RI ACC Newsletter

Rhode Island CHAPTER

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CV Team Member Highlight

Dear Rhode Island CV Team,

I am excited to join the American College of Cardiology, and enthused to share some of my recent experiences. Though I have been caring for cardiac patients much of my career, I was unaware of the opportunities afforded to me through ACC membership; and truly feel fortunate to be part of this organization. This Fall I had the opportunity to be an abstract reviewer for the 69th Annual Scientific Session held in March 2020. The experience was interesting as well as rewarding to have this degree of involvement. The abstracts reviewed were of high quality; entailing case studies and research protocols from many subspecialties within the "cardiology umbrella." The ACC commented that the science was of exceptional quality this year, with submissions from 70 countries. They received a record 6,500 submissions this year and relied on over 1,200 reviewers to evaluate them. There will be more than 3,700 abstracts presented in oral, moderated poster and flat board poster sessions at ACC.20/WCC, noting that this will assist clinicians to be at the forefront of translating data into actionable knowledge directly to the point of care.

Another organization with which I have had a long-standing relationship, is the American Academy of Nurse Practitioners. The mission of AANP is to empower all NPs to advance quality health care through practice, education, advocacy, research and leadership. At their national conference, which this year is being held June 23 through June 28, 2020 in New Orleans, Louisiana, I have been chosen to present on vascular disease. The topic presented will be: "New Global Vascular Guidelines on the Management of "Chronic Limb-Threatening Ischemia." I have found the organization to be an excellent venue not only for educational programs, but for networking amongst my peers and carrying out the mission.

In the future, I look forward to being an active resource to my ACC team members; helping to serve as the voice of the cardiovascular community at the local level.

Contributed by Nancy Stone PhD ACNP-BC NP-C

Conference Coverage: Legislative Conference

The 2019 ACC legislative conference was held in Washington, D.C., on November 3rd – 5th. The Rhode Island Chapter of the ACC was excited to have a presence of five chapter members including Governor, Dr. Daniel Levine; ACC Vice President, Dr. Athena Poppas; fellows in training, Dr. Hannah Chaudry and Dr. Vrinda Trivedi; and CV Team Liaison, Ashley Arnold, NP. These members went to visit the local legislative staffers to advocate for patients and providers in the state of Rhode Island.

The first topic on the agenda was to decrease the administrative burden and promote clinical well-being by standardizing the prior authorization process. The house bill, (H.R. 3107), *Improving Seniors' Timely Access to Care Act of 2019,* would streamline prior authorization practices and increase transparency and accountability in the Medicare Advantage program. Streamlining the prior authorization process will decrease the financial and administrative burdens providers' experience. The second topic was to increase patient access to care by allowing Advance Practice Providers (APPs) to supervise cardiac and pulmonary rehabilitation in 2020. Existing legislation will allow APPs to supervise cardiac rehabilitation in 2024. The *Increasing Access to Quality Cardiac Rehabilitation Act of 2019* would also allow APPs to order Cardiac Rehabilitation services. This legislation is vital to allowing APPs to practice to the fullest extent of their licensure and provide evidence-based care. The last topic was *Tobacco 21*. This legislation would move the legal smoking age from 18 to 21. It would also ban the use of e-cigarettes and flavored tobacco products which are marketed to the vulnerable adolescent population.

From left to right : Dr. Vrinda Trivedi , Dr. Athena Poppas, , Dr. Hannah Chaudry, Dr. Daniel Levine, and Ashley Arnold, NP.

Our presence on the hill was well received and well heard. We ask for your support in these bills and we ask you to contact your local delegates to cosponsor this legislation.

Contributed by Ashley Arnold, MSN, AGACNP-BC

Late Breaking Clinical Trial: ISCHEMIA

In late 2019, the decade long study known as the ISCHEMIA trial came to a close. The ISCHEMIA trial was an international study to determine the most effective management of patients with stable ischemic heart disease (SIHD). The trial compared the effectiveness of optimal medical therapy versus an invasive approach, such as cardiac catheterization with revascularization, for patients with moderate to severe ischemic heart disease who had an abnormal stress test. Patients with acute coronary syndrome (ACS) were not included in this trial.

The primary endpoint of the ISCHEMIA trial was cardiovascular death, MI, hospitalization for unstable angina, heart failure, or resuscitated cardiac arrest. The ISCHEMIA trial randomized 5,179 patients into invasive (INV) versus conservative (CON) groups. These patients were followed for an average of 3.5 years. In addition to primary endpoints being monitored, the trial also looked at patients' reliance on certain medications to manage their SIHD. The trial found no significant difference in beta blocker use between the INV and CON groups, slight decrease in calcium channel blocker use in INV group, and "other anti-anginal medications" were significantly reduced in the INV group.

