

## NEWS FROM YOUR EDITOR

In this last Newsletter for 2013 you will have the opportunity to see what our SIGs and the Standing Committees of SA Heart have been busy with during 2013 and plan for 2014, all for the benefit of Cardiology Care in South Africa and the Members of SA Heart. I applaud these members who, without any remuneration and often without other forms of recognition, spend many hours and at times even their own finances to lead and/or participate in these projects. They need your support and involvement.

For most of you this Newsletter will be available only via the Website. If you have not lately visited our website, please do so and do not forget to comment and partake. We plan to introduce an active blog where you can contribute and give your opinion on relevant matters. SA Heart perspective on guidelines as well as SA Heart Journals and newsletters, both past and present, are all accessible via the website, as are the latest news items, details of local and international meetings, particulars of scholarships, training guidelines and other resources. Do not forget the eLibrary which gives you access to a vast amount of online journals and textbooks for a nominal fee.

The line-up of major events that SA Heart has planned for 2014 to keep you updated on modern cardiology are:

- The first stand-alone Africa PCR in March,
- Sun Echo in April,
- New Horizons Echocardiography in early August and
- SA Heart 2014 Annual Conference in October.

These meetings complement each other and do not duplicate your experience at the SA Heart Annual Conference.

The combined efforts of our Standing Committees are aimed at making your lives less complicated in your efforts to treat patients. SHARE II, our registry project, will restart with a friendlier and easier strategy and I urge you all to participate. For any survey to be meaningful, we need the participation of everybody, including the voluntary participation of our technologists.



We will launch the national roll out of our STEMI Early Reperfusion Project/Survey during the AfricaPCR meeting in March 2014.

SA Heart plans to actively participate in EuroPCR; World Cardiology Congress in Melbourne and ESC 2014. We would like to know who would attend on behalf of SA Heart to get the most out of these conferences. The international presence of SA Heart and its SIGs continues to play an important role in obtaining access to expert opinion and collaboration.

Lastly, I urge you all to make a point of attending the SA Heart 2014 AGM. Attendance of this very important meeting in the past has been dismal to say the least and I ask that you please attend, even if you only do so because I request it. 2014 AGM will also see a change in Executive and Committee members and I want to invite you to now already scout for members willing to stand for the various posts to nominate them when the time comes.

Our standard of health care and the algorithms we apply in our daily practice should follow the guidelines of the ESC accepted by SA Heart and where available, the South African perspective on these guidelines. When commenting on issues raised by the public, members should always refer to these guidelines. Having said that, nowhere in the world are these guidelines followed to the finest detail because

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## NEWS FROM YOUR EDITOR continued

we deal with many variables in each patient and many of these are not included in the guidelines. Nevertheless, interpreting the guidelines to suit the patient or the doctor without sound reasoning cannot be condoned. Unfortunately we do not have a peer review programme in place due to the scarcity of appropriate academic personnel. The fragmentation of our health care with too many private strategies does not make this task easier. On the one hand, one should be careful not to criticize as there often is more than one correct option, but wrong or bad decisions are not acceptable. The indications for invasive diagnostic evaluation and intervention are left to the discretion of the doctor and are difficult to monitor. On the other hand, the indication to consult the cardiologist often depends on the patient's perspective and availability of health care prior to consulting the super specialist. These issues cannot be solved in the present system. However, I still believe that our health care success and adherence to what is correct far exceeds that of many public enterprises.

Are we spoilt? Why does only 40% of invitees to a meeting bother to respond and why so often does only 50% of those who accepted the invitation turn up at the meeting? This is very frustrating for colleagues that spend many hours, considerable effort and even personal expense in arranging and preparing for these meetings. This is not unique to cardiologist or to specialists. Maybe the answer lies somewhere else?

What is a fair remuneration for your services? The cost studies of 2008 (I think it was 2008) indicated our fee structures should have a value of at least 2 x that what is nowadays considered to be a minimum fee. Are the fee structures and coding of today still relevant if we take into account the many changes during the last 10 years? Study time is longer, expenses are higher, health care providers are older but have to work 12+ hour shifts to make ends meet. Then there is the principal of appropriate remuneration which works from the premise that while all doctors are good, some are less good en others exceptionally good. In this regard the term "good" places the emphasis on efficiency. SAMA together with MPC (Medical Practice Consulting) developed a formula to determine an appropriate fee, but implementing this and ignoring the reality of what is possible in a given socio-economic environment is a challenge. Looking at bonuses being paid to officials even if they failed to perform as required in the particular posts makes answering this question even more difficult. However, giving up is simply not an option as that would be admitting defeat!

Enjoy your newsletter

**Adriaan Snyders**

**Editor SA Heart newsletter & President SA Heart**  
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## 15<sup>th</sup> ANNUAL SA HEART CONGRESS



For more information: **EUROPA ORGANISATION AFRICA**  
 Tel +27 11 880 2579 | Fax +27 11 447 3999 | Email [info@eoafrika.co.za](mailto:info@eoafrika.co.za)  
 Website [www.saheart.org/congress2014](http://www.saheart.org/congress2014)



## POPULAR CONGRESSES FOR 2013 / 2014

CONGRESS	DATE	CITY	COUNTRY
<b>GULFPCR</b> <a href="http://www.gulfpcr.com">http://www.gulfpcr.com</a>	12 - 13 December 2013	Dubai	UAE
<b>EUROECHO 2013</b> <a href="http://www.escardio.org">http://www.escardio.org</a>	11 - 14 December 2013	Istanbul	Turkey
<b>ASIAPCRLIVE</b> <a href="http://www.asiapcr.com">http://www.asiapcr.com</a>	16 - 18 January 2014	Singapore	Singapore
<b>4 CORNERS OF CARDIOLOGY</b> <a href="http://www.4CCardiology.com">http://www.4CCardiology.com</a>	7 - 8 February 2014	Melbourne	Australia
<b>JIM 2014</b> <a href="http://www.jim-vascular.com">http://www.jim-vascular.com</a>	13 - 15 February 2014	Rome	Italy
<b>AFRICAPCR</b> <a href="http://www.africapcr.com">http://www.africapcr.com</a>	13 - 15 March 2014	Cape Town	South Africa
<b>ACC.14</b> <a href="http://www.cardiosource.org">http://www.cardiosource.org</a>	29 - 31 March 2014	Washington	USA
<b>EUROHEARTCARE 2014</b> <a href="http://www.escardio.org">http://www.escardio.org</a>	4 - 5 April 2014	Stanager	Norway
<b>7TH ASIAN PACIFIC CONGRESS OF HEART FAILURE APCHF 2014</b> <a href="http://www.apchf2014.org">http://www.apchf2014.org</a>	17 - 19 April 2014	Bali	Indonesia
<b>WORLD CONGRESS OF CARDIOLOGY</b> <a href="http://www.world-heart-federation.org/congress-and-events/world-congress-of-cardiology-scientific-sessions-2014">http://www.world-heart-federation.org/congress-and-events/world-congress-of-cardiology-scientific-sessions-2014</a>	4 - 7 May 2014	Melbourne	Australia
<b>EUOPREVENT</b> <a href="http://www.escardio.org">http://www.escardio.org</a>	8 - 10 May 2014	Amsterdam	Netherlands
<b>HEARTFAILURE 2014</b> <a href="http://www.escardio.org">http://www.escardio.org</a>	17 - 20 May 2014	Athens	Greece
<b>EUOPCR 2014</b> <a href="http://www.euopcr.com">http://www.euopcr.com</a>	20 - 23 May 2014	Paris	France
<b>CARDIOSTIM 2014</b> <a href="http://www.cardiostim.com">http://www.cardiostim.com</a>	18 - 21 June 2014	Nice	France
<b>CSI (CONGENITAL AND STRUCTURAL INTERVENTIONS)</b> <a href="http://www.csi-congress.org">http://www.csi-congress.org</a>	26 - 28 June 2014	Frankfurt	Germany
<b>FRONTIERS IN CARDIO-VASCULAR BIOLOGY</b> <a href="http://www.escardio.org">http://www.escardio.org</a>	4 - 6 July 2014	Barcelona	Spain
<b>SA HEART 2014</b> <a href="http://www.saheart.org">http://www.saheart.org</a>	<b>16 - 19 October 2014</b>	<b>Durban</b>	<b>South Africa</b>
<b>2ND WORLD CONGRESS OF CLINICAL LIPIDOLOGY</b> <a href="http://www.clinical-lipidology.com">http://www.clinical-lipidology.com</a>	4 - 5 December 2014	Vienna	Austria

## HEART FAILURE SOCIETY OF SOUTH AFRICA NEWS

**T**he Heart Failure Society of South Africa (HeFSSA) has worked diligently throughout this whole year to ensure that the 2013 goals which were set for the society, were achieved: To continue adding value to the SA Heart Association, our colleagues, the industry and to our patients whilst acknowledging our responsibility towards the communities in which we practice and to our sponsors.

The HeFSSA Exco, who forms the back bone of the society and who worked meticulously throughout this year, consists of a number of cardiologists in the public and private sector with a passion for Heart Failure:

<b>Eric Klug</b>	President
<b>Martin Mpe</b>	Vice-President
<b>Darryl Smith</b>	Treasurer
<b>Jens Hitzeroth</b>	Secretary
<b>Karen Sliwa</b>	Representative
<b>Pro Obel</b>	Representative
<b>Cristina Radulescu</b>	Representative
<b>Sandrine Lecour</b>	Representative
<b>Tony Lachman</b>	Representative

HeFSSA is supported by loyal corporate members committed to (especially) education in heart failure as their generous educational grants testify. Our sincere appreciation goes to AstraZeneca, Boston Scientific, Servier, Pharma Dynamics, Merck and Medtronic.

### **The HeFSSA Practitioners' Programme**

The programme continues to be of great value to the medical community as well as the pharmaceutical and device industry and it is also the main vehicle which we use to achieve our educational goals. The programme started in 2010 with meetings held in the 6 major centers across South Africa, attended by approximately 200 GPs in total. Since then we have grown considerably and the HeFSSA Heart Failure programme has been introduced to both established and peripheral areas. This year we hosted CPD accredited meetings in 16 areas which were attended by 450 practitioners. The format was patient case-based

discussions as well as a South African update on the 2012 ESC guidelines. The slides were prepared by Eric Klug, Martin Mpe, Darryl Smith and Jens Hitzeroth and numerous positive comments, as regards the high quality and educational value of the material were received from both attendees and faculty members.

The attendees received a HeFSSA Business Card (with "how to contact us" details) which we hope encourages traffic to the website for on-going education, a comprehensive and well designed HF-REF diagnosis and treatment algorithm in the form of an A2 poster (based in the ESC Guidelines published in 2012) and a hard copy document detailing the South African perspective on the 2012 ESC Heart Failure guidelines. Practitioners also have the opportunity to earn 3 extra CPD points by completing CME questionnaires. This system enables doctors to earn CPD points by completing an online CPD accredited questionnaire. On successful completion of the questionnaire, a PDF certificate is electronically issued.

The faculty members for 2013 were: E Klug, D Smith, DP Naidoo, AS Mitha B Vezi, K Sliwa, T Lachman, N Van Der Merwe, S Middlemost, J Hitzeroth, M Makotoko, C Badenhorst, R Gopal, R Jardine, P Obel, EN Maree, J Vorster and A Snyders. We are thankful for their commitment towards HeFSSA, the hours travelled and the time spent away from their families in service of our society.

Feedback from delegates was extremely positive, stressing the value of these programmes and the need for their continuance.

### **The Heart Failure Society of South Africa's (HeFSSA) perspective on the European Society of Cardiology (ESC) 2012 chronic heart failure guideline**

This perspective has been compiled on behalf of HeFSSA and is based on the 2012 ESC guidelines for the diagnosis and treatment of acute and chronic heart failure. The objective is to highlight new changes in the diagnosis and treatment of chronic heart failure with particular emphasis on areas that are relevant to SA. We concluded that



randomised clinical trials are a crucial, but not the only, guide to treating HF-REF patients. There will always remain unanswered questions and groups of patients which have not been studied, so prudent clinical decisions are required. The focus is on heart failure with reduced fraction (HF-REF) (i.e. ejection fraction <50%). We have recommended interventions in symptomatic patients with HF-REF in general to help clarify the “grey area” between the ESC guidelines’ definition of REF (<50%) and the pre-defined ejection fraction used in randomised heart failure trials (<35%).

