

## SA HEART® CONGRESS 2019 - MESSAGE FROM THE PRESIDENT


Firstly it has been an honour to serve in the capacity as SA Heart® President.

In November last year, the SA Heart® Board met for a 2-day strategy session to discuss our structure, vision and mission, as well as a new way forward for our association. This meeting was ably facilitated by Mr Chandu Kashiram, who is a self-employed business consultant – with particular expertise in risk management, compliance, ethics, governance, as well as internal control and financial management. We are extremely fortunate and grateful that Chandu has volunteered these services to SA Heart®.

SA Heart®'s vision is to advance Cardiovascular Care for all South Africans, and as the scientific leaders in this country, we have identified 4 main pillars that underpin our goals: science, education, membership and policy. If we align all our efforts to these key values, we will achieve our mission, which is to champion equitable, sustainable healthcare, leading and innovating in the cardiovascular sciences, educating professionals, our members and the community, and, importantly, to attempt to influence healthcare policy. Our direction must involve the entire SA Heart® family, if we are to remain the key opinion leaders and the go-to organisation in cardiovascular health. We sincerely hope that you will follow us enthusiastically on this path.


We are now in the process of aligning our Memorandum of Incorporation into a new model. Our vision, mission and strategic pillars, combined with a code of conduct the Board has developed, will firstly influence the direction of the Board, the work in our standing committees, our regional branches, and special interest groups (SIGs).

Our 4 standing committees have often indicated that their mandate is unclear. We therefore have drawn new terms of reference for them to function more clearly. It is also imperative that all SIGs have representation within these committees.




### 1. WHO WE ARE

We are the scientific leaders in South Africa in cardiovascular healthcare delivery, research and education.



### 2. OUR VISION


Advancing cardiovascular healthcare to all living in South Africa.







### 3. OUR MISSION

- To champion equitable, sustainable healthcare
- To lead and innovate in cardiovascular sciences
- To educate professionals, members and community
- To influence cardiovascular healthcare policy

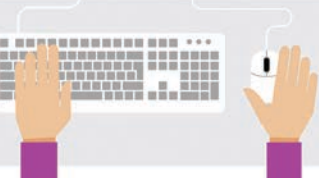
## THE SOUTH AFRICAN HEART ASSOCIATION



### OUR STRATEGIC PILLARS

 Science
  Education
  Membership
  Policy

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## MESSAGE FROM THE PRESIDENT continued

It has been decided to amalgamate the Education and Fulltime Salaried committees, as they are greatly involved in similar aspects of work. This new committee will be responsible for educational programmes for our members (together with SIG programmes and regional CPD accredited meetings).

The Ethics and Guidelines Committee will peruse new editions of ESC guidelines; consider whether they would need a local position statement/comment; and respond with commentaries on the ethics of current important cardiovascular-related issues in the news. The committee's mandate states that personal ethics of practitioners are not the gambit of this committee. I, however, believe that we should play such a role. A recent complaint (from a patient with regard to a particular cardiology practice) was however successfully resolved by Dr Osrin, before this could have been escalated to the Health Professions Council. We therefore believe that such intervention may well avoid further difficult and legal consequences.

SA Heart® was also recently approached by Discovery Health regarding a cardiac technology practice who requested accreditation and reimbursement for a rarely required and used therapy, external counterpulsation (ECP), in patients with angina. A consensus statement (by the Ethics and Guidelines Committee) was developed after considering all published evidence, guidelines and a range of expert opinions thereof. Our final position is that ECP cannot be an alternative to accepted conventional medical therapy, PCI/CABG in such patients. A cardiologist/cardiac surgeon should decide on ECP only in those with intractable angina, after exhausting maximal medical treatment and all possibilities for revascularisation. The practice has requested formal engagement with SA Heart® and we have declined such interaction.

The SASCI Private Practice Committee (PPC) will continue to represent SA Heart® as our PPC. There is no point in duplicating such a committee under SA Heart® as well. The Board has thanked and expressed our gratitude to SASCI. Dr JP Theron has resigned as the chairman of the PPC. We are very grateful to JP for his work in the past. Dr J Vorster has now been appointed chairman. The PPC will also now have wider representation from all of the SIGs. The main

objective for this year is a CPT (Current Procedural Terminology) cross-walk to determine what the billing/coding will look like under CPT as opposed to the usual SAMA coding. Once the cross-walk has been completed, we will engage with the funders for a cost analysis thereof. Karen van der Westhuizen (independent clinical coding consultant and auditor) has been consulted and we have had a number of meetings as such. The cross-walk is presently in process and will be finalised in the next few months. CPT takes the ambiguity out of the whole coding process and disincentivises practitioners from over servicing; it rather rewards for appropriate management. The ultimate aim in the next 2 -3 years will be to develop a full-time business unit with permanent staff/experts to take care of our private practice member's issues, and to engage with funders when problems arise. It is important that SASCI is presently funding the PPC activities. In the future, a full-time business unit will have to be funded by a monthly fee to all those who require the PPC service.

Recent PPC issues – SAMA mistakenly placed a rule that code 1252 (coronary angiography) cannot be charged when an angioplasty is performed! This was picked up by 2 of the funders and potentially would result in huge consequences for those in private practice. Fortunately, SAMA has agreed to immediately correct this mistake. They have assured the PPC that they will in future constructively engage with us. Dr Vorster met with SAMA last week in this regard. We recently have resolved several other issues with various funders. I ask those who request PPC assistance to be patient with the committee; they are not full-time employees in terms of performing these duties. We are also presently engaging with funders regarding audits of our members, which we wish to speedily resolve.

The SA Heart® 2019 Congress is fast approaching (21 October - 3 November). "Meeting the Needs for Africa" will be held in conjunction with PASCAR, Africa PCR, the Cardiovascular Magnetic Resonance Congress of South Africa (SA-CMR) and the African Heart Network (AHN). The coming together of 5 major groups will be an important milestone for cardiology in Africa. Our theme "Meeting the Needs for Africa" is highly relevant in an ever changing landscape and epidemic of cardiovascular disease

(CVD). It is now timeous and most appropriate to hold SA Heart® 2019 in association with AfricaPCR, a practical case-based interventional cardiology programme. PCR encompasses interventional cardiology in Africa and blends extremely well with the overall theme. SA-CMR will bring a unique imaging dimension. Advocacy and policy will be the focus of AHN to identify and address our unmet needs, if we are to reduce the burden of CVD – a stated aim of the WHO. SA Heart® 2019, PASCAR, AfricaPCR, SA-CMR and AHN will stimulate a creative exchange of ideas and will offer many opportunities to network with both local and international colleagues. I wish to thank Dr Rob Dyer and the KwaZulu-Natal Scientific Committee for all their hard work in developing the programme. An outstanding platform of leaders and teachers will provide 4 days of scintillating cardiovascular science and medicine. I sincerely look forward to welcoming you all next month to the Sandton Convention Centre.

We are planning to form a new congress committee to streamline organisation and the scientific programme planning. We want to avoid “re-inventing the wheel” every year, with a committee that has never before organised a national congress. The historic rotation through the branches will be incorporated by asking the respective branches to appoint 2 representatives to serve in a particular year. As has always been customary, the congress committee will have representation from all interested SIGs. While experienced convenors will form the initial core of the committee, younger members will also be recruited. We need emerging, energetic and youthful leaders on board with us.

The theme for SA Heart® 2020 will be “2020: Back to the Basics”. We want to get back to the fundamental basis of cardiovascular disease and cardiac practice. We are presently in the planning phases and we will continue to update you in this regard. We welcome our long-term partnership with AfricaPCR.

We continue to strengthen our relationship and membership of the European Society of Cardiology (ESC), whose mission is to reduce the burden of CVD. The latter aligns with our stated aims.

We also held a SA Heart®-ESC joint symposium, “Infection, inflammation and the heart” at the recent ESC 2019 congress in Paris. The session was really well attended and encompassed – Dr F Thienemann, HIV and cardiovascular disease in the era of antiretrovirals; Prof M Ntsekhe, What is new in the management of tuberculous pericarditis; and Dr K Klinge, Myocarditis: update on therapy.

At ESC 2019, I was honoured to represent SA Heart® at the Affiliated Cardiac Societies Presidents meeting, in addition to a meeting with the ESC leadership, together with Dr B Cupido and Mrs E Dau. ESC requests us to give our local perspectives for publication with the various future planned ESC Practice Guidelines. The ESC would like to better cater for such recommendations – especially for regions such as Africa.

‘ We continue  
to strengthen  
our relationship  
and membership  
of the ESC. ’

We are proud that Prof K Sliwa is the current President of the World Heart Federation (WHF). SA Heart® had a strong presence at the WHF congress (Dubai in December 2018). Our speakers and booth/association presence promoted our combined SA Heart® 2019, PASCAR, AfricaPCR, SA-CMR and AHN congress. Through our membership of WHF, we received 2 free registrations for the ESC-WHF congress, which were passed on to our members.

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## MESSAGE FROM THE PRESIDENT continued

SA Heart® recently partnered with the ESC for angina awareness month. The project was funded by Servier Laboratories. We thank all of those who were involved in media interviews to educate and inform the public about the significance of angina. We have been informed that the campaign had achieved a significant reach and perhaps has even saved some lives.

Please follow SA Heart® on social media (Facebook and Twitter) with our extremely vibrant programme. In this regard I thank Professor Zühlke and Carrine Visagie. Facebook remains our strongest social media platform and posts have reached 89 250 individuals – up from 20 000 since the beginning of this year. The following is interestingly predominantly female (72%), with the greatest percentage aged 25 - 34 years. The community is very responsive in terms of sharing posts, as well as commenting and responding to them. We currently have more followers on Facebook than the Heart & Stroke Foundation of South Africa. Twitter growth remains a challenge (it's harder to advertise effectively on this platform). Please help us to grow our Twitter community by sharing our posts. Please would you also forward any local and relevant content for inclusion on these platforms.

