Message From the Chair

As winter continues to unfold, with all the challenges that remain ahead for health care and for us as pediatric cardiologists, it is a good time to take stock of where CVDY is positioned on behalf of all of us responsible for the cardiovascular health of children and young adults. Dr. Seema Mital, outgoing chair of CVDY’s Program Committee, reviewed the recent outstanding Scientific Sessions program of which we all should be proud. With regard to scientific productivity our Council remains on firm ground. In Chicago, CVDY welcomed a worldwide audience displaying the immense scientific enterprise that moves us ahead in our work to better understand, and to better evaluate and treat, our patients with acquired and congenital cardiovascular disorders. The enthusiastic academic interchanges demonstrated the ongoing high level of scientific acumen and interest that typify our membership. The CVDY Meritorious Achievement Award given to Dr. Jeff Towbin for his career as a superb clinician, scientist and educator (the fabled “triple threat”), and the wonderful early career mentoring program led by Drs. William Mahle and Shelley Miyamoto, underscore our Council’s aim to remain a leading force within the AHA in all three of these areas.

The high percentage of our members who participate in the AHA You’re the Cure advocacy program demonstrates our willingness to be active in the important realm of public and political awareness. If we, the CVDY membership, do not speak up on behalf of our patients and their families, and also on our own behalf, then who will? Both within the AHA and in the general healthcare arena, we must maintain a strong voice. Dr. Catherine Webb’s excellent review of the issues concerning healthcare reform provides a reference point for all of us in the debates looming ahead. I would also like to thank all of you who participated in the vigorous and enlightening discussion at the Council’s Annual Business Meeting in Chicago. More than 50 pediatric cardiologists attended an interactive discussion on the future of pediatric cardiology organizations. The lively interchange demonstrated the vibrancy and interest of our community, despite all the pressures upon us for time and energy. Please stay involved in CVDY activities throughout the year. Your input is not only welcomed, it is required.

Michael Gewitz
MD, FAHA

What Health Reform Means to Congenital Heart Disease Patients

Catherine Webb, MD, MS, FAHA
Advocacy Ambassador, Council on Cardiovascular Disease in the Young

As everyone knows by now, the Patient Protection and Affordable Care Act was signed into law in March 2010. As the Advocacy Ambassador for the Council on Cardiovascular Disease in the Young, I thought it would be helpful to review some of the law’s provisions that will have an impact on children and young adults, especially those born with congenital heart disease.

As a pediatric cardiologist, I’ve seen firsthand the challenges that many of my young patients and their families face in the healthcare system. We all know correcting heart defects can be costly, particularly if families need to go “out of network” to get the care their child needs. Annual and lifetime caps on insurance may be easily reached — particularly if the patient requires a heart transplant or multiple, extensive surgeries. Getting or keeping insurance can be very difficult because of the child’s medical condition or prohibitive costs.

The Affordable Care Act offers a number of advantages to children as well as adults born with congenital heart disease:

• The new law includes provisions of the Congenital Heart Futures Act, as authored by Sen. Dick Durbin, D-III., and supported by the American Heart Association. It is intended to improve surveillance, research and education efforts to fight congenital heart disease. Implementation, however, is contingent upon appropriating congressional funding.

• No person can be denied coverage due to a pre-existing condition or health status, beginning in 2010 for children under age 19, and on Jan. 1, 2014, for adults.

• Beginning in 2014, all Americans will be required to have health insurance coverage. In exchange, insurance companies will be prohibited from...
charging individuals higher premiums because of their health status or pre-existing conditions. Those without coverage through an employer will be able to purchase the private plan of their choice through state-based health insurance exchanges, and tax credits will be available for those with moderate incomes.

- As a bridge to permanent coverage options in 2014, new health plans called Pre-Existing Condition Insurance plans were launched in 2010, available for people with pre-existing medical conditions who have been without health insurance for at least six months.
- Young people, including those with congenital heart disease, are able to stay on their parents’ policy until age 26.
- Beginning in 2010, lifetime caps on insurance coverage are prohibited, and annual limits will be phased out. For plan years beginning after Sept. 23, 2010, annual dollar limits lower than $750,000 will be prohibited. Starting Jan. 1, 2014, all annual limits on covered services will be prohibited.
- Beginning in 2014, private health plans participating in the state-based insurance exchanges will have to meet a number of requirements, including providing adequate networks of providers and capping out-of-pocket costs for individuals and families.

- Beginning in 2010, new or revised private health plans are required to provide annual “well child” visits and recommended immunizations, and recommended preventive services for adults, for free.