The South African Heart Association (SA Heart) is an affiliate of the European Society of Cardiology (ESC). SA Heart endorses ESC treatment guidelines with modification to suit local circumstances. The Heart Failure Society of South Africa (HeFSSA) is a special interest group of SA Heart.

This document was developed by Dr M T Mpe, with the help of Drs E Klug, D Smith, J Hitzeroth and Prof K Sliwa on behalf of the Heart Failure Society of South Africa and is published as a supplement in the SA Heart Medical Journal. (S Afr Med J 2013; 103(9 Suppl 2):661-667. DOI:10.7196/SAMJ.7319). HeFSSA is also actively distributing this document in the market.

### **HeFSSA Travel Award**

HeFSSA has established the annual “HeFSSA Travel Award” to help enhance local expertise and interest in heart failure in South Africa. We hope that knowledge gained will be shared, through the appropriate channels, with other colleagues. This award is available to cardiologists, cardiology fellows or physicians with a special interest in heart failure. The applicant’s annual SA Heart and HeFSSA’s membership fees must be paid-up. The accredited congress/educational programme must have a focus on Heart Failure. The maximum grant value is R50 000 (Fifty Thousand Rand) and it can be utilised towards airfare (economy class), congress registration and accommodation. Please contact the HeFSSA office or go to <http://www.hefssa.org/static/education-at-hefssa/> to apply online for the 2014 award.

This year the award went to two worthy recipients, Dr Kemi Tibazarwa from UCT who attended the PASCAR 2013 congress in Senegal in May of this year and Dr Alfonso Pecoraro from US, who attended the 2013 ESC congress in Amsterdam.

‘HeFSSA has worked diligently throughout this whole year to ensure that the 2013 goals which were set for the society, were achieved.’

### **Postgraduate course in Heart Failure**

A major new educational initiative was made available in 2013, the ideal recipient of which is a newly qualified cardiologist with a dedicated interest in heart failure. The Zurich Heart House, in collaboration with the ESC and the Heart Failure Association, has developed the new Postgraduate course in Heart Failure (PCHF) which is certified by the University of Zurich and leads to a Certificate of Advanced Studies (CAS). All Heads of departments were offered the opportunity to nominate one candidate for the

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## HeFSSA NEWS continued

two spaces allocated to South Africa (out of 40 worldwide). The course starts in January 2014 and ends in October 2015. The names of the recipients will be announced in due course. HeFSSA wishes to thank Servier for the unrestricted educational grant which includes the cost of the course, flights and accommodation for all the modules.

**‘The website system enables doctors to earn CPD points.’**

### Research programmes

To further the achievement of our goals we are also involved in the promotion of research programmes. The World Federation GAPS survey in Heart failure has been concluded and we will focus on the Inter-CHF programme for 2013. Prof Karen Sliwa has been approached by McMaster University to spearhead the Inter-CHF study in South Africa:

- This will be the largest systematic evaluation of heart failure (HF) in lower and middle income countries in Africa, Asia and South America.
- This registry will describe the causes, clinical risk factors and burden of disease whilst documenting the prevalent approaches to patient management and identifying gaps in the care of HF patients.
- This registry will also examine patient and physician knowledge and perceptions towards HF, identify barriers to prevention and treatment and thereby suggest possible solutions which may be evaluated in future studies.

This information will also be critical in the development of locally “sensitive” guidelines, research programmes and possible policies and interventions. The aim is to capture the information of at least 400 patients in South-Africa.

### HeFSSA website

The HeFSSA website is continually updated so that it remains relevant. The website system enables doctors to earn CPD points by completing CPD accredited questionnaires online. On successful completion of the questionnaire a PDF certificate is electronically issued. We currently have two questionnaires live pertaining to The HeFSSA Practitioner’s update as well as an ethics questionnaire on PMBs: “What does the law say?” Please visit the website at [www.hefssa.org](http://www.hefssa.org) and complete your questionnaire today!

### SA Heart Congress 2014

HeFSSA will be involved in the SA Heart Congress, 16 - 19 October 2014, which is being organised by SA Heart Durban Branch. Eric Klug will represent HeFSSA on the scientific committee.

### Focus areas

In 2014 HeFSSA will continue to focus on GP education in Heart Failure (SA, Namibia and possibly expanding to Botswana, Mozambique and Kenya) and General Cardio Updates (preceding cardio congresses in South Africa). A Funder Indaba and Patient Empowerment Programme are also being planned. We will continue to offer Face to Face CPD accredited courses augmented by CPD accredited web based study material and related questionnaires. Acute, in addition to chronic HF, will definitely be a focus area for 2014.

### Contact details

HeFSSA encourages all parties who want to be involved in heart failure to contact the HeFSSA office.

<b>George Nel</b>	Email: <a href="mailto:info@hefssa.org">info@hefssa.org</a> Cell: 083 458 5954
<b>Sanette Zietsman</b>	Email: <a href="mailto:sanette@medsoc.co.za">sanette@medsoc.co.za</a> Cell: 083 253 5212
<b>Website</b>	<a href="http://www.hefssa.org">www.hefssa.org</a>

Best wishes to you and loved ones for the festive season!

**Eric Klug**  
**HeFSSA President**

## SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH (SASCAR)

We hope that this year has been a productive one for Cardiovascular Research in South Africa. We wish to finish this year in the same way in which we intend to begin the next and so the Executive Committee Members have planned two workshops which will be open to all our members on a first come, first serve basis.



### Workshops and events

A workshop focusing on “**Communicating Cardiovascular Science with the Public**” will be held on Tuesday 25 February 2014 at the University of Cape Town. For additional information, please contact Dr Roisin Kelly-Laubscher at roisin.kelly@uct.ac.za.

SASCAR is delighted to be hosting a joint session with the International Society for Heart Research at the **Frontiers in Cardiovascular Biology** meeting which is being organised by the European Society for Cardiology. The meeting will be held from 4 - 6 July 2014 in Barcelona. This is a golden opportunity to meet your peers from around the world, attend key note lectures, learn from leading experts and to be part of a showcase for the most exciting and innovative developments in cardiovascular research. If you wish to submit an abstract and you are under 35 years of age, or from an emerging country, you are eligible for one of 40 travel grants. Check the information for the programme and grant applications on the ESC website. The deadline for submission of the abstract is 31 January 2014.

## ESC YOUNG CARDIOLOGIST OF TOMORROW - FEEDBACK FROM A REGISTRAR

It was with much anticipation and excitement that I entered the RAI conference centre on 31 August to attend ESC 2013. There were 30 thousand attendees, hailing from 150 countries, but the RAI centre easily accommodated the masses of participants as well as the 10 different villages where live presentations (which covered all aspects of cardiology) and hands on tutorials and live case presentations were held. The topics covered by the scientific programme catered for every individual and nobody had any reason to become bored during the course of the 5 day conference.

Since most of us are interested in more than just one area, it was impossible to witness even a small amount of the content live. Nevertheless, some of my highlights included the hot line breaking trials session, where the Prami, Echo CRT, Taste and many other trials were presented by the principal investigators themselves. I also had the pleasure of attending the release of the latest guidelines on stable coronary artery disease, arterial hypertension and cardiac pacing which was also presented by its authors.

Amsterdam as choice of venue was simply superb as evenings in the city were able to relieve daytime academia with an eclectic mix of entertainment for all.

After 5 glorious days it is safe to say that the premier event on the global cardiology calendar had lived up to every expectation and I bid a sad farewell to the city that hosted my first international conference. I am very thankful to Pharma Dynamics and SA Heart for their sponsorship as well as the Department of Cardiology at IALCH for nominating me for this wonderful experience. I hope that there are many more to follow.

**KaveshreeGovender**  
**Cardiology registrar, IALCH**



## HEART AND STROKE FOUNDATION SOUTH AFRICA

### Reducing salt consumption in South Africa

In a ground-breaking move in March 2013, our Minister of Health signed legislation to reduce salt levels in certain foodstuffs [Government Gazette: No.R.214, under section 15(1) of the Foodstuffs, Cosmetics and Disinfectants Act 1972 (Act 54 of 1972)]. The legislation will limit salt levels in some of our most commonly consumed foods including bread, breakfast cereals, margarines and fat spreads, savoury snacks, processed meats and raw-processed meat sausages, dry soup and gravy powders and stock cubes. This makes us the first country in the world to legislate salt levels and ensures that the rest of the world will be watching SA closely.

Global best practice shows that accompanying public education is a “best buy” to effect changes in behaviour and lower salt consumption. Salt-reducing initiatives, without accompanying intensive public education, generally fail. Countries like Finland and the United Kingdom have successfully reduced their rates of hypertension, heart disease and stroke through population-wide strategies that combined voluntary participation from food producers and parallel public education and awareness campaigns.

education and awareness campaign to get South Africans to reduce their discretionary salt intake.

Consequently, with the support of the Department of Health, Industry and scientific experts, Salt Watch South Africa (SW) was formed to drive the national awareness campaign and lobby stakeholders for a multisectoral collaborative approach. The Heart and Stroke Foundation South Africa (HSF) has been tasked with coordinating the campaign.

**Salt Watch** is a multisectoral coalition launched in March 2013 and is a member of World Action on Salt and Health (WASH). Members include the HSF (implementing partner), North West University, Nutrition Society South Africa (NSSA), Association of Dietetics South Africa (ADSA), Consumer Goods Council South Africa (CGCSA), Medical Research Council (MRC) and the University of Pretoria. Membership will be extended to include professional societies and healthcare groups, media, NGOs, etc., to ensure a comprehensive approach and reach.

The overarching goal of Salt Watch is to reduce salt intake in South Africa through public education and lobbying of key stakeholders.

‘The overarching goal of Salt Watch is to reduce salt intake in South Africa through public education.’

South Africans consume between two to three times the recommended daily intake of salt which, according to guidelines set out by the World Health Organisation, should be less than 5g per day. In addition to the high salt levels in processed foods, we know that discretionary salt is used significantly by South Africans, with up to 40% of salt added during cooking and at the table (compared with 10% in the US). This strengthens the rationale for a national

### Objectives

- To conduct a national awareness and education campaign to encourage behaviour modification around salt consumption. A two-phased approach will aim towards:
  - Increasing awareness of the link between high salt consumption and its effects on health, especially hypertension.





- Encouraging and supporting behaviour modification to:
  - Use less discretionary salt.
  - Choose lower salt products.

- To lobby key stakeholders for support and dissemination of messages viz. health professionals, allied health groups, hospital groups, health-related training institutions, catering industry, media, etc.

Preliminary consumer insights indicate that education for salt reduction is most trusted when given by doctors. It is therefore critical that medical practitioners support and help disseminate the salt campaign messages. Salt Watch invites participation from all stakeholder groups.

### Lightening your load

The HSF has a variety of resources on offer that may be helpful in assisting and encouraging your patients towards adopting healthier lifestyles, from information brochures to heart-healthy recipes. Please contact 021 447 6268, email [heart@heartfoundation.co.za](mailto:heart@heartfoundation.co.za) or visit [www.heartfoundation.co.za](http://www.heartfoundation.co.za) for more information. One of these services is the HSF Health Line.

### Heart and Stroke Health Line: 0860 I HEART (43278)

We are proud to announce the re-launch of the new and upgraded Heart and Stroke Health Line which offers telephonic support and lifestyle advice for the prevention of cardiovascular disease, including nutrition, physical activity and tobacco use, as well as guidance on living with cardiovascular disease, or after an event such as a heart attack, heart surgery or stroke.

In an effort to be more accessible and to reach more people, this service was upgraded, thanks to funding from the National Lottery Distribution Trust Fund, to include the brief behavioural counselling methodology which is based on the motivational interviewing technique – recognised as an effective tool for behaviour change.

This service is now offered in four languages – English, Afrikaans, Xhosa and Zulu.

### Mended Hearts support group

You are invited to refer patients to our Mended Hearts support group which continues to provide a meeting place for people affected by a cardiovascular event, as well as their supporting family and friends. These meetings provide a platform for affected individuals to share experiences and support each other. Educational support is offered from a variety of expert guest speakers, covering various topics that address living with CVD and guidelines for a healthy lifestyle. The meetings are held monthly in Cape Town, Durban and Port Elizabeth.