However, when examining the primary endpoint of the trial, the ISCHEMIA trial found no significant difference in outcome between the two groups. At 6 months there was a 1.9% difference in outcomes favoring the CON group, however at 4 years there was a 2.2% difference favoring the INV group. Overall initial INV treatment compared to CON treatment did not show a reduction in risk over a median of 3.3 years for the primary endpoint.

A subset of the ISCHEMIA trial, however, focused strictly on quality of life for patients undergoing an INV versus CON strategy. This study showed that patients with SIHD who experienced angina had significant improvements in angina control and quality of life when treated invasively. For patients who had no symptoms of angina at the time of enrollment, no significant changes were seen in quality of life in INV versus CON groups. In this respect, it was felt that for patients who were experiencing angina, patients goals and preferences should be taken into consideration when developing treatment plans.

Contributed by Heather Zeh, BSN, RN

References:

- Presented by Judith S. Hochman at the American Heart Association Annual Scientific Sessions (AHA 2019), Philadelphia, PA, November 16, 2019.
- Presented by John A. Spertus at the American Heart Association Annual Scientific Sessions (AHA 2019),

Physician Assistant Updates

Quick Answers to Quick Questions

Q: How many PAs are there in RI?

A: Currently (As of 1/13/20) there are 629 Licensed PAs in RI. (Source https://health.ri.gov/lists/licensees/)

Q: Do notes written by PAs or NPs require co-signatures?

A: No, only Admission H&Ps as well as Discharge Summaries require co-signatures.

Q: Is there a limit on how many PAs or NPs can work with a MD/DO?

A: No limit

Q: Can PAs and NPs sign Death Certificates in RI?

A: Yes, PAs and NPs can complete and sign Death Certificates without a co-signature.

Changes to Laws Modernize RI PA Practice

PAs in Rhode Island had some great legislative achievements in 2019. The biggest being the removal of the requirement for a written practice agreement with a supervising physician. The law (RIGL 5:54) had required that each practicing PA have on file a written agreement outlining their scope of practice and policies with their supervising physician. This was an administratively cumbersome burden. The new law removes the written practice agreement requirement and changes the relationship from "supervising" to a "collaborative" relationship. These changes allow PAs and their collaborating physician counterparts to determine, at the practice level, how the PA can best practice to their level of training and education without the administrative burden. Although no longer required by state law, some practices and health care systems may still require some form of written understanding or credentialing based on in house policies or procedures. The change in relationship from supervising physician to collaborating physician does not allow for a pathway to independent practice but rather better defines that we often work side by side with many physicians at times in team-based settings.

What's in a Name?

On the national front, the American Academy of PAs (AAPA), is exploring the possibility of a name change for the profession. As you can imagine, changing the name of the profession has become a hotly contested debate. The current concern is that the word "Assistant" in Physician Assistant, does not accurately reflect the role that PAs play in all settings. There are many experienced PAs that work collaboratively with their own patient panels and in settings where they supplement physician roles or shortages but do not practice as an "Assistant." To research this further the AAPA contracted with WPP, a large international PR and advertising organization to investigate the impact of a name change and possible alternative titles for the profession. The AAPA House of Delegates will be meeting in Nashville, Tennessee, in May of this year to hear the results of this report and determine if a name change is in order. It is unclear at this time if a new name will be decided on at this meeting but the possibility exists that we might have a name/title change. A change of this magnitude would have a huge effect across the nation as laws and policies at the Federal, State and Local levels would need to be changed and updated. Further complicating a name change would be that computer systems and insurance processes would need updating as well. One of the largest impacts would be that as a profession, we would need to start from scratch trying to explain to our patients who we are and what our role is under the new title. Stay tuned for updates.

Any opinions rendered or implied in the articles are my own and do not necessarily reflect the opinions or policies of any organization I work for or may be a member of.

Contributed by Ray Cord MHP, PA-C, DFAAPA

In this Together

At a time when we are all fairly well consumed by the COVID19 pandemic the RI ACC wants to acknowledge the hard work, dedication and risk that our providers encounter every day for the benefit of our patients, our friends and our families. This is an extremely stressful time and we encourage everyone to stay up to date (Rhode Island Department of Health, CDC and ACC websites are useful), stay safe and stay supportive.

It is heartening to see our community pull together under steady and clear local leadership. Please make sure to reach out. Social distancing is not the same as disconnection. Things will certainly get worse before they get better. We need to be here for each other in the days and weeks ahead.