Our SA Heart® Journal is now CPD accredited and a CPD questionnaire is free to take for members on the MPC platform. Please use this.

This year is the 20th anniversary of SA Heart®. In celebration, we will be launching an intensive media campaign to highlight our work, the achievements of our members, and also our plans for the future. We look forward to sharing these and other events with you in the coming months.

**Please do not hesitate to contact me with any suggestions. I also invite you to co-opt yourselves onto the various committees. We need more committed members to assist and to contribute.**

I look forward to further engagement and robust communication with you all.

**David Jankelow**

**SA Heart® President**

**djankelow@icon.co.za**

## WEBSITE LINKS

<b>SA Heart®</b>	<a href="http://www.saheart.org">www.saheart.org</a>
<b>CASSA</b>	<a href="http://www.cassa.co.za">www.cassa.co.za</a>
<b>HeFSSA</b>	<a href="http://www.hefssa.org">www.hefssa.org</a>
<b>PASCAR</b>	<a href="http://www.pascar.org">www.pascar.org</a>
<b>PCSSA</b>	<a href="http://www.saheart.org/pcssa">www.saheart.org/pcssa</a>
<b>SASCAR (Research)</b>	<a href="http://www.sascar.org.za">www.sascar.org.za</a>
<b>SASCI</b>	<a href="http://www.sasci.co.za">www.sasci.co.za</a>
<b>ACC</b>	<a href="http://www.acc.org">www.acc.org</a>
<b>ESC</b>	<a href="http://www.escardio.org">www.escardio.org</a>
<b>World Heart</b>	<a href="http://www.world-heart-federation.org">www.world-heart-federation.org</a>



## POPULAR CONGRESSES FOR 2019/2020

CONGRESS	DATE	CITY	COUNTRY
<b>AHA 2019 SCIENTIFIC SESSIONS</b> <a href="https://professional.heart.org/professional/index.jsp">https://professional.heart.org/professional/index.jsp</a>	16 - 18 November 2019	Philadelphia	United States of America
<b>PCR LONDON VALVES</b> <a href="https://www.escardio.org/Congresses-&amp;-Events/PCR-London-Valves">https://www.escardio.org/Congresses-&amp;-Events/PCR-London-Valves</a>	17 - 19 November 2019	London	United Kingdom
<b>CSI AFRICA 2019</b> <a href="http://www.csi-congress.org/csi-africa.php">www.csi-congress.org/csi-africa.php</a>	29 - 30 November 2019	Dar es Salaam	Tanzania
<b>EUROECHO 2019</b> <a href="https://www.escardio.org/Congresses-&amp;-Events/EuroEcho">https://www.escardio.org/Congresses-&amp;-Events/EuroEcho</a>	04 - 07 December 2019	Vienna	Austria
<b>SCAI 2019 FALL FELLOWS COURSES</b> <a href="https://www.scai.org">https://www.scai.org</a>	07 - 10 December 2019	Las Vegas	United States of America
<b>SOUTH AFRICAN SOCIETY OF ANAESTHESIA CONGRESS</b> <a href="https://www.sasacongress.com">https://www.sasacongress.com</a>	11 - 15 March 2020	Pretoria	South Africa
<b>ACC 2020 TOGETHER WITH WORLD CONGRESS OF CARDIOLOGY</b> <a href="https://accscientificsession.acc.org">https://accscientificsession.acc.org</a> <a href="https://www.world-heart-federation.org/congress/about">https://www.world-heart-federation.org/congress/about</a>	28 - 30 March 2020	Chicago	United States of America
<b>EUROGUICH 2020</b> <a href="https://www.escardio.org/Congresses-&amp;-Events/Working-group-events/EuroGUICH">https://www.escardio.org/Congresses-&amp;-Events/Working-group-events/EuroGUICH</a>	17 - 18 April 2020	Leeuven	Belgium
<b>SA HEART® AND AFRICA PCR 2020 CONGRESS</b> <a href="http://www.saheart.org/2020">http://www.saheart.org/2020</a>	21 - 25 October 2020	Sandton	South Africa

Please also consult the SA Heart® online calendar at [www.saheart.org/events/eventcalendar](http://www.saheart.org/events/eventcalendar) for constant updates as well as a number of ISCAP workshops and SASCI/SA Visiting Professor evening lectures around the country.

## CELEBRATING 20 YEARS OF SA HEART® AT THE 2019 CONGRESS

- 1 Please visit the SA Heart® Booth in the exhibition centre!
- 2 Tell us about your contribution to advancing heart health for all living in South Africa!
- 3 Collect information on SA Heart®.
- 4 Check your membership status and pick up a free celebration gift.



## ANNUAL REPORTS 2019

### COMMITTEE REPORTS

#### SA HEART® EDUCATION AND FULLTIME SALARIED COMMITTEE

##### Education committee members

Ashley Chin, Jens Hitzeroth, Ebrahim Hoosen, Hopewell Ntsinjana, Shaheen Pandie, Alfonso Pecoraro, Timothy Pennel and Nqoba Tsabedze.

##### Fulltime Salaried committee members

Antoinette Cilliers, Anupa Patel, Jacques Scherman, Timothy Pennel, Risenga Chauke, Nqoba Tsabedze, Makoali Makotoko and Adele Greyling

The role of the education committee continues to evolve. Where the committee previously directed most educational activities, it now plays more of an oversight role, ensuring equitable support for all interest groups that fall under the banner of SA Heart®. Many successful education activities have been organised over the past year and have been well attended by society members. ISCAP in particular, continues to grow from strength to strength. The biggest challenge, however has been the changing interaction with our industry partners. As you will all be aware, the new MedTech rules came into effect in January 2018 and have changed the landscape of financial support for educational activities in a very drastic way. The pilot project for implementation of these rules was the annual Africa PCR Congress held in March 2018 in Cape Town. Attendance of this Congress fell significantly, particularly in terms of allied healthcare professionals, who did not manage to secure support to attend the meeting under the new rules. Similarly, with Euro PCR and ESC, the number of South African delegates attending these meetings has fallen sharply. This has occurred despite many reassurances from our industry partners that the degree of support for these independently sponsored congresses would not be significantly affected. Clearly, more has to be done between SA Heart® and our industry partners to ensure that the new rules do not result in the death of further education and training in cardiology, particularly for the South African medical community. This will continue to be a challenge not only for the education committee, but for the SA Heart® executive as a whole together with the executives of all the special interest groups.

The SA Heart® Journal is now CPD accredited. Each Journal, except for the Congress issue which holds the congress abstracts, has 2 CMEs which are free to take for SA Heart® members on the Medical Practice Consulting website <https://www.mpconsulting.co.za/journals>.

Lastly, may I once again take the opportunity to encourage all society members to actively participate in our educational activities. Without member participation, our collective knowledge begins to stagnate which impacts on the quality of care we provide our patients.

**Tawanda Butau and Blanche Cupido**

**Chairpersons of the Education and Fulltime Salaried committee**



## ETHICS AND GUIDELINES COMMITTEE

### The Committee has reviewed a few matters over the past year:

- Prepared and submitted a report on Counterpulsation;
- Terms of Reference of the SA Heart® E&G Committee were submitted for discussion; and
- Complaint received from a patient concerning the treating cardiologist was resolved by discussion and to the satisfaction of all parties.

### Les Orsin, Chairman, Ethics and Guidelines Committee

## SA HEART® REGISTRY – SHARE

### Committee members

Mpiko Ntsekhe (Chairperson), Erika Dau, Elizabeth Schaafsma, Karen Sliwa, Francis Smit, Jacques Scherman, Hellmuth Weich, Ashley Chin and Martin Mpe.

SHARE has now run as a SA Heart® prospective registry programme for 3 years, and the model for independent funding and functioning can be considered successful. The primary aims for the year 2018 - 2019 included consolidation of the progress from the previous year and recruitment of 2 new registries, as well as improving patient care through providing local data showing outcomes, and transparent presentation of data from the registries.

The SHARE-TAVI registry is now running very well. All TAVI sites in the country are active with the overall case capture rate exceeding 92%, which is a great achievement for a voluntary participation registry. Over 850 TAVIs have been captured to date, and over 1 180 patients have been evaluated for TAVI and entered into the registry. More than 150 patients still await funding decisions regarding their TAVI procedures. However, looking at the data for 2019 only, the average number of days for a funding decision to be made has dropped to 72 days, from +180 days when the registry was first initiated – so the high number of patients awaiting decisions reflects that a greater number of patients are being referred for TAVI evaluations, rather than that decisions remain outstanding for a lengthy period.

In line with SHARE's commitment to disseminate the data and information generated from the projects through publication and presentation of abstracts and papers, abstracts have been accepted and presented at EuroPCR 2019, ESC 2019 and locally at this year's SA Heart®/PCR combined Congress. TAVI participants have been invited to feedback meetings at the SA Heart® Congress, as a forum to gather participants together conveniently for dissemination of information. With 45% of TAVI patients having completed their 1-year follow up, we are now in a position to offer more substantive data for publication, and are busy with the first manuscript on the SA TAVI data.

Prof Karen Sliwa of the Hatter Institute at UCT, and Dr Priya Soma-Pillay lead the SHARE Cardiac Disease and Maternity Registry (CDM), which has come to the end of its life cycle. Data entry has been closed on this project and as Prof Sliwa's responsibilities at WHF have increased, she has handed over the lead in reporting on this registry to Dr Ferial Azibani, who is now in the process of preparing the first manuscript on this patient cohort.