### What to expect in 2014

#### Important dates for 2014

11 - 17 March:	World Salt Awareness Week
17 May:	World Hypertension Day
31 May:	World No Tobacco Day
4 - 10 August:	Rheumatic Heart Disease Week
September:	Heart Awareness Month
29 September:	World Heart Day
28 October - 3 November:	National Stroke Week
29 October:	World Stroke Day

For more information, visit

[www.heartfoundation.co.za](http://www.heartfoundation.co.za) or contact

Dr Vash Mungal-Singh at 021 447 6268 or

email [vash@heartfoundation.co.za](mailto:vash@heartfoundation.co.za).

Dr Vash Mungal-Singh

Chief Executive Officer

Heart and Stroke Foundation SA (HSF)

## SA HEART LECTURE SERIES FOR THE NON-CARDIOLOGIST

SA Heart launched its lecture series **The Detection and Management of Atrial Fibrillation** aimed at the non-cardiologist in October this year. Preparations for this project started in the beginning of the year with different members of SA Heart and SIGs contributing to different topics which resort under this subject. We give thanks to Prof Karen Sliwa-Hähnle (initiator of the lecture series and information on the Epidemiology and diagnosis of AF), Dr Ronnie Jardine (Pharmacological management), Dr Ashley Chin (EP-studies and ablation) and Prof Johan Brink (Surgical management). Their contributions were compiled into a PowerPoint slide kit which can now be used as the basis of the lecture but still allows the individual presenters to adjust the talk and presentation. The lecture, as well as the 20 point questionnaire to be completed after the session, is CPD accredited.



Prof Rob Scott Millar (Chair) and Dr Jens Hitzeroth (Speaker) in debate at the seminar held in Cape Town.

The first event was held in Durban (12 October) followed by Cape Town (19 October), Sandton (26 October) and concluding in Pretoria (9 November). We gratefully acknowledge the SA Heart members who so generously donated their time to present and chair these meetings. We also extend a heartfelt thank you to Medtronic and Bayer who hosted these seminars and sponsored the development and administration of the project and honoraria for speakers and chairs.

The lectures were well received by the attending delegates. Some speakers made recommendations as to possible alterations to the presentation kit and themes covered.

Please feel free to post your opinion and knowledge pertaining to AF in your area on our website.

## Second lecture series will cover Hypertension.

Both industry partners have already confirmed interest in hosting this lecture on AF in other nationwide centres in 2014 and we are looking at presenting in Bloemfontein, Port Elizabeth, Polokwane, Nelspruit, Rustenburg, East Rand, South Coast and Potchefstroom/Klerksdorp areas.

SA Heart is also developing its second lecture series which will cover Hypertension. This lecture series is to be introduced in 2014.



Ms Erika Dau, Dr Ashley Chin, Dr Jens Hitzeroth and Prof Rob Scott Millar during a tea break in Cape Town.

If you wish to gain more information, make a contribution or if you would like to be considered as speaker or chair at any of the events in 2014, kindly contact the SA Heart office.

**Erika Dau**  
SA Heart Office

# An Advance in Anticoagulation

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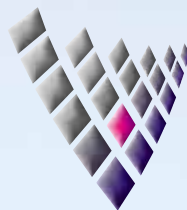
Prevention of venous thromboembolism  
(VTE) in patients undergoing major  
orthopaedic surgery of the lower limbs <sup>1</sup>



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\*<http://clinicaltrials.gov>

**REFERENCES:** 1. XARELTO<sup>®</sup> 10 Registered Package Insert South Africa. For full prescribing information, refer to the package insert approved by the Medicines Regulatory Authority (MCC). [S4] XARELTO<sup>®</sup> 10 (Film-coated tablets). Reg. No.: 42/8.2/1046. Each film-coated tablet contains rivaroxaban 10 mg. **PHARMACOLOGICAL CLASSIFICATION:** A.8.2 Anticoagulants. **INDICATION:** Prevention of venous thromboembolism (VTE) in patients undergoing major orthopaedic surgery of the lower limbs. **HCR:** Bayer (Pty) Ltd, Reg. No.: 1968/011192/07, 27 Wrench Road, Isando, 1609. Tel: 011 921 5044 Fax: 011 921 5041 **DATE:** June 2013 L.ZA.GM.06.2013.0762

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## SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION NEWS

After another busy year in which SASCI's role as a representative body for cardiologists once again expanded, I have to start this report by thanking the hard working SASCI executive:

<b>Dave Kettles</b>	Vice-President
<b>Sajidah Khan</b>	Africa PCR, International Congresses, Education and Guidelines
<b>Cobus Badenhorst</b>	Treasurer
<b>Adie Horak</b>	Secretary and SASCI @ World Paediatric Cardio Congress 2013
<b>Graham Cassel</b>	Ex-officio President: Africa PCR and non-invasive coronary imaging
<b>Mpiko Ntsekhe</b>	Academic: Visiting Professors Programme and AfricaPCR
<b>Chris Zambakides</b>	CTO working group
<b>Len Steingo</b>	SA Heart PPC: Coding and Funders
<b>Mark Abelson</b>	SA Heart PPC: Coding and Funders
<b>Jean Vorster</b>	SA Heart Congress 2014
<b>Gill Longano</b>	ISCAP
<b>Liezl Le Grange</b>	ISCAP
<b>Craig Goodburn</b>	Industry representative
<b>Hans Buyl</b>	Industry representative
<b>Tracey du Preez</b>	Industry representative

2013 was a year characterised by many new developments and I am pleased to report on our activities.

The year started off with the second AfricaPCR programme which was held in Cape Town in February. The AfricaPCR Interactive Case Corner and a full day AfricaPCR programme were embedded in the World Congress of Paediatric Cardiology and Cardiac Surgery 2013. The main

AfricaPCR programme also included a "How should I Treat?" session on Pericardial Disease and two "Learning" sessions on Balloon Mitral Valvuloplasty and TAVI.

In support, two SASCI Breakfast Symposia were hosted to bolster the adult coronary content. Adie Horak served as SASCI programme convener ably assisted by Dave Kettles and Mark Abelson. These symposia were well attended and the subject matter led to enthusiastic audience participation.

### AfricaPCR 2014

AfricaPCR 2014 will take place from 13 - 15 March 2014 in Cape Town at CPTICC. The scientific programme's planning is well advanced and it promises to cater for both the high level interventionalists and those still building capacity. Go to [www.africapcr.com](http://www.africapcr.com) for the programme at-a-glance.

The African AfricaPCR Board members are Farrel Hellig (SASCI), Tom Mabin (SA Heart Educational), Mpiko Ntsekhe (PASCAR), Sajidah Khan (Academia) and Harun Otieno (Kenya). We will continue to develop AfricaPCR as a course "by and for" our continent.

### SASCI AGM

The SASCI AGM (including ISCAP) for 2014 will take place at the AfricaPCR Congress. All members are urged to attend this meeting and details regarding date, time, venue and content will follow.

### SA Heart Congress

SASCI supports the SA Heart Congress and will contribute to the scientific programme for 2014. Jean Vorster (SASCI) has been tasked to assist Sajidah Khan (SA Heart Durban Branch) in developing a valuable interventional programme.

### Other activities include:

SASCI and Tom Mabin's TAVI Appeal Hearing took place on 15 March 2013 in Pretoria after the Council for Medical Schemes (CMS) had initially ruled "in favour" of Medshield not funding TAVI based on the funder's own rule exclusion.

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Society of  
Cardiovascular  
Intervention**

The ruling of the appeal committee, received in April, was in our (patient's) favour. The Medical Aid was directed to pay for the TAVI procedure in full, the view being that the Medical Aid cannot exclude therapy based solely on their own rules (even if these have been approved by CMS). The Medical Aid did appeal and the CMS Appeal Board hearing took place on 26 July 2013. The decision was expected by mid-September but had not yet (frustratingly so) been received by mid-early November (at the time of writing). SASCI remains cautiously optimistic that the appeal committee ruling will be upheld.

This process is extremely important as the CMS is mandated to look after the interests of the medical aid member and to protect their rights. Please visit [www.medicalschemes.com](http://www.medicalschemes.com) if you require additional information on CMS or refer your medical aid patients if needed.

A SASCI delegation (consisting of Farrel Hellig, Len Steingo, Graham Cassel, David Jankelow and George Nel) is meeting with Discovery Health to discuss pertinent issues including the CT Angio project and reimbursement methodology for procedures. The SASCI Exco did advise Discovery Health to remove the current barriers (patient co-payment and motivations) to CTCA and to then assess utilisation. It is envisaged that new reimbursement models will be developed to better reflect the changing face of intervention so that lesion subsets, such as bifurcation and CTOs, will have specific codes to reflect the complexity, training and time required to execute such procedures.

The Executive Committee of SASCI reviewed the data regarding the Aneugraft pericardial covered stent and consequently supported the application for this product to be made available to local practitioners. A letter was issued by Dave Kettles, on behalf of the SASCI Exco, and it was sent to Discovery Health. Approval was finally received in July 2014.

### **SAMA CPT Coding**

Mark Abelson and Len Steingo have undertaken the huge task of submitting new codes to SAMA this year. As a

result of their hard work and excellent preparation (and on the day representation by Len) most submissions were accepted. These are the first cardiovascular codes in many years to be included in the SAMA Doctor Billing Manual (2014).

- **Interpretation items 1286 and 1287:** SASCI requested that the code interpretation should be changed from "per vessel" to "per lesion" and this has been approved.
- **Renal Denervation (RDN):** A new dedicated code will be added to the 2014 DBM. The description will indicate that the item is applicable for each renal artery.
- **Fractional Flow Reserve (FFR):** Two dedicated add-on codes have been granted. These will be codes to be added, per vessel, to the primary procedure code. This will be charged equivalent to IVUS.
- **Transcatheter closure of the left atrial appendage (LLA):** A new dedicated code will be added.
- **Trans-catheter Aortic Valve Implantation (TAVI):** A dedicated code will be added. However, as there are few TAVI codes in the CPT® structure, further attention will be given to include a range of TAVI codes and not only one.
- **Vascular Closure Device:** A dedicated code was **not** granted as closure is seen as an inherent part of the procedure.
- **Percutaneous coronary angioplasty using a drug eluting balloon (DEB):** A dedicated code was **not** granted but the description of items 5058 - 5068 will be revised to include the use of a drug eluting balloon. This will be charged equivalent to a stent.
- **Z-codes:** These are problematic as some medical aids use them to justify non-payment. SASCI approached SAMA in an effort to understand the reasons for Z-codes and the process which should be followed to get Z-codes removed. SAMA firstly confirmed that the Z coding should **not** be used to motivate non-payment

*Continued on page 658*



## SASCI NEWS continued

as the code only indicates that a code is new within the coding structure. Utilisation data has been submitted to SAMA for codes I272 (coronary sinus lead implantation) and I274 (aspiration of thrombus from coronary artery or saphenous vein bypass graft) and we expect removal of the Z-code in 2014.

Coding remains a major challenge with a huge impact on time resources as, even with inclusion in SAMA DBM individual funder (administrators) still need to decide to firstly include the code in their reimbursement structure and if funding is made available.

SASCI will engage the funders in 2014 with the aim of securing the use of these codes and possible funding for these new codes in 2014.

Mark Abelson has written a Summary and Motivation to medical aids for blanket reimbursement for FFR/IVUS. The Executive Committee of SASCI has reviewed the data on the appropriate use of Intra-Vascular Ultrasound (IVUS) and Fractional Flow Reserve (FFR) and strongly recommends that the cost pertaining to the use of these devices should be routinely covered by the medical aids. In October Medscheme sent a letter to SASCI confirming that they have reviewed the funding indications for IVUS and that Medscheme will fund IVUS when it is performed by a cardiologist.

### Educational for members and fellows:

#### French-Reunion - South African 2013

This took place from 17 - 19 April 2013 in Bordeaux, France. Tom Mabin once again represented SASCI on the organising committee and a high quality programme with exceptional faculty was assembled. This was the final FRSA meeting in which SASCI will officially be involved.

#### EuroPCR

During EuroPCR in May 2013 SASCI once again enjoyed high visibility with two joint "How should I treat?" sessions (with Croatia, Cyprus and Serbian Societies as well as the Polish Society). In addition SASCI participated in a new learning programme based on the presentation of "compli-

cation cases" chaired by Graham Cassel. Live cases to the main PCR auditorium from Farrel Hellig's unit at Sunninghill also took place.

#### TCT 2013 Congress

SASCI participated in a Joint Country Society Session during the TCT 2013 Congress held in San Francisco (27 October - 1 November). Graham Cassel, Dave Kettles and Chris Zambakides represented SASCI at the congress. The topic of the session was "Multi-vessel Disease: Matching the Therapy to Doctor and Patient Preference" and it was presented by the South African Society of Cardiovascular Intervention, the Interventional Working Group of Cardiology Society of Serbia, the Working Group of Interventional Cardiology of The Croatian Cardiac Society, the Cyprus Society of Cardiology and The Working Group of the Hellenic Society.