To learn more about these and other provisions of the Affordable Care Act, visit heartsforhealthcare.org. A series of brief videos is available in which American Heart Association experts, including President Ralph Sacco, MD; Past President Clyde Yancy, MD; CEO Nancy Brown; and Chief Science Officer Rose Marie Robertson, MD, answer some of the most common questions posed by patients and consumers.

Early Career and Mentoring Committee

The Early Career and Mentoring Committee has been focused on a number of key issues relevant to both trainees and the faculty members who mentor them. We have continued our Visiting Professor Program in 2011. Dr. Robert Shaddy from Children’s Hospital of Philadelphia will be the visiting professor at Children’s Hospital of Denver. He brings a wealth of experience in terms of mentoring resident fellows and young faculty. We will hopefully be able to impact many early career members with his visit.

In 2011 we anticipate a Young Investigator Award to recognize an early career investigator who demonstrates outstanding research. This will be a significant achievement that can boost a young investigator’s career with international recognition and encouragement to continue to pursue research activities.

The Early Career and Mentoring Committee has also continued to provide valuable information to fellows and trainees who may be transitioning to faculty positions or practicing pediatric cardiologists. The CVDY Early Career website has a list of fourth year fellowship training programs around the country. Many young investigators have found this to be very valuable for planning their next career steps. We were also fortunate to have a Saturday session at the AHA Young Investigators Program in Chicago. Among the most well-received presentations were those by Bradley Marino from Cincinnati Children’s Hospital Medical Center and Sara Pasquali from Duke University, who provided real-life insights into how one transitions from a fellow to a first academic position and the pursuit of extramural funding.

Rheumatic Fever, Endocarditis, Kawasaki Disease Committee

The RFEKD Committee continues its broad address of a variety of cardiovascular diseases, many of which are due to infectious etiologies. Earlier this year a committee writing group published an initial version of a scientific statement providing management and prevention guidelines for cardiovascular implantable electronic device infections. The statement was co-sponsored by the American College of Cardiology and Heart Rhythm Society and serves as a timely response to the ever-increasing rate of device infections.

Work is already under way to evaluate the current role of echocardiography in the diagnosis of acute rheumatic fever, and a published update on the infection-related syndrome is planned over the next year.

Message From the Editor

Walter H. Johnson Jr., MD
wjohnson@uab.edu

The CVDY Membership and Communications Committee invites your input! Please contact me with requests for future content, and consider becoming an author.

People on the Move, featuring career changes of CVDY members, is online, one click from our home page (heart.org/cvdynews, under Related Items).

Try out the new Professional Online Networking site, also just one click from our CVDY page.
**Program Committee Report**

Seema Mital, MD, FAHA, CVDY Program Chair  
E-mail: seema.mital@sickkids.ca

Scientific Sessions 2010 in Chicago was exciting and well attended. CVDY sponsored more than 35 sessions including an early career seminar for trainees and a special session for adult congenital heart disease. Twenty-five percent of the invited faculty were international, from Canada, Europe or Asia. Topics included basic, clinical and translational research in heart disease in the young as well as adults with CHD.

Dr. Lori West from Stollery Children’s Hospital, University of Alberta, gave the T. Duckett Jones Memorial Lecture, “Advancing the Science of Transplantation: Lessons Learned from Children,” on her groundbreaking approach to neonatal cardiac transplantation. The William J. Rashkind Memorial Lecture, “The Divine Handiwork: Evolution and the Wonder of Life,” delivered by Dr. Owen Gingerich, professor emeritus of astronomy and of the history of science at Harvard University, was an engaging insight into the history of science and evolution. The CVDY Meritorious Achievement Award was given to Dr. Jeffrey Towbin, Cincinnati Children’s Hospital, for his enormous contributions to the field of genetics of heart disease and translational research.

The Outstanding Research Awards session showcased three innovative studies: Dave Wessel, Children’s National Medical Center, Washington, D.C., for the CLARINET trial evaluating clopidogrel versus placebo in infants palliated with a systemic-pulmonary artery shunt. Gabe Owens, University of Michigan, for preclinical research in noninvasive creation of intra-cardiac communications via therapeutic ultrasound.

Ilan Goldenberg, University of Rochester Medical Center, for the study of cardiac events in genotype-negative family members of patients with long QT syndrome.

The 2010–11 Program Committee (Wolfgang Radtke, Chair; William Mahle; Charles Canter; Macdonald Dick; Jonathan Chen; Michael Ackerman; Meryl Cohen; Sarah de Ferranti; Elizabeth Goldmuntz; and Dunbar Ivy) requests that suggestions for topics and speakers for the 2011 Sessions be made by e-mailing a committee member. We look forward to another exciting program next year!