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## ANNUAL REPORTS 2019 continued

The new Atrial Flutter/Fibrillation registry, SHARE-SAFFR, led by Dr Martin Mpe and Prof Ashley Chin, has been developed and tested by the Investigators, and ethics approval has been obtained for the initial sites. A further 12 sites have been identified and are in the process of obtaining ethics approval. Data capture will begin synchronously at all sites once the ethics approval for the remaining sites has been obtained. There will be an Investigator meeting at the SA Heart® Congress for all site personnel to attend – to be briefed on developments and to discuss registry-related queries.

In addition to the initiation of SHARE-SAFFR, 3 additional device and drug registries are in contention to come on board pending ongoing evaluation and registration process at SAHPRA. The draft dataset for the ICD registry led by Drs Klug and Moses, has been developed, and will shortly be circulated to the HEFFSA and CASSA members for comment.

Fundraising remains a priority for the continued development and running of all the registry programmes. We are tremendously grateful to Medtronic, Edwards Life Sciences and Pfizer for the very generous support of the SHARE registry programmes. This continued support enables the maintenance of the registries over the next 2 years, and allows for extended follow-up data to be collected, as well as supporting the continued analysis and publication of the outcomes – which has been one of the cornerstone aims of the SHARE registries.

We look forward to continued growth in 2019 - 2020 as we generate the type of local data and information that will influence and improve clinical practice, patient care, and public policy in the future. The committee remains thankful to individual members of SA Heart®, the SA Heart® Exco, industry partners, funders and hospital groups for their continued interest and support of SHARE, and of course most importantly to the participants at all our sites.

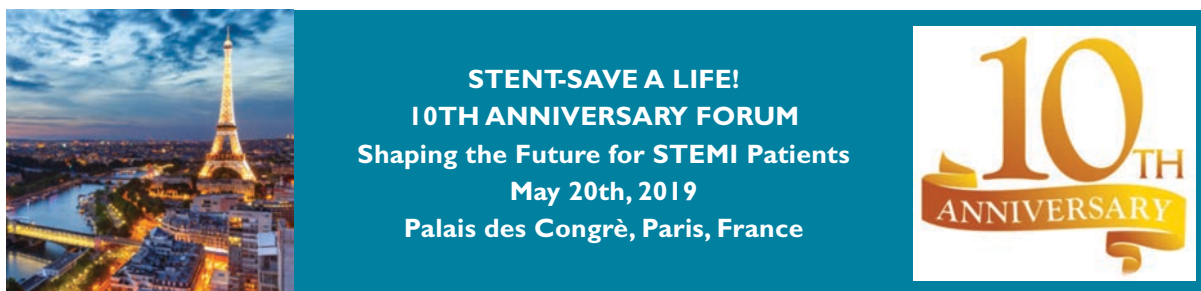
**Elizabeth Schaafsma and Prof Mpiko Ntsekhe, Chairperson, SHARE Committee**



## SASCI/STEMI SA

### International arena

STENT-SAVE A LIFE! Initiative



**Attendees from member countries of the 2019 Stent - Save a Life! Forum Meeting, EuroPCR Conference, Paris, France**

This year marks the 10th anniversary of the Stent-Save a Life! global initiative, whose aim is to reduce morbidity and mortality from acute coronary syndrome on a global level. Japan, Taiwan and Uruguay have now joined the initiative and the number of participating countries has risen to a total of 32.

The project's objective is to develop a STEMI network guide (Blueprint) aimed at helping countries set up their own efficient networks. This is based on the Hub and Spoke model that has successfully implemented in India. Representatives for 4 countries (Argentina, China, Portugal and South Africa) compiled the Blueprint. Rhena Delpont represented South Africa. A round table discussion was held at the Forum Meeting during which participants brainstormed on communication processes and indicators of effective deployment of the Blueprint in regions. This guideline will shortly be published and it will be employed not only in South Africa but across the continent to strengthen national initiatives to optimise STEMI care across regions.

Adriaan Snyders chaired a session on: Regional synopsis – Where are we and what are the next steps? and Rhena Delpont served as panel member for the STEMI Network Blueprint project.

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## ANNUAL REPORTS 2019 continued



**Stent-Save a Life! 2019 Project Managers' Meeting, EuroPCR Conference, Paris, France**



**STEMI SA Networking among faculty at 2019 CSI Council and STEMI India conference, Kolkata, India.**

### STENT – SAVE A LIFE! Project managers meeting

Rhena Delpont participated as a member of the working group as national Project Manager for SASCI/ STEMI SA, and led the discussion on the complexities of data collection.

Valuable insights were obtained relating to the challenges of and solutions for STEMI networks for patient referrals that the new member countries experience.

### STEMI India collaboration

Meetings and informal discussions were held with members from African countries as well as industry partners, during the Conference. The Pan-African meeting with the steering committee and international experts on systems of care for STEMI is depicted on the left, and on the right is a photo of the Faculty with whom STEMI SA had fruitful discussions. Thomas Alexander, our host, stands in the centre of the group. He is co-investigator for the STEMI SA research project and has provided valuable input and support thus far. This is acknowledged and fully appreciated.

### Education project

#### Standardisation of care in acute management of ACS

The Guardian initiative (Guard your Heart), which is similar to the Angles Stroke Initiative run by Boehringer Ingelheim (BI), will be launched shortly. It is a training programme that focusses on the management of ACS at first medical contact and results from joint collaboration between Emergency Physicians for Wits, STEMI SA, the Resuscitation Council, representatives from hospital groups, and EMS providers. The development was supported by BI and Medtronic.

We plan quarterly meetings in metropolitan cities, but will also make the material available to any hub hospital cardiologist who is prepared to arrange training sessions on a smaller scale either in their hospital or at their referral centres – provided that the user assists us in improving the material. We are particularly looking for case studies focusing on the time lines and correct and incorrect management.

### STEMI data collection

The upgraded STEMI SA data platform will be available shortly and Dave Kettles, with the assistance of the SASCI office, will drive the data collection process among cardiologists in collaboration with STEMI India. Rhena Delpont will continue collaborating with hospital groups regarding data collection and is primarily responsible for the data analysis.

### Mapping of STEMI networks in regions

We are making progress with the process of defining a national network for referrals of STEMI patients in South Africa. Dr Eamon Mare will contact each Cath Lab Hospital to:

- Determine who will act as contact person for the hospital at each Cath Lab hospital;
- Request information to more clearly define the national network which should/could be available by determining the:
  - Number of Cath Labs in each PCI-capable hospital;
  - Number of Cardiologists in the centre;
  - Number of Catheterisations performed per period/year;
  - Number of STEMI per period/year;
  - 10 Main Referral Centres and classifying whether they are a hospital/clinic/practice, emergency room or other;
  - If possible, number of STEMI patients transferred from each referral centre.

Should the requested information not be available, we will recommend/request that each Cath Lab centre reply as such and then collect the data required for a period of 3 months and then submit to Dr Eamon Mare.

### STEMI SA Non-Profit Company (NPC)

The present Board includes Adriaan Snyders, Rhena Delpont and Len Steingo. The next Board will be elected at the beginning of 2021 by members actively involved in the programme. The STEMI SA NPC has opened an account and the account is managed by an independent accountant who will give 2-monthly feedback reports to all contributors. All financial support will be used for the specified purpose it was donated for, with a zero commission or handling fee.

#### industry members are invited to:

- Register as a SUPPORTER of the STEMI SA Project with a yearly contribution of R15 000. This will be used for admin and local meeting expenses and a financial statement will be made available.
- Contribute toward running costs (R50 000 p.a.) for the STEMI SA Software for data collection.
- Adopt or participate in a metropolitan half day training session (100 attendees) or a referral site (20 - 50 attendees) evening training session.
- Support 1 or 2 STEMI SA representatives to attend SSL and other related meetings at STEMI India; EuroPCR; ESC; AfricaPCR; SAHeart®; Project Managers Meeting; STEMI Africa and other Africa Meetings; and Local steering committee meetings.
- Contribute towards a SSL Africa Round Table Dinner Discussion during a SA Heart®/AfricaPCR Meeting for not more than 20 attendees.
- Employ a research assistant for 20 hours per month for 1 year that will greatly enhance our data collection efforts.
- Consider playing a major role in the STEMI SA Forum 2020 Meeting.
- Discuss any options with Adriaan Snyders.

### Adriaan Snyders, Champion/Chairman, STEMI SA and SSL Africa

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# sa<sup>heart</sup>

## Join a global community



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- ✓ Three online ESC journals
- ✓ ESC CardioMed – ESC online encyclopaedia
- ✓ Networking & grants opportunities
- ✓ Webinars & online courses

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 **ESC**  
European Society  
of Cardiology

## ANNUAL REPORTS 2019

### SPECIAL INTEREST GROUPS (SIG) REPORTS

#### CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA, CASSA

The Cardiac Arrhythmia Society of Southern Africa (CASSA) is a special interest group of SA Heart®.

The CASSA Executive Committee consists of: Ashley Chin (president), Andrew Thornton (immediate past president), Pro Obel (treasurer), Adele Greyling (co-treasurer), Rob Scott Millar, Ruan Louw, 2 industry representatives (Luigi Zampieri, George Van Der Merwe), Human Nieuwenhuis (allied professional) and CASSA co-ordinator Glenda Nichols (nee Marcer). I would like to thank them for their time, expertise and support throughout 2019.

The aims of CASSA are to improve the treatment and awareness of heart rhythm disorders in sub-Saharan Africa through education and the facilitation of research. To achieve these goals, CASSA has been active in the following initiatives in 2019:

##### Annual 2019 CASSA symposia

These popular symposia have become a regular fixture on the CASSA calendar for the past 4 years. The 2019 CASSA symposia took place in February and March at the Vineyard Hotel in Cape Town and the Capital Hotel in Johannesburg – over 2 successive weekends. This year CASSA hosted 2 speakers: Professor Chris McLeod (Mayo Clinic) and Dr Timothy Betts (Oxford). The symposia were entitled “Clinical Updates in Cardiac Arrhythmias”. Talks focused on paediatrics and congenital heart disease, atrial fibrillation (CABANA, CASTLE AF trials and device detected AF), drug therapy (anticoagulation and antiarrhythmic drug therapy), and device and ECG interpretation and troubleshooting.