#### Radial Access Workshop

Individual members continue to share their experience with colleagues. "A Radial Access Workshop" was held at the Steve Biko Academic Hospital in October with Adriaan Snyders as operator. Five cases, using radial access, were successfully performed. Vascular Access is still very topical and will feature prominently in the AfricaPCR 2014 programme in Cape Town.

#### CTO portfolio

A dedicated CTO portfolio within the SASCI Exco has been created with the aim of creating awareness and improving CTO procedure outcomes through education and training. CTO is a lengthy procedure which calls for patience and precision. If members are interested in learning more about these procedures they can contact Chris Zambakides and Farrel Hellig. Crossroads held a theoretical workshop in mid-2013 on CTOs. A SASCI CTO workshop is being considered for 2014. It will be planned through and run by the SASCI office after having received Exco approval.

#### Rotational atherectomy

There has been a great deal of interest in rotational atherectomy and therefore a dedicated portfolio, estab-

lished by Adie Horak, has been created. A SASCI Rotablator workshop is being planned for the weekend of 25 January 2014. This workshop is proudly sponsored by Boston Scientific. Please contact the SASCI office if you want to attend this meeting.

bility as our next visiting professor, either in late 2014 or early 2015. Medtronic is sincerely thanked for their continued support of this programme. We also extend our heartfelt appreciation to Pharma Dynamics who is sponsoring the Visiting Professor evening lecture series.

‘A dedicated CTO portfolio has been created with the aim of creating awareness and improving CTO procedure outcomes.’

#### **Society for Cardiac Angiography and Intervention (SCAI) Fellows Programme**

South African Fellows once again have the opportunity to attend the annual Society for Cardiac Angiography and Intervention (SCAI) Fellows Programme in Las Vegas (December 2013). Arrangements are well under way and the four SA delegates (Alfonso Pecoraro, Zaid Moosa, Pumeshen Bisetty and Tawanda Butau) are looking forward to the event. This programme is made possible through generous support from SCAI and Boston Scientific. This year SASCI also facilitated the attendance of a Mauritian delegate. We are working on expanding future SCAI invitations to other African countries. The 4 delegates attending this congress will give feedback at our next Fellows workshop scheduled to be held in June 2014.

#### **Visiting Professor Programme 2014**

SASCI can confirm that Prof Tony Gershlick (University of Leicester, UK) will be visiting South Africa from 15 February - 15 April 2014 as our Visiting Professor. During his tenure SASCI, in collaboration with the SA Heart Branches, will be hosting evening lecture meetings for our SA Heart, SASCI and ISCAP members. Prof David Holmes (US) is a possi-

#### **ESC eLearning Platform**

Sajidah Khan is the South African national coordinator for the new ESC eLearning Platform. This programme will focus on web based Fellows training, offering training in 6 sub-specialties with the first module being interventional cardiology. Planning for the 2014 introduction of this substantial training programme is well advanced and SASCI is receiving guidance from the respective Heads of medical schools. Participants need to be members of the EAPCI association and a fee of EUR120 per calendar year applies. The duration of EAPCI Learning Programme is 3 years (in addition to theoretical training there is a very specific interventional case mix requirement for certification).

#### **RC Fraser International Fellowship**

Dr Aine Mugabi, the 2012 recipient of the RC Fraser International Fellowship in Cardiovascular intervention award, will travel to Dr Martyn Thomas' (Consultant Cardiologist and Clinical Director for Cardiovascular Services) unit at Guy's and St Thomas' Hospital in London for a period of one month in January 2014. During his tenure he will have the opportunity to expand his knowledge and further his abilities. The 2013 recipient, Ahmed

*Continued on page 660*



## SASCI NEWS continued

Ismail Vachiat, a Physician and Fellow in Cardiology at Charlotte Maxeke Johannesburg Academic Hospital, was announced at the 2013 Fellows workshop. This award is annually sponsored by Boston Scientific.

### SASCI Fellows Programme

The 8th Annual SASCI Fellows Programme took place from 26 - 28 April 2013 at Lagoon Beach with Dr Mark Abelson acting as Programme Director. The rest of the faculty was Jean Vorster, Dave Kettles, Tom Mabin, Chris Zambakides and Farrel Hellig. The meeting, in its new interactive format, was a resounding success and it was attended by a record number of 32 South African Fellows as well as a delegation of nine from Mauritius and two from Kenya. In total more than 70 delegates attended this truly African learning initiative and our biggest Fellows Programme yet! We plan to continue growing the African and Mauritius delegations and to expand on the interactive nature of the presentations. The 9th Annual SASCI Fellows Programme will take place in June 2014 in Johannesburg under the leadership of Chris Zambakides. The SASCI office requests that all fellows/registrars and recently qualified cardiologists should contact the SASCI office if they would like to attend the 2014 workshop. Members are also requested to approach Chris Zambakides or George Nel if they want to be considered as faculty.

### Interventional Society Of Cathlab Allied Professionals (ISCAP)

Our Associated Group continues to be very active and we request that you support them through assisting with or giving lectures when requested and creating opportunities for your team to get involved in the Society (at branch or

national level). Noteworthy news is that a basic cath lab training manual (sponsored by BBraun) will be available to all paid up SA Heart/SASCI/ISCAP members early in 2014. Well done to the steering committee of ISCAP! Read the full report on their activities elsewhere in this issue.

A **big** thank you to the SASCI executive and industry partners for their sustained passion and hard work throughout the past year. The following corporate supporters have demonstrated their commitment to our society and education in South Africa: Amayeza Abantu, Angio Quip, Aspen, AstraZeneca, Baroque, B Braun, Boehringer-Ingelheim, Boston Scientific, Cipla Medpro, Condor, Cordis, Disa Vascular, Edwards, Medtronic, Paragmed, Pharma Dynamics, Sanofi, Surgical Innovations, Torque Medical, Viking and Volcano. We are looking forward to working in collaboration with you in 2014.

Please contact your Executive Officer George Nel, if you need any assistance or if you need to formally communicate with the executive.

**George Nel**

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Cell: 083 458 5954

**Website**

[www.sasci.co.za](http://www.sasci.co.za)

Best wishes for the festive season!!

**Farrel Hellig**  
**SASCI President**

## WEBSITE LINKS

**SASCI** [www.sasci.co.za](http://www.sasci.co.za) | **CASSA** [www.cassa.co.za](http://www.cassa.co.za) | **SA Heart** [www.saheart.org](http://www.saheart.org) | **HeFSSA** [www.hefssa.org](http://www.hefssa.org)

**ACC** [www.acc.org](http://www.acc.org) | **Research (SASCAR)** [www.sascar.org.za](http://www.sascar.org.za) | **ESC** [www.escardio.org](http://www.escardio.org)

**PCSSA** [www.saheart.org/pcssa](http://www.saheart.org/pcssa) | **World Heart Federation** [www.world-heart-federation.org](http://www.world-heart-federation.org)

## SA HEART PRETORIA BRANCH NEWS

**T**he SA Heart Pretoria branch cardiology group has been very active this year and the number of regular attendees to our meetings grew. The year started off with a meeting in February at Pachas, followed by two very successful meetings at Kream Restaurant in Brooklyn (June and September 2013) and a year-end CPD function on 9 November at Gerotek.

The meeting on 27 February set the tone for the rest of the year's programme (case based discussions) with Dr Ifti Ebrahim as facilitator. During the meeting of 19 June the agenda again covered case discussions and an interesting talk on the legal implications of death associated with a procedure. This meeting was facilitated by Drs Iftikhar Ebrahim and Adriaan Snyders. During the subsequent meeting, attended by 18 delegates, Steve Biko Hospital had the opportunity to present case studies. These were presented by Parmanand Naran under the guidance of Prof Andrew Sarkin. The year ended with a final meeting at Gerotek where interesting cases were presented and discussed by Drs Bennett, Snyders and Ebrahim.

The Pretoria cardiology group has managed to achieve the goals we set out in the beginning of the year and we plan on expanding our reach in 2014 by:

- Increasing the number of attendees at branch meetings by adding value to the individuals' practice through education.
- Offering regular meetings.
- Meetings will CPD accredited.
- Presenting cases for review by colleagues. These cases may then legally be defined as peer reviewed which could add value.
- Hospitals within catchment area will present on a rotational basis and take ownership of the meetings.

Medical Society Management<sup>cc</sup> (George Nel and Sanette Zietsman) has been appointed to assist with managing the Pretoria Branch meetings and programmes. A branch bank account has been opened and payment has been received

from SA Heart (profit share from SA Heart Congress 2012 and member fees). Therefore our own funds are available to be used for appropriate programmes. Please contact myself (drloebrahim@gmail.com) or the MSM office (george@medsoc.co.za or sanette@medsoc.co.za ) if you would like to make a contribution at future meetings or to propose cardiology related programmes for funding in Pretoria.

‘The Pretoria cardiology group has managed to achieve the goals we set out in the beginning of the year.’

Our meetings were sponsored by Pharma Dynamics. We would like to thank them for their continuous and loyal support.

We will host Prof Tony Gershlick, a renowned interventional cardiologist from University of Leicester in the UK, for an evening lecture (with SASCI) during the last two weeks of February 2014. Please look out for the invitation and do attend this first meeting of 2014.

Best wishes to you and your family during the festive break!

**Iftikhar Ebrahim**  
**Chairperson, Pretoria Branch of SA Heart**

## PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA

**T**he Paediatric Cardiac Society of South Africa's main objectives are to improve the quality of care for children with congenital and acquired heart disease by promoting research and supporting education and training of heart specialists. The PCSSA is also the primary advocacy group for children with heart disease in South Africa. Membership is open and we actively encourage participation from colleagues in Africa as well as interaction with special interest groups.

The present executive committee was appointment just over a year ago and it has been a privilege and honour to preside over it. I extend my sincerest appreciation to my fellow committee members for all their support, help and efforts to ensure that our society remains active and vibrant.

<b>Liesl Zühlke</b>	President
<b>Steve Brown</b>	Treasurer
<b>Paul Adams</b>	Vice-president
<b>Lindy Mitchell</b>	Secretary
<b>Ebrahim Hoosen</b>	
<b>Christopher Hugo-Hamman</b>	
<b>Jeff Harrisberg</b>	

The past 12 months have been extremely busy and significant for our society as we firmly established ourselves within the domain of international paediatric cardiology as hosts of the world congress. The 6th World Congress of Paediatric Cardiology and Cardiac Surgery, which was hosted in Cape Town from 17 - 22 February 2013, was not without its challenges and difficulties but these were by far overshadowed by the resounding success of the largest event to date in cardiac health in South Africa and, even more important, Africa. A heartfelt congratulations and sincere vote of appreciation go out to CHH and his amazing (albeit very small) team for the excellent academic and social programme with world-class faculty. CHH will present a short synopsis of the congress but you can also read about it via these links:

[http://www.cvja.co.za/archive/vol\\_24\\_issue\\_3\\_Apr.php](http://www.cvja.co.za/archive/vol_24_issue_3_Apr.php) and  
<http://wcpccs2013.wordpress.com/>.

Please remember that for reviewing and teaching purposes, the talks and posters will remain on the website for the duration of a full calendar year. This is indeed a brilliant resource and we encourage all to take full advantage of it. In addition, recordings of the live cases will be edited and eventually released to all teaching units, again fulfilling the academic legacy of the congress.

I would particularly like to thank Chris Hugo-Hamman for his amazing vision during this entire process as well as his leadership and unwavering commitment to the congress - it would not have been possible without him. Those of us who have worked alongside him have gained an even greater respect for his work ethic, commitment, integrity and selfless dedication to children with heart disease and, as a society, we are deeply indebted to him. I would also like to thank John Lawrenson and John Hewitson, the scientific chairs, for the incredible amount of work that they put into facilitating a full and varied programme. I also gratefully acknowledge and salute all the other members of the LOC for their input and hard work in many different areas. A particular thank you is extended to all the members of our society who not only helped during the actual week, but also in the years leading up to the congress: covering local organising committee members in order for them to be involved in the congress, making suggestions and introductions to speakers and assisting in the marketing of the congress. It was a team effort and the PCSSA can be proud of what we achieved.

### Website

Our website is the mouthpiece of our society and the practitioner. The web based information system for parents and practitioners has been up and running for just over a year now. The practitioner section will require login and is available as a benefit to members of the PCSSA. We are now turning our attention to the active marketing of this resource as well as to the website in general. We are determined to make this resource available to every general paediatrician in the country and will market the resource to patients and families affected by congenital and acquired heart disease. To this end, we are redeveloping the website entirely to make it more user-friendly,



accessible and easy to navigate. We are incorporating social media networks into the website and will continue our quest to be relevant, accessible and accountable to both our members and the cardiac public at large. We are in the process of translating the information into local languages and adding additional information on Rheumatic Fever. We are also including functionality to allow for access to future live cases or seminars via the website. We hope to offer this as an option to both our members and to members of our affiliated PASCAR sites. This could be viewed as both a training and collaborative opportunity - ward rounds/fellow training/cases. The website is currently under construction and we hope to have an improved edition ready before the end of the year.

Stumper, renowned paediatric cardiac interventionist from Birmingham Children's Hospital, UK. During his visit we supported an interventional workshop (with free registration) which was hosted by the Red Cross Children's Hospital Cardiology department. The workshop included live transmission and interactive case demonstrations, trans-esophageal echocardiography and short case presentations and talks from attendees during non-transmission times. This represents the first symposium workshop supported by the PCSSA since the WC. We would very much like to extend this concept to future workshops and use these as training opportunities. Our thanks to the RXH team for the opportunity to co-host this workshop and congratulations to the team (in particular Rik

‘Our website is the mouthpiece of our society and the practitioner.’

A reminder to all that Pedheart Resource is regarded as the most comprehensive congenital heart disease educational website. It has detailed defect and treatment descriptions, in-depth tutorials, a searchable image library, collections of patients' hand-outs and over 1 200 Power-Point slides in several different languages (<http://www.heartpassport.com/>). In addition, PCSSA now has a site providing information on congenital heart disease for parents (<http://www.africa.congenital.org/>), as well as providing information on congenital heart disease for medical practitioners.

Links to both these sites can be found on the home page of the PCSSA (<http://www.saheart.org/pcssa/>). Access to the parent information site is available to everyone. Access to the medical practitioner site is limited to paid-up members of the PCSSA.

### **Interventional workshop**

Under the auspices of the PCSSA, the Red Cross Department of Paediatric Cardiology hosted Dr Oliver

DeDecker) for the excellent preparation and tremendous amount of work which had to be done in a very short time. The workshop was a tremendous success with over 50 attendees from paediatric and adult cardiology, anaesthetics, intensive care and nursing. For those who missed the event, Dr J Devioanni will be visiting Sunninghill and Inkosi Albert Luthuli. Do contact Dr Jeff Harrisberg and Dr E Hoosen if you wish to attend.

### **Interaction with the Department of Health**

A major goal in hosting the World Congress was to draw attention, within this country and the national government, to the plight of children with heart disease. One positive outcome from the world congress was a meeting held with the DG of child, school and adolescent health with members of our society from each of the training institutions and provinces. We were able to present an updated situational analysis, which included training posts etc., and to discuss the future of paediatric cardiac services in South Africa. A frank discussion was had and we were invited to submit a list of important needs which included filling each

## PCCSA continued

open training post – making provinces such as Limpopo, which has no cardiac services, a national priority. It is interesting to note that since then a vacancy for a Clinical Head of Paediatric Cardiology has been advertised within Limpopo. We are exceedingly pleased to learn of this new development and look forward to working with the new heads of the department in that province. We have contacted the team again and plan a follow-up meeting in 2014 to continue the dialogue. This time we hope to focus on training posts and adjuvant training methods.

### Travel fellowships

A new fellowship was established this year which will allow two fellows to attend the fellow interventional course in Nevada in December. The course will cover registration and accommodation while an additional fellowship amount of R20 000 will be available to cover flights and other travel expenses. This year's recipients were Himel Dama and Barend Fourie. We congratulate them and wish them all the best for an exciting course. We would like this to be an annual event and thus ask all fellows to be on the look-out for the notices.

We are also keen to extend this sponsorship to the rest of our society and therefore we plan a travel/workshop scholarship for next year which will be open to all fellows and consultants. This sponsorship will be aimed at attending a workshop or course rather than a congress. Watch this space.

### Research grants

Part of the PCCSA's mission is to support research and thus we would like to establish a small research grant to provide seed funding to research from within our society. This will also include a mentorship role by someone within the society and project to help and advise. Once again – watch this space.

The next SAHA congress will be held in October 2014 in Durban and will be organised by the Durban branch under the leadership of Prof S Khan. We are very ably represented by Ebrahim Hossen who is on the committee. If there are any suggestions as to speakers, etc. please feel free to contact him with your suggestions.

### SAPA congress

The South African Paediatric Association congress will be held in September 2014 at CTICC and we have been asked to be part of this meeting. We plan to hold a practical workshop, give a plenary talk and a session on paed card events. We encourage all to support this chance to teach general paediatricians and may call on members closer to the time for practical help.

‘Our society remains one of the few advocates for children with heart disease in our country.’

### Collaborations

We are an affiliate member of PASCAR and we are considering ways in which we can foster a closer collaboration with our colleagues in Africa. We have also joined the CHIP network (the Congenital Heart Professionals Network) which has been designed to provide a single global list of all CHD-interested professionals. This list will enable the speedy and efficient connection of paediatric and adult CHD-interested professionals to events, conferences, research opportunities and employment whilst increasing education opportunities and providing awareness of new developments in the field. The CHIP network thus aims to bring the paediatric and adult congenital heart

communities into closer contact and to offer a communication tool for the discussion of critical issues.

### Social media

We remind all that we are on both twitter @kidsheartSA and Facebook. Currently we are linking these feeds to our website and hope that this will contribute to the information and knowledge store regarding children with heart disease in our country and also the African continent as a whole. We actively strive to provide and spread information and knowledge.

In the final part of this executive's term it is our goal to build the PCSSA brand, to continue the momentum which initiated from the World Congress and to make the society more relevant to our members and the community we represent. We want to include alumni and other interested groups on our mailing list and grow our official membership. Please consider whether you would like to become more involved in the society in the future as we would like to, for example, see a fellow representative on the committee in the future. Your continued support and participation is required to keep the PCSSA an active and vibrant organisation.

Our society remains one of the few advocates for children with heart disease in our country. To all the regular members of the PCSSA, we encourage you to be active in our society and we look forward to receiving your suggestions and new ideas. We the executive, look forward to seeing you at upcoming events and wish you all the best for the rest of the year.

### College examination results

Our congratulations to Dr Himal Dama who passed his certification examination in Paediatric Cardiology. We wish you a long and successful career and know that you will continue to be an advocate for children with heart disease.

Please let us know of any other important news within our society including awards, honours and ad hominem promotions.

### PCSSA membership

We would like to increase our membership of cardiologists, surgeons and any practitioner interested in cardiovascular disease, congenital and acquired, in children. We urge you to contact us if you need any information and access our website for membership details.

[www.pcssa.org](http://www.pcssa.org) or [kidsheartSA@gmail.com](mailto:kidsheartSA@gmail.com).

We will be live from the 1 January 2014.

There are many new plans afoot for our society which will help it to grow whilst remaining vibrant and relevant to all members.

### Contact details

#### President:

Liesl Zühlke [liesl.zuhlke@uct.ac.za](mailto:liesl.zuhlke@uct.ac.za)

#### Secretary:

Belinda Mitchell [lindy.mitchell@up.ac.za](mailto:lindy.mitchell@up.ac.za)



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409229629114012](https://www.facebook.com/pages/The-Paediatric-Cardiac-Society-of-South-Africa/409229629114012)

#### Email

[kidsheartSA@gmail.com](mailto:kidsheartSA@gmail.com)

Thanking you again for your support, as we build our society and serve our community.

**Liesl Zühlke**  
**President, PCSSA**

## CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA (CASSA)

### LOOKING BACK ON 2013

#### Education and Training

CASSA hosted several educational activities during the course of 2013.

In association with our corporate partners several training meetings for General Practitioners were held around the country. Topics included: Atrial Fibrillation, Syncope, How to interpret ECGs and Management of Arrhythmias – where are we in 2013?

A two-part workshop for senior cardiology registrars was held in July and October. The first event concentrated on ECGs and the second, as part of the Clinical Management of Arrhythmia Symposium, focused on Pacemaker troubleshooting and also included a basic introduction to Electrophysiology.

The national Clinical Management of Arrhythmia Symposium was once again held in October with meetings taking place in both Johannesburg and Cape Town. The meetings were well attended and feedback was extremely positive. Delegates specifically commented on the practical nature of the lectures as well as the relevance to “real-world” clinical practice.

#### Billing and coding in the field of electrophysiology

CASSA launched a project to assess the way in which coding for different EP procedures is done and will discuss the results with the South African Medical Association as soon as the draft document has been drawn up.

During 2012, CASSA Executive Members assisted the Private Practice Committee of The South African Heart Association with this project, particularly as regards to the areas of ablation, pacing and device follow up.

The organisation plans to have a working document ready to be included in the new coding bill scheduled for issue in 2015.



### PLANS FOR 2014

#### Education and Training

Educational activities planned for 2014 include another round of General Practitioner training meetings. There remains a big need for GPs to become comfortable with the interpretation of ECGs and this will thus continue to be one of the focus areas.

The Basic EP and Pacing workshop for Cardiology registrars will be expanded to run over two full days next year.

Due to the popularity and success of the CASSA National Symposium it has been decided to expand this meeting to a wider audience.

#### General

The accreditation of electrophysiologists, as well as ICD practitioners, will continue and as soon as final structures have been put in place between CASSA and ECAS, the latter having been chosen as the international body that will oversee the process, these will be communicated to the members.

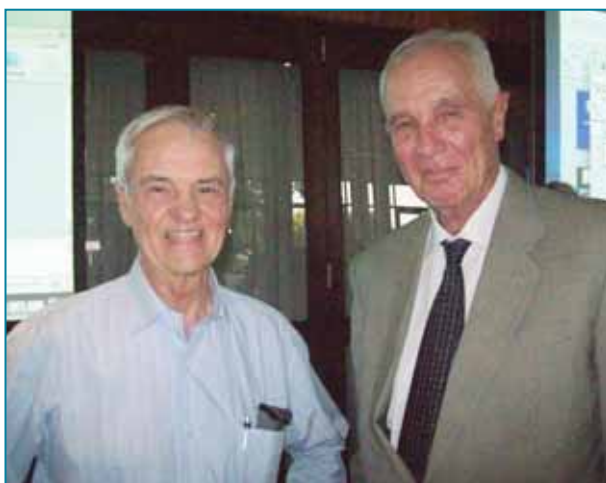
The CASSA Executive committee members are in constant discussion with Medical aids about reimbursement issues.

For further information on any of the above,  
please contact Franciska Rossouw at  
082 806 1599, email [franciska@cassa.co.za](mailto:franciska@cassa.co.za) or  
visit the CASSA website at [www.cassa.co.za](http://www.cassa.co.za).



## SA HEART JOHANNESBURG BRANCH HONOUR DR PRO OBEL

On Thursday 14 November 2013 the SA Heart Johannesburg Branch honoured Dr Pro Obel for his five decades of contribution to cardiology and electrophysiology. It was an amazing evening of tribute and humorous anecdotes which was held at the Wanderer's Club. Prof Rob Scott-Millar flew up from Cape Town to speak (History of Arrhythmia in SA). Other speakers included Dr R Jardine (Arrhythmia Clinic Chronicles), Dr A Thornton (Pro, CASSA, Education, Research & Standards), Dr A Dalby (How did we get here?), Danielle Frade (From Tilt testing to EP), Sister Judy Daniels (Pro & the EP lab) and lastly his wife Nina, who was extremely funny in her address.



Prof Rob Scott Millar and Dr Pro Obel

We received personal high definition video messages from the world's EP experts: Prof Hein Wellens (Netherlands), Prof Melvin Scheinman (San Francisco, who performed the first ablation in humans), Dr Fred Lindemans (Netherlands), Prof Johannes Brachmann (Coburg, Germany), Dr Own Obel (Dallas, USA), Mark Smith (past VP of Medtronic, France) as well as a voice message from his friend Dr Mendly Wuhlfsohn (New Jersey, USA).