Planning is underway for the 2020 CASSA symposia to be held in Cape Town (29 February 2020) and Johannesburg (7 March 2020), and 2 international guest speakers have been invited. This event is once again entitled “Clinical Updates in Cardiac Arrhythmias” and will be advertised at SA Heart® 2019. More details will follow in due course.

##### Collaboration with the European Heart Rhythm Association (EHRA)

CASSA continued to collaborate and work closely with EHRA on several initiatives over the past 2 years. CASSA was invited to chair a joint session with the European Heart Rhythm Association (EHRA) at the annual Europace meeting held in Lisbon in March 2019. I was privileged to represent a practical talk on “Differentiating typical from atypical atrial flutter on the ECG” at a CASSA/EHRA joint session. Dr Pro Obel gave a talk on the “Difficult atrial flutter ablation”. CASSA has once again been invited to chair and present 2 presentations at a joint session with EHRA on “Managing arrhythmias in the critically ill/post-surgical patient”, at the annual Europace meeting to be held in Vienna in 2020. This will be the fourth successive year that CASSA has received an invitation to chair and participate in a joint session with EHRA.

CASSA has also been involved with the writing, review and endorsement of EHRA-led international scientific statements and guidelines. Dr Ruan Louw, Dr Pro Obel and myself were included as co-authors and reviewers of a document entitled: Management of asymptomatic arrhythmias: A European Heart Rhythm Association (EHRA) consensus document – endorsed by the Heart Failure Association (HFA), Heart Rhythm Society (HRS), Asia Pacific Heart Rhythm Society (APHRS), Cardiac Arrhythmia Society of Southern Africa (CASSA), and the Latin America Heart Rhythm Society (LAHRS). It was published in Europace in 2019.

##### Collaboration with the Heart Rhythm Society (HRS)

I met with the Heart Rhythm Society (HRS) at the annual Heart Rhythm Society meeting in San Francisco in May 2019. Opportunities for future collaboration were discussed. Dr Andrea Russo, current president of HRS, has voiced a desire for HRS to collaborate with CASSA at local and international meetings.

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## ANNUAL REPORTS 2019 continued

### Ongoing Education

The quarterly ECG quiz published in the SA Heart® Journal and the 6-monthly The Andrzej Okreglicki Memorial Advanced ECG and Arrhythmia Interpretation Course continue to promote the teaching of ECG interpretation by cardiologists and cardiology senior registrars.

### CASSA Accreditation

Dr Andre Saaiman was accredited as a "CASSA-accredited" electrophysiologist in 2019.

I would like to thank the CASSA corporate members for their ongoing support to the organisation. They are Medtronic, Vertice, Biosense Webster, Boehringer Ingelheim, Boston Scientific, Biotronik, Bayer Pharmaceuticals, and Inova Pharmaceuticals.

**Ashley Chin, President, CASSA**

## CARDIAC IMAGING SOCIETY OF SOUTH AFRICA, CISSA

During the current year a number of CISSA-endorsed events were conducted:

- SUNECHO echocardiography course.
- New Horizon's echocardiography course.

The yearly joint CISSA/Mayo echocardiography workshop is scheduled for the 31th of October 2019 and will feature a combination of speakers from South Africa, the Mayo clinic, PASCAR and ACC.

The annual Cardiovascular Magnetic Resonance Congress of South Africa (SA-CMR) will be held in conjunction with the SA Heart® meeting, from 31 October - 3 November 2019.

CISSA has acquired additional sponsorship and all members should be on the lookout for upcoming applications for sponsorship to imaging congresses.

**Alfonso Pecoraro, President, CISSA**

## HEART FAILURE SOCIETY OF SOUTH AFRICA, HEFSSA

The Heart Failure Society of South Africa (HeFSSA) has several programmes planned to ensure that we achieve our goals for the society in 2019.

### HeFSSA Executive

The HeFSSA Executive is the driving force behind these programmes: Martin Mpe (President), Eric Klug (Ex-Officio President), Jens Hitzeroth (Vice-President), Darryl Smith (Treasurer), Nash Ranjith (Secretary) and Karen Sliwa, Len Steingo, Tony Lachman, Makoali Makotoko, Nqoba Tsabedze, Ntobeko Ntusi and Mpiko Ntsekhe, with George Nel (Executive Officer).

This year saw the active engagement of the government on issues such as expanding Heart Failure medication on EDL and updating the public sector treatment algorithm. The National Department of Health also assisted with distributing invitations to HeFSSA GP meetings in the various centres. HeFSSA plans to expand this collaboration.

### HeFSSA HF Guideline and Treatment Algorithm

The HeFSSA HF Guideline and Treatment Algorithm reflects the current best practice and is based on the published ESC 2016

Guidelines, recent landmark publications, and South African clinical experience. We submitted the Update Guidelines and Treatment Algorithm to the SA Medical Journal and hope to see publication in 2019.

### Research

HeFSSA HF Clinical Snapshot Survey is planned for the first half of 2020. Makoali Makotoko is spearheading this initiative which we will launch nationally and hopefully it will become an annual audit of HF in South Africa – allowing us to reflect year-on-year and in due course over extended periods. This survey could ultimately inform resource alignment and investment in HF networks.

### Educational grants

HeFSSA has put in place a process to manage educational grants through the society's infrastructure and has been able to support the attendance at ESC Congress 2019 of practitioners with a special interest in heart failure. This was made possible through educational grants from Medtronic and Boston – with 2019 beneficiaries being Blanche Cupido, Riette du Toit and Luke Hunter. HeFSSA also offers Educational Travel Awards with a total value of R70 000 per annum (maximum of R35 000) to support attendance of heart-failure related meetings and congresses. This funding will, in 2019, be used to support attendance of the SA Heart® Congress and a formal grant application process will be followed.

### HeFSSA Medical Practitioners' Programme

The HeFSSA Medical Practitioners Programme (primarily GP) continues to be of great value to the medical community and is the main vehicle we use to achieve our heart failure educational goals. The programme started in 2010 and saw more than 540 GPs attend in 2018. We offer the course annually and have established it in both metropolitan and rural areas. This programme is in its ninth consecutive year and continues to be generously supported by Servier, Pharma Dynamics and Novartis.

**The theme for 2019 is “Challenges in Heart Failure Management” and the topics being addressed are:**

- Dyspnoea and leg swelling, when is it heart failure?
- Management of acute decompensated heart failure
- Heart failure during pregnancy
- Refractory oedema in heart failure patients

The case-based slide compendium for this year's programme has been compiled by Jens Hitzeroth, Nqoba Tsabedze, Karen Sliwa and Ntobeko Ntusi. The faculty members include a distinguished South African cardiologist with an interest in heart failure from across South Africa. This year's meetings will be hosted across South Africa and Namibia as follows:

15 June	Ongwediva, Namibia	13 July	Windhoek, Namibia
17 August	Polokwane, Fusion Hotel	31 August	George, Fancourt
7 September	Johannesburg, Silvasales Wanderers Restaurant	14 September	Nelspruit, Protea Hotel
28 September	Swakopmund, Namibia	28 September	Mthatha, Hotel Savoy
5 October	Port Elizabeth	5 October	Mahikeng
12 October	Kimberley, Protea Hotel	18 October	Bloemfontein, Leopard & Lace
19 October	East London, Lord Selbourne	19 October	East Rand, Birchwood Hotel
26 October	Somerset West, Edenvale Estate	9 November	Pretoria, Casa Toscana
16 November	Cape Town, Crystal Towers	23 November	Durban, Riverside Hotel
30 November	Tzaneen, Hotel @ Tzaneen		

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## ANNUAL REPORTS 2019 continued

### Cardio update for Non-Cardiologists

HeFSSA will be involved in the SA Heart® Congress 2019, at Sandton Convention Centre. All the HeFSSA members are requested to attend the HeFSSA sessions – as well as the AGM. HeFSSA continues to invest in education by hosting the annual Cardio Update for Non-Cardiologists. The pre congress workshop will take place on Thursday, 31 October, from 12:20 - 17:00 – with Len Steingo and Nqoba Tsabedze as the programme convenors. We expect more than 100 medical practitioners to attend the meeting. This meeting is made possible by support from Boehringer Ingelheim, Servier and Novartis.

HeFSSA is supported by loyal corporate members committed to education in heart failure. Our sincere appreciation goes to Boston Scientific, Boehringer Ingelheim, Medtronic, Pfizer, Pharma Dynamics, Servier, Vertice, Biotronik, and Novartis for continued support.

The HeFSSA website is continually updated to remain relevant. Please visit the website at [www.hefssa.org](http://www.hefssa.org) and contact the HeFSSA office to make contributions and to ensure that the items stay updated and relevant.

HeFSSA encourages all parties who want to be involved in heart failure to contact George Nel, HeFSSA Executive Officer at [info@hefssa.org](mailto:info@hefssa.org).

**Martin Mpe, President, HeFSSA**

### SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION, SASCI

This will be my final report as President, and I would like to thank my executive committee for their unwavering support and our Industry partners for their continued professional engagement and generosity in times of change and challenge.

#### SASCI Executive Committee (term ending AGM 2 November 2019)

D. Kettles (President), F. Hellig (Ex-officio President), H. Weich (Vice-President), C. Badenhorst (Treasurer), G. Cassel (Secretary), J. Vorster (SASCI PPC Chair), S. Khan, G. Angel, M. Ntsekhe, M. Makotoko, A. Vachiat, C. Zambakides, G. Angel, S. Pandie, J.P. Theron and W. Howell (ISCAP).