Written tributes were received from Prof Sam Levy (Marseille, France), Dr Sonny Jackman (Oklahoma, USA),

Prof Bernard Gersh (Rochester, USA), Prof Richard Sutton (Monte Carlo, Monaco), Prof Mark Josephson (Boston, USA) and Prof John Camm (London).

‘Dr Pro Obel  
honoured  
for his five  
decades of  
contribution to  
cardiology and  
electrophysiology.’

Dr Richard Friedland (Netcare) presented Pro with the Christiaan Barnard Memorial and SA Heart Johannesburg Branch presented him with a beautiful certificate.



Dr Richard Friedland presenting the Christiaan Barnard Memorial certificate to Dr Pro Obel, while Dr David Jankelow, president of the SA Heart Johannesburg branch and vice president of SA Heart looks on.

**David Jankelow**

## AFRICAPCR: A COURSE BUILT BY – AND FOR – THE PAN-AFRICAN CARDIOVASCULAR COMMUNITY

AfricaPCR is scheduled to take place from 13 - 15 March 2014 at the Cape Town International Convention Centre.

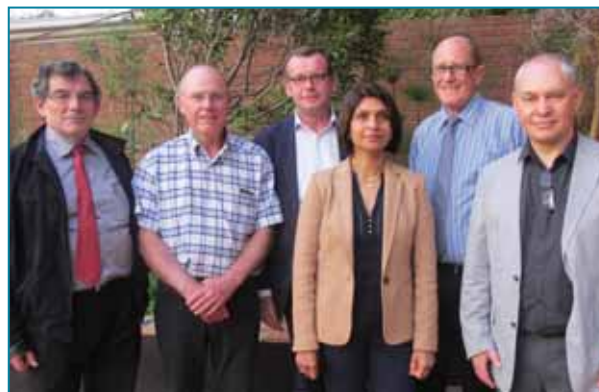
2014 will be the first year in which AfricaPCR will be a stand-alone, locally based course commencing on Thursday evening and concluding at lunchtime on Saturday. The overriding purpose of this intensive programme is to deal with the most pressing requirements for education in the field of interventional cardiovascular medicine in Africa.

The 2014 AfricaPCR Course will focus on the following core issues:

- The management of STEMI in Africa
- The role of the heart team in the African environment
- The difficulty in managing hypertensive patients in Africa and best practices for managing resistant hypertension
- Recognising, preventing and managing complications
- Understanding bifurcation anatomy, how to select the appropriate technique for each case and how to implement these techniques safely to ensure good outcomes
- Learning how to perform the different approaches used for "vascular access" and the benefits and limitations of these various approaches
- The role of the heart team in making the best treatment decisions for patients
- How procedures can be optimised by a Heart Team approach.

A vital component of AfricaPCR will be the presentation of clinical cases, with the most educational ones being included in the plenary sessions on STEMI, complications and the heart team in action. Cases will cover coronary interventions, interventions for structural heart disease, peripheral interventions and interventions for hypertension and heart failure.

Over and above the plenary sessions, parallel sessions will include an interactive case corner as well as a programme for dedicated nurses and technicians.



VIP guests and board members at AfricaPCR launch (Left to right) Dr Adriaan Snyders (SA Heart President), Dr Tom Mabin, Marc Doncieux (CEO Europa Organisation), Dr Sajidah Khan, Dr Graham Cassel and Dr Farrel Hellig (Course Director).

Exhibitors of allied drugs and medical equipment will be sponsoring industry supported sessions on a wide variety of topics with supporting case studies. Hands-on workshops will provide focused groups of delegates with interactive product demonstrations.

"The objective of AfricaPCR is to gain insights from the North, South, West and East of this vast and diverse continent, as well as from Europe and elsewhere, with a view to understanding how to move forward in improving care in Africa," says Course Director, Dr Farrel Hellig. "With the African focus of the course, the majority of the faculty represents the African continent. It is bolstered by an international faculty in order to place the African agenda in a global context."

A detailed programme and registration form for AfricaPCR can be obtained from Europa Organisation Africa.

For further information,  
contact 011 880 2579, email [info@eoafrika.co.za](mailto:info@eoafrika.co.za)  
or visit the website at [www.africapcr.com](http://www.africapcr.com).

## ISCAP NEWS

### “Sharing is the heart of education”

I would like to thank my Exco Committee for a fruitful year as I believe that the goals that we set for 2013 have been achieved!

The Regions/Chapters throughout the country and Namibia have forged ahead with the workshops, proving that it is indeed a doable exercise. The responses and feedback from the workshops have been overwhelmingly positive and the momentum which has been created is continually growing and being maintained throughout the country.

Many thanks to the Industry for the part they have played in the success of the workshops.

I would also like to thank Sanette Zietsman (MSM) for ensuring that we remain on course and that the Workshops are CPD accredited and well organised.

The Interventional Cardiovascular Programme at Netcare is in its second month and we have had positive feedback. ISCAP has realised that, in order for the programme to succeed as a cath lab course, the input from experienced cath lab staff is crucial. Our connections with industry have also proved to be invaluable as regards the set up of device workshops and wet labs. Although theoretical knowledge is very important, the cath lab is an interventional area and as such a major part of the course needs to be practical. By creating a cath lab course we are gaining recognition as a specialty area and thus creating the recommendations and standards that will guarantee our sustainability.

ISCAP's new venture in Africa is definitely AfricaPCR. The PCR motto: **“Innovation in education at work”** comes to mind. On 17 October the ISCAP Exco was honoured to meet Marc Doncieux who is the CEO of the Europa Organisation. We were able to ask questions and he advised us on how to ensure that our first AfricaPCR will be a success! The EuroPCR Mission is **“To provide superior care to our patients by helping the cardiovascular community share knowledge, experience and practice.”** ISCAP's role in AfricaPCR 2014 is to uphold the

values of the EuroPCR Congress: Integrity, Responsibility and Excellence and to also uphold its responsibility for the Allied Professionals Programme, AfricaPCR 2014.

It is **your** Course, as it will be entirely designed and delivered **by** and **for you** in an enabling setting in which **you** can share in collective medical “know how”.

Roll on March 2014! Next on the agenda is Paris and SA Heart!

In the words of Farrel Hellig, the President of SASCI, **“A Society is only as strong as its members and is highly dependent on individuals willing to get involved to influence the environment we operate in.”**

**Dianne Kerrigan**  
**Chairperson, ISCAP**

### ISCAP regional feedback

Part of my brief as an exco member of ISCAP was the 2013 Gauteng training programme. It has been a steep learning curve and much of it has had to be done without the help and guidance of all our corporate members. I would like to sincerely thank George Nel and, most especially, Sanette Zietsman without whom I would have been in trouble.

Gauteng ISCAP meetings are held monthly, are free of charge thanks to our corporate sponsors, carry CPD accreditation and not only provide training and new insights but also provide the Allied Professionals with an opportunity to network with their colleagues from other cath labs. Feedback from the meetings has been very positive. The support for the meetings (sometimes 70 plus delegates per meeting) proves that ISCAP is on the right track. The cardiologists and other professionals were unstinting in their efforts to provide the highest quality presentations and training.

ISCAP successfully partnered with the Medtronic Rapid Exchange meetings, with Crossroads and Boston's Rotablator Training programme during 2013. Medtronic

*Continued on page 670*

## ISCAP NEWS continued

Africa, Amayeza Abantu and Crossroads all offered their premises free and without bias for these meetings and this helped to contain costs.

The provisional programme for 2014 will be released in early January with revision of some topics, new techniques introduced and explained and a focus on ethical issues. It will also include some paediatrics, hybrid lab procedures and more electro-physiology content. Topics offered and sponsored by Industry in Gauteng are offered to other ISCAP regions including Namibia. This is done in an effort to effect standardisation of procedures and protocols throughout all cath labs.

**Gill Longano**

**ISCAP, Vice Chairperson and education portfolio**

### Cape Town Region feedback

The year started with a visit to the Cycle of Life Body World Exhibition at the Cape Town Waterfront in January followed by the Annual SA Heart Congress joined with the 6th Annual World Paediatric Congress at the Cape Town ICC in February. On 20 April Gail Boiskin gave a very practical lecture on the radiological views and anatomical angles used to view coronaries and grafts. Good tips were given on where to look for what. May took ISCAP members up to Johannesburg for a very entertaining manager's update while some attended Crossroads in beautiful Stellenbosch. In June we received a lecture on Anatomical Views and Artery Take Off and Diagnostic and Interventional Tools. In August Boston Scientific hosted a well attended evening on various cardiac interventional procedures and topics as well as an enlightening look at labour law. In November we had our final meeting for the year on IABPs presented by Erica Visagie from Surgical Innovations.

The new year will start off with an ECG talk and question session, which has been widely requested by our members. This is scheduled to be held in January.

**Melanie Winter**

**Secretary, Cape Town Region**

### Namibian Region feedback

The cath lab in Windhoek is the only private institution of its kind and as such has to cater for all patients with medical aid and private patients including tourists from as far as the US, Europe and Angola.

We deal with Angiograms, PCI, Peripheral Vascular Stenting, ASD, VSD closure and every now and then we become a Hybrid lab deploying Aortic Stent Grafts. You can imagine it gets quite busy with our very energetic Cardiologist on board ably assisted by our equally energetic cath lab staff.

Together with Medtronic and Axim we organised a CPD accredited training workshop on 14 October 2013 held at the Roman Catholic Hospital in Windhoek. Our target group was nursing staff, radiographers, techs and medical practitioners. The following topics were discussed:

- Basic Coronary Angiography Interpretation.
- Assessment and Management of Patients with Diabetes Mellitus.
- Myocardial Infarction.
- Basic overviews of ECGs.
- Basics of Pacing.
- Contrast Induced Nephropathy.

The workshop was very successful with 30 staff members (including nurses, techs and rads) from various hospitals in Windhoek attending.

Judged by the interaction between the attendees and presenters and the number of questions asked, it was clear that the sessions were deemed very instructive.

The presenters did a good job and we are very grateful to Medtronic and Axim for journeying all the way to share their expertise. The topics on Contrast Induced Nephropathy (CIN) and Pacing carried a lot of weight.

Feedback on the lectures was very positive and a discussion on nurses' experiences gained whilst nursing patients who underwent these procedures was immensely informative.

**Catherine de Klerk**

**Namibia Region Durban Region**

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### **Durban Region feedback**

Durban has not been an idle onlooker and contributed greatly to the education of members. The following workshops were held in 2013:

**22 - 23 May, Advance workshop:** Rotational Atherectomy, sponsored by Boston Scientific. The following topics were presented:

- 2 day hands on workshop.
- Hands on sessions with Rotablator consumables and console.
- Talk on Rotablation.

**25 May, Back to Basics workshop:** Sponsored by Torque Medical with topics including:

- Radiation safety in the Cardiac cath lab.
- ECGs to look out for in the Cardiac cath lab.
- Scrub/floor sister duties in the Cardiac cath lab.
- Complications in the Cardiac cath lab.

**13 - 14 September, Crossroads workshop.** Weekend conference that covered a variety of topics:

- Case presentations by Drs Dawood and Kettles.
- Vascular reparative therapy.
- Stemi.
- PCI guided by FFR.
- Case presentations: the good the bad and the ugly.
- Hands on models.
- Angiosomes: Below the knee intervention.

- Deep vein thrombosis.
- Considerations/principles for salvage of AV Fistula.
- Diabetic foot.
- How to create a successful financial future.

**9 November, Cardiac cath lab update:** Sponsored by Medtronic with ethics CPD accreditation:

- ECGs by Dr Hansa.
- Radiation update.
- Malpractice Insurance.
- Introduction to Trans radial Intervention.

Durban will end the year's education workshops with another CPD accredited Rotablator meeting, sponsored by Boston Scientific and presented by Dr Chris Zambakides on 30 November at Inkosi Albert Luthuli Central Hospital.

With so much to learn and so much to teach we are very excited about 2014!

**Maxine Shanglee**

**Durban Region**

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### **Eastern Cape Region feedback**

The educational boat set sail in Port Elizabeth as well. A Heart Week programme (sponsored by various industry supporters) was launched and included a full day cardiac programme with a lecture on acute coronary syndrome by Dr Potts, a lecture on healthy eating habits and lifestyle changes and an introductory lecture on pacemakers and ablation therapy, to mention but a few. ISCAP's chair person, Dianne Kerrigan, represented ISCAP and gave a talk on "Life in the cath lab". The week was a huge success and the attendees, presenters and sponsors enjoyed this initiative.