#### ISCAP

Waheeda Howell (Chair) and her team continue with their stellar work focusing on Allied education (separate report).

#### SASCI Positioning Statement

Shockwave Therapy (February 2019)

#### SASCI Private Practice Committee

I would like to thank Jean Vorster for his leadership of the SASCI PPC which is also home to the SA Heart® PPC and contact point with SIGs, such as CASSA. The group consists of: David Jankelow, Andrew Thornton, Dave Kettles, Gavin Angle, Graham Cassel and George Nel, with an open invitation to others to contribute. I would like to thank Dr Tom Mabin for his willingness to actively work with SASCI PPC. Please see separate SASCI PPC report.

As President I have frequently been engaged by funders, particularly in the last months, on a range of issues. In a multitude of contexts there have been many opportunities to represent, to the best of my abilities, our position as cardiac interventionists. It is encouraging to see that our SIG has clearly established itself with the right and credibility to communicate on behalf of our members with many who wish to solicit a representative voice in the cardiology community.

### **SASCI Educational**

Initiatives continue to be a cornerstone activity. Highlights of the educational initiatives SASCI has been, and continues to be, involved in include:

#### **Master the Complex 2019**

SASCI and PASCAR was involved in the Boston Scientific Master the Complex 2019 session in Johannesburg on 25 and 26 January 2019. This year, 60 cardiologists attended the meeting including delegates from South Africa, Mauritius, Kenya, Sudan and Namibia. Drs Simon Walsh and Julian Strange featured as international faculty and they were supported by well-respected South African and sub-Saharan African interventional cardiologists. The programme was developed under the guidance of Dave Kettles, Farrel Hellig and Awad Mohamed (Sudan). The meeting provided cardiologists with training on new trends in complex interventional procedures, technologies and troubleshooting through interactive talks and live cases.

#### **STEMI Africa Live! 2019**

SASCI and PASCAR supported the development of African Cardiology in Nairobi, 26 - 27 April 2019 with Dave Kettles, Adie Horak and Justiaan Swanelvelder as part of the South African faculty and Zimasa Jama (Groote Schuur Hospital) as case presenter.

#### **EuroPCR 2019**

SASCI, with support from Medtronic and Boston Scientific, ensured that cardiologists on faculty received educational grants. The recipients were Arthur Mutyaba, Jens Hitzeroth, Michael Dean and Marshall Heradien.

#### **Endovascular Cardiac Complications Congress 2019**

ECC 2019 was held in Lausanne, Switzerland from 26 June - 28 June. Dave Kettles represented SASCI, giving a keynote lecture during the congress.

### **SASCI VPP**

The SASCI Visiting Professor Programme is a well-established initiative and an annual highlight on the SASCI calendar. Prof Simon Redwood, professor of interventional cardiology and honorary consultant cardiologist at Guy's and St Thomas' NHS Foundation Trust, has accepted our invitation to travel to South Africa as the Visiting Professor for 2019.

Prof Redwood paid a visit to the Gauteng and Free State Medical Schools in July 2019 and will be back in South Africa from 30 September 2019 - 2 November 2019 to attend the SA Heart® conference, AfricaPCR course and visit the coastal Medical Schools. Prof Redwood works hands-on in the cath lab along with fellows and consultants in addition to presenting multiple lectures at each unit. The SA Heart® Branch and SASCI Evening Lectures initiative is also a great success attracting delegates from Bloemfontein (52), Johannesburg (52) and Pretoria (57).

We look forward to welcoming Dr Greg Barsness from the Mayo Clinic, Rochester, USA who accepted our invitation to travel to South Africa as Visiting Professor in 2020.

Multiyear support received from Medtronic and Pharma Dynamics enables this programme.

#### **Annual Fellows Workshop**

SASCI hosted the 15th Annual Fellows Workshop in Sandton on 17 and 18 August 2019. The meeting was a great success with interactive and robust discussions and debates between the faculty and fellows. A total of 48 practitioners attended the workshop, including 2 fellows from Kenya and 2 from Mauritius. We hope to expand our SSA delegate contingent in 2020 to make this a truly African Fellows training and networking event.

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## ANNUAL REPORTS 2019 continued

Jean Vorster and Graham Cassel once again took the lead and developed an exceptional programme that was well supported by an extensive faculty including: Gavin Angel, Dave Kettles, Sajidah Khan, Adie Horak, Farrel Hellig, Ahmed Vachiat, Jacques van Wyk, Mark Abelson, Chris Zambakides and Pieter van Wyk. James Fortein (UFS) and Hanneke Danheimer (WITS) won the best-case presenter's award and received free registration to attend the AfricaPCR Congress 2019, sponsored by SASCI.

SASCI are hugely indebted to industry who have continued to generously support this annual programme: Biotronik, B Braun, Boston Scientific, Disa Vascular, Paragmed, Siemens, Baroque, Vertice Healthcare, Terumo. Meril Cardiology, Merit Medical, Medtronic and Torque Medical were all involved this year.

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

Annually, SASCI sends a fellow, for a period of up to one month, to gain valuable experience at Prof Simon Redwood's unit at Guy's and St Thomas' Hospital, London. In 2018 the incumbent was Dr Portia Moses (UFS). Call for Nominations for 2019 will open soon.

### **TCT 2019**

Transcatheter Cardiovascular Therapeutics (TCT) is a large scale American meeting with a very noteworthy reputation. Under convenorship of Graham Cassel, Drs Sajidah Khan, Mfundo Mathenjwa and Mpho Sebeshe will be attending. SASCI is happy to once again support a group of RSA Cardiologists.

### **AfricaPCR 2019**

The SASCI Grant application portal is open (from mid-August) with confirmation to applicants on 20 September. In 2018, SASCI supported 59 delegates, including 24 fellows, to attend AfricaPCR. We hope to increase this number in 2019.

### **Fellows Course at Columbia University NYC**

In 2018, SASCI selected 3 fellows to attend the Medtronic Fellows Course at Columbia University New York City for the first time. They were Kwena Komape-Makgato (Chris Hani Baragwanath Academic Hospital), Menachem Levin (Charlotte Maxeke Johannesburg Academic Hospital) and Deya Ramachandran (Inkosi Albert Luthuli Central Hospital).

The next Course will take place from 7 - 9 February 2020 in New York. Call for nominations open on 9 September 2019. Medtronic supports this course on a turnkey basis.

### **STEMI SA**

Dr Adrian Snyders and Prof Rhena Delpont have done a huge amount of work for this project. Data collection for a national registry has just started at Life St Dominic's Hospital and is about to start at a number of other hospitals as well. We want to capture a cross section of current management of STEMI and provide data which everybody always notes does not exist. If any colleagues wish to be involved in this project, Dr Kettles eagerly awaits your declaration of interest. Educational Workshops have been and will continue to be arranged to assist those who wish to strengthen STEMI care in their region.

### **New Proctorship Programme in 2019 - SASCI Visiting Expert Programme**

SASCI, in partnership with Vertice Healthcare, is launching a new Visiting Expert Programme with a focus on proctorship in Complex PCI procedures. Prof Tony Gershlick, consultant Cardiologist at Leicester's Hospital and Honorary Professor of Interventional Cardiology at the University of Leicester, will be the first Visiting Expert travelling to South Africa in November 2019. Prof Gershlick will proctor cases as they present on the day with a focus on bifurcation and other complex PCI procedures. We trust that this new initiative will become an annual initiative.

### **Society for Cardiovascular Angiography and Interventions Fall Fellows Course**

With support from SCAI and Boston Scientific, SASCI supported 4 South African fellows to attend the SCAI Fall Fellows course in December 2018 (Aveen Mahabal, Robert Leibbrandt, Mmuso Mogwera and Absalom Nkosi). The 5 2019 recipients are Ndikondisene Tshiovhe, Ashandren Naicker, Zimasa Jama, James Fortein and Jerry Chen. They will travel to Las Vegas in December 2019 for a week's training.

### **OUTGOING PRESIDENT NOTE**

It has been my privilege, and for the most part a joy, to be president of this organisation for 4 ½ years. It was never intended to be a marathon: naively I expected a 2-year stint. However, this period has been greatly enriching, and I believe in these years SASCI has continued to build on solid foundations to become a vibrant and contributing member of the medical society landscape. Right now we find ourselves in uncertain, even perplexing times. Rumours of change, and many challenges, yes. But I have no doubt that innovative solutions are out there for us to discover, and our members will continue to adapt, to learn, and to grow, so that we can continue to provide contemporary, excellent therapies to our patients. Let us not just "stay in touch" with the world: let us mature into leaders and pioneers in the interventional community worldwide.

At the 2019 AGM we will choose new leadership. I wish my successor a time of useful contribution as he or she puts their personal touch on the future activities of this society. I have no doubt that SASCI will thrive in the future – the contributions required from us to maintain and promote the discipline of interventional cardiology are too great for us to even consider faltering.

I extend my deepest gratitude to George and to his team: they serve our society with excellence and commitment. No hours are after hours. Nothing I have ever done at SASCI has been done without their unwavering support at every level.

I thank all my friends in the industry: so many of you betray any stereotype of heartless profit driven businesspeople: you have shown serious commitment to education, to skills development and career path promotion for young colleagues. You have put substantial amounts of funding into projects whose only goal is to make us better interventionists, who can better serve our nation? Many of you have become my friends. Thank you.

As I step down, I salute you all. May your skills and contributions continue to grow, may you continue to find fulfilment in this most stimulating and privileged of careers that you have built for yourself. Let us be purposeful givers to the health of our nation and always strive for excellence as we serve our patients' needs first.

My life has been enriched and enlarged during the time I have served SASCI. I thank each of you for that.

**Dave Kettles, President, SASCI**

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### SASCI PRIVATE PRACTICE COMMITTEE

The SASCI PPC (including SA Heart®) under the leadership of Jean Vorster initiated the process of developing a CPT cross walk. The PPC contracted Karen van der Westhuizen to assist with the cross walk together with David Jankelow, Andrew Thornton and Dave Kettles. We would like to thank Dr Tom Mabin for his willingness to actively work with SASCI PPC to address various issues, including consulting on CPT coding and funder engagements. Meetings have been set up with SAMA and major funders as part of the process.

SASCI PPC has been involved in addressing coding "issues" raised by, for example, Discovery Health (practice audits) and Medihelp on behalf of our members as well as the issue of Vascular Codes not being reimbursed. Members are requested to bring issues to our attention to allow us to minimise the impact on your individual practice.

Elsabe Klinck Associates is on a retainer to advise on ongoing legal, statutory and policy matters, including submissions on the HPCSA Global fee issue, CMS PMB process, HMI Outcomes Measures, TAVI Medihelp, and HMI Tariffs. A major focus area going forward will be the National Health Insurance. Please see the separate report from Elsabe Klinck.

### Update on Law, Regulation and Policy in the health sector (18 September 2019)

The following matters occurred in the period from April 2019 and merit consideration by all practitioners:

#### Update on TAVI / TAVR

**Bestmed Medical Scheme:** Bestmed funded the member in full at cost for all expenses incurred. The payment was made to the member's bank account as an ex gratia payment. Bestmed still insists that the initial funding decision was correct. However, they settled the payment as a way forward and that this act of kindness should not be regarded as precedent setting.

**Bonitas Medical Scheme:** Post the initial full decline of payment toward the entire TAVI procedure, Bonitas changed the funding decision and funded the claim up to an alleged cost of SVR. However, Bonitas still maintained a prosthesis limit of R50 000. It therefore entailed that, the biggest part of the claim, the TAVI, was regarded as a prosthesis. The cost of TAVI was approximately R299 000, leaving the member with an almost R250 000 co-payment. EKA approached once again, the office of the Principal Officer, currently being Mr Lee Callakoppen. We understand that the claims have been sent for a second opinion to Dr Ivan Sherwood, a cardiologist. We await feedback accordingly and will update once it is received. Armed with the Registrar's Ruling as per below, we will approach the office of the Principal officer once more, should the claims be declined.

**Medihelp Medical Scheme:** The long-awaited Ruling of the matter between SASCI and Medihelp Medical Scheme was received from the Registrar of the Council for Medical Schemes on 11 September 2019. The Ruling was in favour of SASCI. The crux of the matter was that Medihelp was unlawfully limiting the funding of TAVI procedures in respect of patients suffering from Aortic Valve Stenosis, which is a Prescribed Minimum Benefit (PMB) condition. The said funding limitation is implemented by way of a prosthesis limit on TAVI for all members registered on all of Medihelp's benefit options, and, by so doing, Medihelp members could not access the full PMB benefit they were entitled to.

The Registrar ruled that the use of benefit option rules and vascular prosthetic limits to curb Medihelp's funding liability in TAVI procedures is "found to be offensive to the Act and the Regulations in that it is both restrictive".

Whilst this is a victory to be celebrated, EKA is cognisant of the fact that Medihelp has 90 days from 11 September 2019 within which to lodge an appeal to the Appeals Committee challenging the decision of the Registrar. Once Medihelp has lodged the Appeal, the decision of the Registrar will be suspended. This lodging of an appeal (s48 of the Medical Schemes' Act), will suspend the order by the Registrar that Medihelp must, within 90 days of the date of this ruling, align its rules and funding

model for TAVI procedures with the Mabin Appeal Board ruling to ensure that it funds the average cost funded for open heart procedures, inclusive of all the necessary components applicable to the PMB entitlement. The appeal will have the effect that, Medihelp will not be obligated to implement the remedial actions requested by the Registrar.

EKA has arranged a meeting between SASCI and Dr Lee Moses from Medihelp on 15 October 2019. EKA seeks to probe Dr Moses in order to gather intelligence on whether Medihelp seeks to appeal the decision of the Registrar. However, the final decision will be noted post the expiry of the appeal period. EKA will closely monitor the events herein and update accordingly.

### **NHI Bill, 2019**

The NHI Bill has been introduced in Parliament, and will now follow parliamentary processes – namely a call for comments by the Portfolio Committee on Health, followed by verbal presentations. There will also be provincial processes, whereby provincial parliaments will obtain input from the public to inform their mandates sent to the National Council of Provinces, which will also deal with the Bill.

It is important that practitioners look at the implications of the Bill for themselves, and their patients. These are, from our point of view, largely practical, i.e. relating to what is indeed possible, and what is feasible in the short, medium and longer term.

#### **The Bill envisages a re-organisation of the public and private healthcare sectors:**

In the public sector; all regional, tertiary and central hospitals will no longer fall under provinces, but under the National Department of Health (NDoH). This would include academia, and will be complex from constitutional and labour law perspectives, as health science facilities and medical schools, which are in part governed by the specific university's Act, and in part by labour law with the specific province as the employer, but also the entity that sets availability of types of care. Hospitals are described as “semi-autonomous” for central hospitals (with cost centres) and “autonomous legal entities” for regional and tertiary hospitals. Hospitals will get budgets from the NHI Fund (“NHIF”) based on diagnosis-related groups (DRG) for the population it serves.

Primary healthcare will be organised in so-called “Contracting Units for Primary Health Care” (“CUPs”) – being subject to oversight by District Health Management Offices (“DHMOs”), which will also not be part of the provinces, but form a “component” of the NDoH. The DHMOs will also be responsible, through an amendment to the National Health Act, for the District Specialist Support Teams, although the relationship with, or in the NHI, is not clear (e.g. will the capitated fee paid to the CUPs include the work of the District Specialist Teams?).

There is very little in the Bill on the details around private sector specialist care, and how its re-organisation is expected to take shape. The Bill states that the NHIF will contract CUPs, emergency services and “hospitals”. Under the payment clause, it merely states that payment for specialist and hospital services must be “all-inclusive and based on the performance of the health care service provider, health establishment or supplier of health goods”. Although providers will not claim from the NHIF in the way one does from a medical scheme, the Compensation Fund or RAF, providers are expected to stick to the “national pricing regimen” for services. It is not clear when this will, in fact, apply.

There will be an Office of Health Products Procurement (“OHPP”), which will facilitate the procurement of “high cost devices and equipment”. All procurement must be done in line with the OHPP's Formulary, which will be based on the Essential Medicines List (EML) and the Essential Equipment List (EEL). It is unclear how existing equipment in practices, which may not be included in the EEL, will be handled. As a condition of contracting, practitioners will be expected to adhere to the Formulary. Mention is made of a “complementary list”, which will have to be approved by the Minister of Health. Unlike the Medical Schemes Regulations, which requires formularies and protocols to be set on the basis of evidence-based medicine, and for

## ANNUAL REPORTS 2019 continued

exceptions to be made for deviations from those in cases of ineffectiveness in treatment, harm or potential harm, and adverse effects, no such principles appear in the NHI Bill.

The most controversial aspects of the NHI, and not addressed in the Bill, relates to the funding of the system (“money in”), and the payment of providers (“money out”). The National Treasury paper on the funding of the NHI is still awaited.

Although the shifting of funds from medical scheme contributions through a special payroll tax will lead to an increase in the pool of money available to the NHIF, and increase the amount available per patient per annum in the public sector; the annual amount available for a patient who was, but no longer can afford, medical scheme cover will be significantly less. This assumes that there is a possibility to, through increased volume, lower pricing of all services and goods in the private sector. It is unclear whether the willingness and feasibility of industry-wide price reductions have been modelled. Particularly pertinent is the fact that basic practice costs (e.g. salaries, rental, already-procured goods and equipment) will not change, unless there is a large-scale physical and structural re-organisation in practices.

### **The Davis Tax Committee, in March 2017, found as follows in relation to the feasibility of the NHI:**

Given the current costing parameters outlined in the White Paper, the proposed NHI, in its current format, is unlikely to be sustainable unless there is sustained economic growth.

There are also aspects on which the NHI Bill is silent, such as the role of the NHLS and private pathology, the provision of blood and blood products by SANBS, research and development (and post-trial access). It is also not clear how provincial departments of health debts and liabilities, e.g. for malpractice lawsuits and unpaid suppliers, will be handled in the transition into an NHI system.

### **The PMB Review**

In spite of uncertainty as to the exact nature of the “complementary cover” medical schemes would be able to provide under the NHI, and the certainty that the NHI will provide primary care (PHC), the CMS is pressing ahead with the inclusion of a PHC portion to the PMBs. The process is currently with a priority-setting committee, to engage on the draft PHC package that was issued earlier this year.

Dr Kabana, Registrar of the CMS, said in an interview on Business Day TV, that as benefits are included in the NHI, they will be removed from medical scheme cover. Practically, it would be difficult for a patient to enter the NHI system, receive professional services and to then exist again to access, for example, innovative technologies not available in the NHI.

### **Section 59 Inquiry**

The CMS has initiated an inquiry into allegations of racial discrimination during the conduct of medical scheme forensic inquiries (section 59's). Although there has been mixed reaction as to whether there is indeed racial profiling, there was remarkable commonality in the testimonies of provider groups and advisors on how forensic investigations are undertaken. One of the key matters raised, was the lack of common understanding on the coding system, and that it creates room for claw-backs to occur. Such coding issues do not necessarily mean that fraud had been committed.

### **Jean Vorster, Chairman, SASCI Private Practice Committee**

#### **Update on Law, Regulation and Policy in the health sector provided by Elsabe Klinck and Associates**



## **INTERVENTIONAL SOCIETY OF CATH LAB ALLIED PROFESSIONAL, ISCAP**

As part of ISCAP's dedication to you as the Allieds, we are focussed on your needs and have structured the ISCAP organisational model to ensure you are represented through various channels. Your voice is important to us – so please do engage with regional or national committee members.