**Marina Meyer**

**Eastern Cape Region**

*Continued on page 672*

## ISCAP NEWS continued

### Bloemfontein Region feedback

Bloemfontein started their education drive on 17 April with a motivational meeting sponsored by Torque Medical, followed by a meeting on 19 June on Counter Pulsation Therapy – New Technologies and Trends, sponsored by Surgical Innovations. From 23 - 24 August Crossroads held a Coronary and Endovascular Allied Professionals Programme with Dr Tom Mabin as the course director. On 5 October Boston Scientific sponsored a 3 points CPD accredited meeting on Transcatheter Aortic Valve Implantation (TAVI), Percutaneous Pulmonary Valve and Endo Vascular Aortic Replacement (EVAR).

The feedback from the workshops held was very positive. The following comments were received:

- The attendees enjoyed the talks and requested follow up meetings on Post Patient Care in the ICUs.
- There is a need for training in other areas including Carotid Stents, Infection Control in the cath labs and the handling of legal issues such as consents.
- It is noted that the doctors appreciated the teams in their labs.
- The aim is to have a meeting for all the different labs, (vascular, paediatric and cardiology) and to address the needs of each.

- There is a big need for ICU staff to become involved in patient care, but additional staff also needs to be recruited for cath labs.
- 40% of the attendees commented that they could not wait for the next ISCAP workshop. **Durban Region**

Without the contributions of the ISCAP Corporate supporters, we cannot grow and achieve any of our goals. Thank you to Amayeza Abantu, Angio Quip, AstraZeneca, Aspen Pharmacare, Axim, Baroque Medical, Boehringer Ingelheim, Boston Scientific, B Braun, Biotronik, Cardiac Output, Cordis, Edwards, Medtronic, Paragmed, Surgical Innovations, Terumo, Torque Medical, Viking, Volcano and Zentiva.

Please contact Sanette Zietsman (ISCAP Office) at [sanette@medsoc.co.za](mailto:sanette@medsoc.co.za) or +27 83 253 5212 if you want to learn more about these events or if you want to participate in any of the programmes.



# 15<sup>th</sup> ANNUAL SA HEART CONGRESS



## THE SOUTH AFRICAN HEART ASSOCIATION CIPLA TRAVEL SCHOLARSHIP

Applications for the SA Heart – Cipla Travel Scholarship are invited to reach the SA Heart Office between 1 January and 31 March 2014.

The scholarship for is funded by an educational grant from CIPLA to the value of up to R20 000.00 for international meetings and R7 500.00 for local meetings.

This scholarship is available to all members and associate members residing in South Africa. It is primarily intended to assist junior colleagues to ensure continued participation in local or international scientific meetings or workshops.

### REQUIREMENTS

- Applicants must be fully paid-up members/associate members for at least one year.
- Applications need to include:
  - Full details of the meeting/workshop;
  - An abbreviated CV of the applicant; and
  - A breakdown of the expected expenses.
- Applications must reach the Association a **minimum of 3 months before** the event to be attended.

### RECOMMENDATIONS

- Acceptance of an abstract at the scientific meeting to be attended  
(if acceptance of the abstract is pending the application must still be submitted 3 months prior to the event with a note when the approval is to be expected. In such a case the scholarship might be granted on condition – and proof – of the abstract being accepted);
- An invitation to participate at the meeting as an invited speaker;
- Publications in a peer reviewed journal in the preceding year;
- Applicants from a previously disadvantaged community; and
- Applicants younger than 35 years of age.

### APPLICATIONS MUST BE ADDRESSED TO:

The President of the South African Heart Association  
PO Box 19062  
Tygerberg  
7505  
And submitted electronically to [erika@saheart.org](mailto:erika@saheart.org)



## PRIVATE PRACTICE COMMITTEE'S ACTIVITIES FOR 2013

**H**erewith a short overview of the Private Practice Committee's activities for 2013. The PPC's main objective is to optimise patient care through supporting and enhancing the practice of all the members of the SA Heart Association in their different fields. In this endeavour we interact, on behalf of our members, with all the important players in the South African Healthcare Industry.

### **POLICY: The Department of Health: The National Health Insurance Programme**

We submitted a paper, which was drafted in association with Professors Andrew Sarkin and Francis Smit in February 2013, in which the SA Heart Association's proposals regarding NHI were outlined. In short, it is our opinion that the cardiac practitioners who are members of SA Heart are willing and ready to work with the Department of Health to improve access to quality cardiac care in South Africa, both in the private and public sectors. This is imperative as the majority of patients needing cardiac care is in the public sector, whilst the majority of cardiac practitioners is in the private sector. Certain facts are however acknowledged: there is a severe shortage of cardiac practitioners in the country and this is compounded by the low number of new entrants into the fields and lack of trainers at academic institutions. Three provinces in the country do not have established cardiac centres namely Limpopo, Mpumalanga and Northern Cape. Our members are willing to engage with the Department of Health to plan the way forward. At this time however, it is not clear how the Department of Health wishes to involve specialists in NHI.

### **The Health Professions Council of South Africa (HPCSA)**

The HPCSA, being a statutory body that is mandated with overseeing the principles and practice of appropriate professional conduct and ethical behaviour of all the professionals registered with it, issued in the Government Gazette 35931 of 7 December 2012 a paper entitled: "Proposed Guideline Tariffs for Medical Practitioners and Dentists" as "a new way to determine and publish a tariff of fees as contemplated in section 53(3)(d) of the Health Professions Act, 56 of 1974 for medical Practitioners and Dentists registered in terms of the act."

### **Interested persons were invited to submit substantiated comments**

The problem with this guideline is that the proposed calculation method of tariffs is considered severely flawed and inadequate by many associations and societies representing doctors. The executive committee of SA Heart, on behalf of its members, has rejected these tariffs and has joined forces with the SA Medical Association, of which the SA Heart Association is an affiliated member, to oppose them.

SAMA, encouragingly, is working in tandem with the SA Practitioners' Forum (SAPPF) which also represents many specialist societies and associations and the South African Dental Association (SADA).

As mentioned before, at the centre of the objection to this proposed guideline tariff is the methodology of how it will be calculated. The HPCSA has taken the National Health Reference Price List (NHRPL) of 2006, which was drawn up by the Council for Medical Schemes, and added inflation which was calculated by means of the Consumer Price Index.

### **A few important points to note:**

- The 2006 NHRPL was scrapped by High Court Judge Piet Ebersohn in a North Gauteng High Court ruling in 2010 in which he ruled that the NHRPL was "unfair, unlawful, unreasonable and irrational" and that the rates were "unreasonably low". Taking this into account, it is clear that the NHRPL cannot form the basis of new tariffs at this time.
- Apart from the fact that the NHRPL was scrapped in a court of law, it is in essence outdated as many codes and procedures that have come into medical practice in the past seven years have not been included.
- Many actuaries believe that the use of the Consumer Price Index to calculate inflation in medical practice grossly underestimates the real level thereof.

To quote Dr Chris Archer, Chairman of the SAPPF, in their submission to the HPCSA we also support efforts to establish tariffs that will allow SA Heart members to "earn a reasonable salary, get a reasonable return on investment

and find an appropriate, reasonable level, grounded in the reality of the cost of operating private medical practice.”

SAMA's website has a formula which practitioners can use to calculate their practice costs. This formula takes into account the practitioner's experience, cost of equipment, cost of malpractice insurance, risk and scope of practice, etc.

We await the final outcome of this debate.

### **Funding, billing codes**

It is apparent that the only way in which cardiac practitioners can get reimbursed for new procedures is to get the codes introduced into SAMA Doctors' Billing Manual, rather than negotiate with the Funders. Through the hard work of SASCI, represented by Dr Len Steingo and Dr Mark Abelson, several new codes were presented to the SAMA coding committee on 5 April 2013 and these were accepted without modification:

- The use of a Drug Eluting Balloon can be coded like a stent.
- Renal Denervation: a new code will be allocated, each artery will be billed on its own.
- Fractional Flow Reserve will be allocated a new code, similar to that of IVUS.

Trans catheter Aortic Valve Replacement (TAVI) was accepted, but a differentiation needs to be made as to the trans-venous and trans-apical approach, as well as statistics on its uptake (use) countrywide. Coding is urgently needed in this area as the current practice of the funders to pay a capped procedure fee (which includes the cost of the device, hospital, Anaesthetist, Cardiologist and Cardio-thoracic surgeon if/when present and all the Allied health Professionals involved) fails to remunerate the Cardiologist appropriately who, as the team leader, possesses the skills and experience which makes the procedure possible. This point remains under discussion.

Rule G for post pacemaker implantation care, where no billing is supposed to happen up to 90 days after the procedure, remains problematic as pacemakers are classi-

fied under surgical procedures in the US CPT manual. SAMA billing currently closely follows the CPT guidelines.

‘Our members  
are willing to  
engage with the  
Department of  
Health to plan the  
way forward.’

### **Medscheme Specialist Forum**

SA Heart accepted an invitation to participate in this forum as we believe that engaging with funders might give both parties a better insight into their different situations and thus hopefully lead to better co-operation. There have been four meetings thus far which took place on 16 February 2013, 19 April 2013, 29 July 2013 and 1 November 2013. The forum is composed of medical specialists representing various societies/associations and representatives of Medscheme. All parties have to strictly adhere to the Competition Commission ruling of 2000 which states that there should be no collusion and anti-competitive practices between interested commercial parties. The Forum's aim is to engage societies/associations which represent specialists in an effort to improve understanding. The discussions have consequently focused on improving the working relationship between specialists and schemes, under Medscheme management, and ways of minimising barriers to good patient care in areas like coding, approving and declining procedures, motivations, etc.

*Continued on page 676*

## PRIVATE PRACTICE COMMITTEE continued

### Tiered Reimbursement for consultations

Most SA Heart members will have received circulars from Bonitas inviting you to participate in a test-run of the Tiered Reimbursement programme which was proposed by some specialists and accepted by Medscheme. Consultations will be billed according to the length of time spent:

**Code 07326:** New or existing patient, office or outpatient visit requiring up to 10 minutes

**Code 07327:** New or existing patient, office or outpatient visit requiring 10 - 20 minutes

**Code 07328:** New or existing patient, office or outpatient visit requiring 20 - 40 minutes

**Code 07329:** New or existing patient, office or outpatient visit requiring over 40 minutes.

Implementation of the pilot started on 1 November 2013 and we believe it is worth engaging even if the outcomes are unknown at this point in time. If there are indeed any savings, we will need assurance that these will be passed on to the patient. It is also unclear as to how and/or whether our remuneration will be affected as, under the current billing system, all consultation codes are reimbursed at the same rate.

### Excessive Management Work for Specialists: doctors are overburdened with unnecessary administrative work

Managed Health Care has led to an ever-increasing and seemingly insurmountable amount of administrative work. We are currently in dialogue with Medscheme, through its Specialist Forum, and with Discovery Health (as these are the two largest Medical Schemes) to find a way of removing this administrative work as we believe that it does not lead to improved patient care but actually hinders it. The time consuming administrative burden includes the completion of "Chronic medicine Forms," Prescribed Minimum Benefits Forms and motivations for self-explanatory procedures which require the practitioner him/herself to contact the scheme. More importantly, while all this is happening, the patient is being denied essential drugs and/or procedures.

### Ethics and Guidelines

We work in close association with the Ethics and Guidelines Committee and the Special Interest Groups as they draw up clinical guidelines which then inform the Practitioner's clinical practice. Several important and concerning issues have been raised this year after the publication of treatment guidelines by the Council for Medical Schemes. We believe that the Medical Practitioner stands at the centre of medical care and thus remains the foremost caretaker of clinical practice and its guidelines. He/She must be allowed to exercise his/her clinical judgement at all times and in any given situation.

I would like to thank all the members of the Private Practice Committee: Drs Len Steingo and Mark Abelson (representing SASCI), Dr Andrew Thornton (representing CASSA), Dr Darryl Smith (representing HEFSSA), Dr Jaco Botha (representing CardioThoracic Society), Dr Jeff Harrisberg (representing Paediatric Cardiology Society) and Dr David Jankelow who has been extremely helpful in facilitating our meetings with and arbitrating billing concerns raised by Discovery Health. Dr Jean Vorster has also joined as a valuable member assisting with the large number of code, billing and funding queries.

Thank you all for your hard work and research which ensures that our members are given factual and correct advice.

It is no easy task to assist our members as they strive to optimise patient care and maintain ethical evidence-based medicine while navigating the obstacle-course of managed health care, codes, ICD 10 codes, CPT billing codes and legislation. Thank you to Dr Adriaan Snyders, President of the SA Heart Association, and to all the members of EXCO for their unfailing support as they often help address questions to which there are no clear answers. The collective efforts of all involved are recognised and sincerely appreciated.

Thank you.

**Makoali Makotoko**  
**Chairperson, Private Practice Committee**  
**South African Heart Association**



13 – 15 March, 2014

Cape Town International Convention Centre (CTICC)

Visit website  
**[www.africapcr.com](http://www.africapcr.com)**  
to register today!

**For further information  
please contact the  
Africa PCR Team:  
[info@eoafrika.co.za](mailto:info@eoafrika.co.za)**



## LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

**A**pplications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2013. An amount of up to R15 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Cape Western branch of the South African Heart Association in memory of one of South Africa's outstanding cardiologists, Dr Louis Vogelpoel.

Louis Vogelpoel was a pioneer of cardiology in South Africa who died in April 2005. He was one of the founding members of the Cardiac Clinic at Groote Schuur Hospital and University of Cape Town. He had an exceptional career over more than 5 decades as a distinguished general physician, cardiologist and horticultural scientist. Dr Vogelpoel's commitment to patient care, teaching and personal education is remembered by his many students, colleagues and patients. Medical students, house officers, registrars and consultants benefited from exposure to his unique blend of clinical expertise, extensive knowledge, enthusiasm and gracious style.

A gifted and enthusiastic teacher he was instrumental in the training of generations of under-graduates by regular bedside tutorials. He served as an outstanding role model for post-graduates and many who have achieved prominence nationally and internationally acknowledged his contribution to the development of their careers.

All applications for the scholarship will be reviewed by the executive committee of the Cape Western branch of the South African Heart Association. Preference will be given to practitioners or researchers in the field of cardiovascular medicine who are members of the South African Heart Association and are resident in the Western Cape.

Applications should include (1) A brief synopsis of the work the applicant wishes to present at the congress and (2) A brief letter of what the applicant hopes to gain by attending the relevant congress. The applicant should submit an abstract for presentation at the relevant national or

international meeting. Should such an abstract not be accepted by the relevant congress organising committee, the applicant will forfeit his or her sponsorship towards the congress. (Application can however be made well in advance of the relevant congress but will only be awarded on acceptance of the abstract.) A written report on the relevant congress attended will need to be submitted by the successful applicant within 6 weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.

‘A gifted and enthusiastic teacher he was instrumental in the training of generations of undergraduates.’

Applications should be sent to Prof Johan Brink, President of the Cape Western branch of the South African Heart Association, Chris Barnard Division of Cardiothoracic Surgery, Cape Heart Centre, Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory, 7925 or alternatively email: [johan.brink@uct.ac.za](mailto:johan.brink@uct.ac.za).

Previous recipients with this prestigious award were Sandrine Lecour, Roisin Kelle and Liesl Zühlke.

**Applications close on 31 January 2014.**

## THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

The research scholarship is available to all full and associate members of SA Heart Association living in South Africa. It is primarily intended to assist colleagues involved in much-needed research to enhance their research programmes.

### REQUIREMENTS

- Applicants need to be fully paid-up members/associate members in good standing for at least one year.
- Applications must include
  - The applicant's abbreviated CV;
  - A breakdown of the anticipated expenses; and
  - Full details of the research.

### RECOMMENDATIONS

- Publications of related work in a peer reviewed journal in the preceding year;
- Applicants from a previously disadvantaged community; and
- Applicants younger than 35 years of age.

### ADDRESS APPLICATIONS TO:

Education Standing Committee  
South African Heart Association  
PO Box 19062  
Tygerberg  
7505

**THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER.**

One scholarship to a maximum amount of R50 000 will be awarded annually.

### APPLICATIONS WILL BE ASSESSED ACCORDING TO THE ACCOMPANYING RESEARCH PROTOCOL WHICH SHOULD INCLUDE:

- An abstract (maximum 200 words);
- A brief review of the literature (maximum 200 words);
- A brief description of the hypothesis to be investigated (maximum 100 words);
- A detailed methodology (maximum 500 words); and
- References.

## A BRIEF OVERVIEW OF THE ACTIVITIES OF SA HEART

This is the last Newsletter for 2013 and thus an ideal opportunity to give a brief overview of the activities of SA Heart for the year. Every now and again a member might also ask him or herself why exactly he or she should belong to SA Heart and pay membership fees and what benefits he or she gains from this membership. Maybe this synopsis will give some insight, and considering any society is just as vibrant and alive as its individual members are we hope to invite you to participate and convince you that you should support and be active in your professional society.

Now, looking at “cash in hand” material benefits, they would be difficult to list. One example, however, are the discounted registration fees at our annual congress (normally equalling at least the amount of your annual fee). As a member you can apply for scholarships (travel and research) and many an enthusiastic report of the beneficiaries on the meeting they attended prove how welcome these are. We have the SA Heart Journal and Newsletter free of charge and the website you can refer to for latest news and events and other resources.

The real benefits are however intrinsic and inherent to belonging to your professional society. SA Heart is the national body representing adult and paediatric cardiologists, cardiac surgeons and allied professionals in the field of cardiology in South Africa.

Let's first look at our objectives as spelled out in our constitution.

### OBJECTIVES

The objectives of the Association shall be:

- To promote and develop the life sciences pertaining to the cardiovascular system in health and disease.
- To promote good fellowship among those involved in the treatment of patients with cardiovascular disease or with research interests involving the cardiovascular system.

- To represent, promote and protect the professional interests of cardiologists and cardiac surgeons.
- To promote public welfare by education directed towards the prevention and treatment of diseases of the cardiovascular system.
- To take an active role in establishing and maintaining standards for quality cardiovascular health care delivery.
- Substantially the whole of the activities of the Association shall be directed to the furtherance of its objects and not for the specific benefit of an individual member or minority group.

The SA Heart Executive and Committee members are spending many hours and often private resources trying to uphold these objectives and for the advancement of cardiac care and recognition of cardiologists and allied professionals as a group and profession with government institutions, funders and even the public.

### To name but a few examples of 2013

Hours of preparation were spent on a position statement on the NHI within the cardiovascular health context. This document has been submitted to SAMA to form part of their recommendation. Heads of Departments and members of the Fulltime Salaried and Education committees met to discuss how College Exam swill be run and updates to the curriculum and logbook. Members of the Ethics and Guidelines Committee have dedicated time preparing local position statements on international guidelines. This year you could read the review on the ESC Guidelines for Atrial Fibrillation and Valvular Heart Disease and a consensus letter on renal denervation is about to be published. This committee – in collaboration with SIGs – also responded inter alia to queries mainly from Funders regarding the use of anti-coagulants, drug eluting stents, routine attendance of an anaesthetist during cath lab procedures, leads discussions on the lipid guidelines published last year, commented on permissible ownership of imaging equipment and mobile cath labs. We have met



with the Marketing Code Authority on ethical and funding issues. The chair and members of the Private Practice committee and Exco have committed hours and days in preparing for and attending coding and billing meetings making way for fairer billing practices, participating on forums representing cardiology with constant negotiations. Responding to letters from funders regarding use of codes and billing practices of individual members is an on-going task. Members of the PCC committee and Exco engaged in audits and mediation where funders withheld payment to service providers (and resolving them in the favour of the cardiologist). SA Heart, under guidance of

editors of our own publications – the SA Heart Journal and Newsletter commit their time and expertise to produce a sterling product and keep you updated. We maintain links with local and overseas societies like SAMA, PASCAR and other specialist associations, the ESC, ACC and World Heart Federation.

All these activities might not make breaking news every day, but as with many things in life one takes for granted, you only notice them, when they **don't** happen. To keep it all together regular teleconferences, some face to face meetings, endless email communication and an admini-

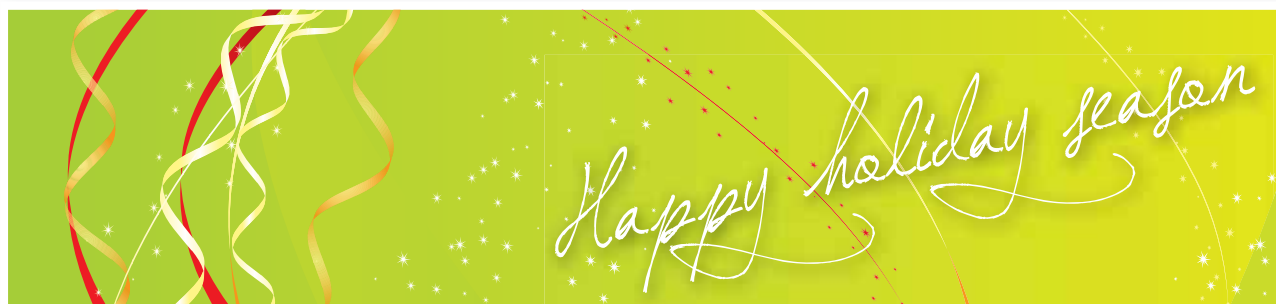
‘ We hope to invite you to participate and convince you that you should support and be active in your professional society. ’

the Education committee, has launched its first lecture series for the non-cardiologists, that on the Detection and Management of Atrial Fibrillation. While this will continue to be rolled out in the next year, we have also started on preparing the next series on Hypertension. We respond to media requests on cardiovascular health issues, and the

strative office are necessary and costs arise, which means we do have to charge membership fees. Please can we urge all those who have not paid theirs for 2013 to do so without delay.

Wishing you all a happy holiday season.

**SA Heart Exco and Office**



## MEDTRONIC SCHOLARSHIP FOR YOUNG CARDIOLOGISTS OF TOMORROW AT THE ESC

The European Society of Cardiology (ESC) has a programme specifically for young cardiologists or registrars in training to attend the ESC congress (30 August to 3 September 2014, Barcelona, Spain) with the registration fee waived. This opportunity is only granted to incumbents suggested by the national cardiac society.

Further support for travel and accommodation to the value of R25 000.00 is secured through an educational grant from Medtronic.

### ELIGIBILITY CRITERIA

The offer is dedicated to young cardiologists who meet all the following eligibility criteria:

- Be a member of SA Heart.
- Be under 36 years old or be in training.
- Never attended an ESC Congress.
- Never previously had an abstract accepted for a presentation at ESC Congress.
- Have created or updated her/his MyESCaccount.

### RECOMMENDATIONS

Recommendations by heads of departments or colleagues are awaited for this scholarship for young cardiologists or registrars who have submitted/accepted an abstract for the ESC Congress in Barcelona.

Heads of Departments can also suggest other registrars of merit to be registered for this programme with the option to secure own additional funding for travel and accommodation.

### NOMINATIONS MUST BE SUBMITTED BY 10 MARCH 2014 ADDRESSED TO:

The President of the South African Heart Association  
PO Box 19062  
Tygerberg  
7505

And submitted electronically with a copy of the applicants ID document and MyESCaccount number to [erika@saheart.org](mailto:erika@saheart.org).



# 15<sup>th</sup> ANNUAL SA HEART CONGRESS



For more information:  
**EUROPA ORGANISATION AFRICA**  
 Tel +27 11 880 2579 | Fax +27 11 447 3999  
 Email [info@eoafrika.co.za](mailto:info@eoafrika.co.za)  
 Website [www.saheart.org/congress2014](http://www.saheart.org/congress2014)



# sa heart

Journal of the South African Heart Association

## Recognition by the Department of Education (DoE)

SA Heart is listed by the Department of Education (DoE) as an Approved Journal since January 2009. This development is important, not only for the stature of the Journal, but also for practical reasons such as the subsidy from the DoE involved for authors affiliated to academic institutions.

## International recognition as a National Cardiovascular Journal

SA Heart is one of an elite group of publications recognised by the European Society of Cardiology (ESC) as a National Cardiovascular Journal.

"The invitation to the editor of SA Heart to join the ESC Editors' Club highlights the recognition the journal has gained amongst our international peers" says Prof Anton Doubell, SA Heart editor.

"The recognition by the Department of Education and the Academy of Sciences of South Africa (ASSAf) is something we should all take pride in."

## Electronic publication

SA Heart appears in print as a quarterly Journal.

The Journal is also published electronically and articles appearing in

SA Heart, both previous and current, are available online at [www.saheart.org/journal](http://www.saheart.org/journal).

Articles have been submitted in pdf format to facilitate rapid download and easy printing.