### **I would like to thank my Committee and Co-opted members for their continued contributions.**

#### **Gauteng**

Isabel Bender (Vice Chair Nurses as well as Regional Chair), Kerry Moir (Radiographers), Jamie-Leigh Hayes (Technologists) and Ramabai Zwapano (Nurses).

#### **Western Cape**

Carmen November (Regional Chair), Sabira Khatieb (Radiographers), Human Nieuwenhuis (Technologists) and Maggie Petersen (Nurses).

#### **KwaZulu-Natal**

Selvan Govindsamy (Regional Chair), Amit Singh (Technologists) and Don Pardechi (Nurses).

#### **Free State**

Marlet Bester (Technologists)

Thanks are due to Marisa Fourie whose term ended in 2018. Your continued guidance and support are appreciated. I am certain you will continue to play a major role through the upcoming 2019/2020 ISCAP Lecture Series, as your knowledge and expertise is of great value to ISCAP.

#### **Eastern Cape**

Keri Meyer (Regional Chair), Ronelle de Glanville (Radiographers), Elzanne Oosthuizen (Technologists) and Naomi Oosterbroek (Nurses).

#### **Co-Opted for Education & Cath Lab Manual**

Gill Longano

#### **Ex-Officio Chairperson and Cath Lab Manual**

Dianne Kerrigan

### **SA Heart® & AfricaPCR Grants 2019**

The AfricaPCR Course and SA Heart® Congress remain as seminal educational contact points receiving substantial Exco time and effort to optimise the learning.

The SASCI Office is continuously approaching industry for educational grants to support the allied professionals to attend the upcoming joint SA Heart® & AfricaPCR Congress.

We look forward to AfricaPCR 2019, where we hope to raise more funding for sponsorship.

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### ISCAP National Lecture Series 2019

ISCAP is focussed on ongoing training for all Cath Lab Allieds including nurses, radiographers and technologists across South Africa. We had a roaring start to 2019, with Lecture Series starting in January! ISCAP would like to thank you for supporting these lecture meetings and thus contributing to the excellence we believe every Cathlab should maintain, as well as conveying knowledge to our fellow colleagues.

As an added bonus, ISCAP have handed out a different coloured ISCAP SASCI Branded Cathlab Buff with each series. These buffs are to increase the visibility of the Society's involvement in the Cathlab and the commitment to ongoing training and education.

The Lecture Series consists of the following topics:

- Distal Radial Access.
- Uterine Fibroid Embolisation.
- Prostatic Artery Embolisation.

#### CPD Accredited for 3 Standard CEUs through the University of Pretoria:

<b>26 January: Cape Town</b>	66 Allieds in attendance	<b>16 February: Durban</b>	52 Allieds in attendance
<b>2 March: Midrand</b>	62 Allieds in attendance	<b>11 May: Port Elizabeth</b>	28 Allieds in attendance
<b>20 July: Bloemfontein</b>	29 Allieds in attendance		

During this series, the allieds had the privilege of listening to Drs Darren Klass, Michelle Da Silva, Werner van Straaten and Prof Samia Ahmad.

A special thank you to Jolanda Clifton and Scott de Oliveira from the Merit Medical for sponsoring this lecture series. Their commitment to education has given 237 allied professionals the opportunity to engage on these topics, so furthering their education.

### ISCAP Terumo Vertice Series 2019

The Lecture Series consists of the following topics:

- ESC/EACTS Clinical Practice Guidelines.
- Treatment of High Bleeding Risk Patients.
- Bio-Ethics: Walk a mile in my shoes.

#### CPD Accredited for 2 Standard and 1 Ethics CEU through the University of Pretoria:

<b>11 May: Durban</b>	30 Allieds in attendance	<b>18 May: Midrand</b>	45 Allieds in attendance
<b>1 June: Cape Town</b>	64 Allieds in attendance	<b>24 August: Port Elizabeth</b>	30 Allieds in attendance
<b>7 September: Bloemfontein</b>	19 Allieds in attendance		

During this series, the allieds had the privilege of listening to Dr Lutchman, Dr Mamdoo, Dr Peterson, Dr Hitzeroth, Dr Hassan and Dr Butua. A special thank you to Sr Lucia Van Heerden who flew to all the workshops to present the Bio-Ethics topic and to share her life story.

A special thank you to Vertice Medtech and Terumo for sponsoring this lecture series, and for their teams going the extra mile to further education in the Cathlab.

### **ISCAP Boston Riverdene Siemens Series 2019**

The Lecture Series consists of the following topics:

- Stuck between a rock and a hard place: Rotational atherectomy overview.
- Contrast indications – More than basics.
- Ethics of artificial intelligence in health care.

**CPD Accredited for 2 Standard and 1 Ethics CEU through the University of Pretoria:**

<b>16 March: Port Elizabeth</b>	39 Allieds in attendance	<b>6 April: Bloemfontein</b>	28 Allieds in attendance
<b>8 June: Durban</b>	92 Allieds in attendance	<b>20 July: Midrand</b>	53 Allieds in attendance
<b>3 August: Cape Town</b>	78 Allieds in attendance		

During this series, Drs van der Merwe, Visagie, McKibbin, Van Zyl and Horak presented on Rotational Atherectomy. Dr Ashesh Ranchod and Sinal Govender flew to each of these workshops to present on Contrast Indications and the Ethics of using artificial intelligence in the Cathlab, respectively.

Thanks are due to Boston Scientific, Riverdene and Siemens for sponsoring this lecture series. Their respective field force made this series possible, ensuring that 290 allied professionals were given the opportunity to engage on these topics, so furthering their education.

### **ISCAP Catheterisation Manual**

Dianne Kerrigan and Gill Longano have worked tirelessly to update the ISCAP Cath Lab Manual online version, as well as the development of additional chapters. The first of these are currently available and are CPD Accredited:

#### **Module 1:**

- The Historical Developments of Coronary Angiography
- Cardiac Anatomy and Physiology
- Basic ECG Interpretation
- Coronary Pathology

#### **Module 2:**

- The Roles and Responsibilities of the Cath Lab Team
- Indications and Contraindications for Coronary Angiography
- Basic Concepts in Cardiac Catheterisation
- Asepsis in the Cardiac Catheterisation Laboratory

Both these manuals are available on the Boston Educare Platform and are linked to a CPD Questionnaire. To view the Modules and to complete the CPD Questionnaires, visit [sasci.co.za](http://sasci.co.za).

*Continued on page 284*

## ANNUAL REPORTS 2019 continued

Thanks are due to Boston Scientific for their help in developing the ISCAP Manual – to hopefully reach more allied health professionals through an online platform.

We thank our Corporate Support for their continued and unwavering support of ongoing education in the Cath Lab. **If you require more information regarding the topics and other information for the above workshops, kindly contact the ISCAP Office at [joh-ann.nice@medsoc.co.za](mailto:joh-ann.nice@medsoc.co.za).**

**Waheeda Howell, Chairperson, ISCAP**

### LIPID AND ATHEROSCLEROSIS SOCIETY OF SOUTHERN AFRICA, LASSA

The Lipid and Atherosclerosis Society of Southern Africa (LASSA) remains affiliated with both the Society for Endocrinology, Metabolism and Diabetes of South Africa (SEMDSA) and the South African Heart Association (SAHA). LASSA is also linked to the International Atherosclerosis Society (IAS).

The LASSA committee members, working in academic institutions, endeavour to sustain expertise for medical practitioners, scientists and the public. The committee is led by Prof David Marais assisted by Prof Derick Raal as secretary and treasurer; Dr Dee Blackhurst, and Prof Dirk Blom. Support for developing lipidology at any of the health science faculties remains lacking, despite the increasing recognition of common disorders such as familial hypercholesterolaemia (FH) and other serious disorders that deserve diagnosis and specialised management. Since LASSA is a small organisation and has limited expenses, its finances remain intact. The funds are intended for supporting meetings involving education as well as special investigations that may be required for patients. The constitution will be reviewed to ensure best function.

Dedicated lipid clinics for patients with severe dyslipidaemia remain only in Johannesburg and Cape Town. Since neither the National Health Laboratory Service (NHLS) nor private pathology laboratories provide special investigations for these severe disorders, laboratory investigation of complex problems remains limited to the laboratory in Cape Town where funding and staff are limited.

In March, LASSA hosted a lipidology course for 22 delegates – mostly young internal medicine specialists. It was based on the course held in the previous year for a group of Dutch vascular medicine specialists. The meeting was supported by educational grants by Amgen, Sanofi, MSD and Cipla. Pathcare and Lancet laboratories also supported the course.

Two newsletters were circulated. The first summarised the course and the second was an update from the European Atherosclerosis Society (EAS) congress in Maastricht from 26 - 29 May.

It is important that LASSA and other organisations raise awareness of FH, which is receiving worldwide attention. Off-patent Ezetimibe will hopefully become available in South Africa for severe dyslipidaemia. The monoclonal antibody neutralisers of PCSK9 have been under review at the South African Health Products Regulatory Agency (SAHPRA) for a few years and have still not been approved. The neglect of support for the diagnosis and treatment of lipid disorders – especially for FH the commonest severe autosomal dominantly inherited disorder – will hopefully be corrected by the National Health Insurance.

**Derick Raal, Secretary, LASSA**

## **SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH, SASCAR**

The South African Society for Cardiovascular Research (SASCAR) – an interest group of the SA Heart® Association – was created in October 2009.

The SASCAR Executive Committee elected in September 2016 is: Prof Neil Davies (Chairperson), Dr Derick Van Vuuren (Secretary), Prof Sandrine Lecour (Treasurer), Prof Faadiel Essop, Prof Karen Sliwa, Dr Balindiwe Sisi, and Dr Wayne Smith.

### **Workshops**

#### **Cardiac function workshop**

A critical area for all cardiovascular students is the understanding of the complexities of cardiac function. For this reason, SASCAR was very pleased to be able to hold a workshop on this topic in conjunction with LASEC, a supplier of specialist laboratory equipment. The workshop explored cardiac pressure loops generated using microcatheter-generated cardiac pressure data derived from a hands-on demonstration by a technique expert from ADI, Australia, who was ably assisted by the UCT Health Faculty veterinarian, Dr John Chipangura. The workshop was held at UCT and was well attended and received by staff and postgraduate students.

#### **The 4th Europe-SA Cardiovascular Research Workshop**

The year 2019 for SASCAR was dominated by the 4th Europe-SA Cardiovascular Research Workshop organised by Prof Lecour (UCT). Following on the success of our previous joint Europe-South Africa meetings held in London (2010) and Cape Town (2012, 2016), SASCAR held the 4th Europe-SA Cardiovascular Research Workshop in STIAS, Stellenbosch, South Africa, from 1 - 5 April 2019. This was in conjunction with the international 6th Frontiers in cardiovascular research meeting.

The aim of these meetings is to promote interaction and research training between European and South African students and researchers. Seven European students (late PhD) were looked after by a group of South African postgraduate students, and spent 2 and half days of the week visiting cardiovascular research facilities at the University of Cape Town and University of Stellenbosch, in-between cultural and social activities. An extra 2 days was dedicated to lectures at STIAS, Stellenbosch, which were attended by 95 delegates. Postgraduate and established researchers from various South African institutions were given



**Workshop participants viewing catheter insertion**



**Left to right: Prof Klaus Preissner, Prof Sandrine Lecour, Dr Hector Cabrera Fuentes and Prof Derek Hausenloy**

*Continued on page 286*

## ANNUAL REPORTS 2019 continued



**Delegates in the grounds of STIAS**

the opportunity to present their research and network with 23 prestigious international speakers in the field of cardiovascular research, who contributed to the meeting and presented their work in various areas of cardiovascular research:

Ioanna Andreadou (Greece); Eveline Baumgart-Vogt (Germany); Robert Bell (UK); Juergen Bernhagen (Germany); William Boisvert (Hawaii); Hector Cabrera-Fuentes (Singapore); John Cunningham (UK); Sean Davidson (UK); Fabio di Lisa (Italy); Felix Engel (Germany); Fulvia Ferrazzi (Germany); Derek Hausenloy (Singapore); Thomas Krieg (UK); Rosalinda Madonna (Italy); Karlheinz Peter (Australia); Klaus Preissner (Germany); Daniel Sedding; Manvendra Singh (Singapore); Carl Vogel (Hawaii); Malcolm Walker (UK); Derek Yellon (UK); Paul Yen (Singapore); and Coert Zuurbier (The Netherlands).

SASCAR aims to have a workshop in the next quarter on pre-clinical in vivo imaging, utilising the opportunity afforded by the installation of a small animal optical imaging system at the Lionel Opie Pre-Clinical Imaging Facility at UCT.

SASCAR looks forward to an equally exciting 2020, and I would like to extend sincere appreciation to all members of the Executive Committee for their efforts over last year, and, in particular, those who directly organised workshops.

**Neil Davies, President, SASCAR**

## THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

This scholarship is available to full and associate members of the 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
  - Ethics approval
  - Full details of the research
  - The completed application form - please request a fillable MS Word document from [erika@saheart.org](mailto:erika@saheart.org)
  - Contact details of Head of Department or supervisor/mentor

### RECOMMENDATIONS

- Preference will be given to early and mid-career applicants (<5 years post-qualification as specialist and/or <5 years post-PhD qualification).

### CONDITIONS

- Applicants may only submit 1 application every second year. Preference is given to those who have not had previous scholarships awarded.
- Awards are granted for one specific research project. Should that specific project be cancelled or the full amount allocated not be utilised for any reason, then the funds must revert to SA Heart®.

### APPLICATIONS MUST BE EMAILED TO:

[erika@saheart.org](mailto:erika@saheart.org)

**THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER 2020.**

One scholarship to a maximum amount of R65 000 will be awarded annually.

**SA Heart® commits to inclusive excellence by advancing equity and diversity.**

**We particularly encourage applications from members of historically under represented racial/ethnic groups, women and individuals with disabilities.**



## ANNUAL REPORTS 2019

### BRANCH REPORTS

#### JOHANNESBURG BRANCH

##### The Johannesburg branch committee remains as:

Dr A. Vachiat, Dr M. Lebea, Dr D. Jankelow, Dr R. Leibbrandt, Dr F. Mamdoo, Dr N. Tsabedze, Prof A. Cilliers, Prof P. Manga, Dr D. Zachariah, Dr P. Raphulu, Dr S. Hossein and Dr R. Dawood.

The Johannesburg branch of SA Heart welcomed new colleagues into a collective group in April 2019. This is a younger committee than previous years. We are fortunate to have some experienced colleagues who have stayed on to guide us, and we appreciate their involvement.

##### Fellows' presentation

- The Fellows' presentation took place on 29 June 2019 at the Wanderers.
- Prof S. Levine, a retired paediatric cardiologist from Johannesburg, was honoured.
- Over 40 delegates attended the meeting and the Fellows' presentation was well received.
- Prizes were given to the best presenters:
  - First Prize Dr Nangamso Kukulela
  - Second Prize Dr Mazwi Nkosi
  - Third Prize Dr Phophi Raphulu
- The branch would like to thank Dr Maimela for organising the event.

##### SASCI visiting Professor

- Prof Simon Redwood gave a talk on TAVI, which took place on 10 July 2019 at the Wanderers.
- Over 60 delegates attended.
- The visiting Professor initiative is to be commended and it is hoped that it will be continued.

##### Heart Failure CME

- HeFFSA organised a CME "Challenges in heart failure management" at the Wanderers on 9 September, with good attendance.

##### Journal club

- Suggestion: To be held on a Saturday morning.
- This meeting to include paediatric and adult cardiologists and both public and private.

We would like to bridge the gap between the younger and the more experienced cardiologists as well as the gap between public and private – and look forward to working together.

Thank you to sponsors Pharma Dynamics for the Fellow's presentation of 29 June 2019.

**Ahmed Vachiat, President, Johannesburg Branch**

## KWAZULU-NATAL BRANCH

### Committee

Rob Dyer (President) and Jai Patel (Treasurer)

### Committee members

Ebrahim Hoosen, Rohan Lutchman, Julian Buckels and Andrew Asherson (Secretary - resigned)

Unfortunately there was no academic activity this year for a number of reasons. The resignation of Andrew Asherson as secretary earlier in the year, under pressure of work, impacted on our functioning. Secretarial duties were ultimately taken over by Rohan Lutchman, despite his being in the throes of commencing private practice with all the stress and administrative detail involved in such a move. Our functioning as a group was further hampered by difficulties in getting our account "unfrozen" by Standard Bank, and this saga is ongoing and will, no doubt, be dealt with by Dr Jai Patel in his Treasurer's Report.

All our committee activity has therefore been focused on our role as the Scientific Organising Committee for this year's PASCAR/AfricaPCR/SA Heart® Congress that is being held at Sandton from 31 October - 3 November. All of the above committee members and Drs Sajidah Khan, Rob Kleinloog and Haroon Mia have played a part in formulating the programme. Particular thanks are due to David Jankelow and to Claire Jettke from Europa for the time they have given us in terms of assisting with this daunting task.

The lack of branch activity, while being a matter of regret which certainly needs discussion and improvement, is undoubtedly a function of multiple competing demands with which I, personally, have struggled.

### Rob Dyer, President, KwaZulu-Natal Branch

## PRETORIA BRANCH

It brings me great pleasure to report back on our SA Heart® Pretoria Branch Activities in 2019.

Our focus is to serve the educational needs of our branch members (Cardiologists, Fellows, Allieds, EP and Surgeons). Our approach is very much to focus on empowering the multi-disciplinary team.

- Our first meeting took place on 27 February at the Black Bamboo Restaurant, with Dr Donovan Loots as speaker. The topic of his talk was "The ethical consideration in the pitfalls of cardiac diagnosis. When is it mandatory to request a post mortem." 23 Delegates attended this meeting, 6 Doctors and 17 Allieds. The feedback we received indicated that the delegates found the topic to be very informative.
- For our second meeting we had the privilege of hosting the acclaimed international cardiologist, Prof Simon Redwood, from St Guys and Thomas Hospital, London. The topic of his talk was "The Emergence of TAVI as a real option for Patients with Aortic Stenosis", with the aim to interactively share knowledge and experience while focusing on their clinical situation, particularities, local experience and constraints – as well as best available evidence. To find consensus with South African colleagues on a method of reasoning that may help the group to develop answers to the fundamental questions that impact them daily. The 2019 VPP evening lecture series was definitely a huge success according to the feedback we received from the 57 delegates who attended the meeting. It was a great presentation, which led to lively interactive discussions; 16 Drs and 39 Allied Professionals attended the meeting. This meeting was made possible by

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## ANNUAL REPORTS 2019 continued

longstanding support from Medtronic and Pharma Dynamic that sees a renowned international cardiology Visiting Professor travel to South Africa for a 2-month tenure to teach and educate in interventional cardiology (primarily at medical schools).

- The third Educational Meeting for 2019 will be held on 11 September, where Dr Jean Vorster will be presenting on Left Atrial Plugs for AF-Indications and Contra Indications.
- The fourth Educational Meeting for 2019 is scheduled to take place at the beginning of November, with guest speaker Prof Tony Gershlick from the University Hospitals of Leicester, UK. This lecture forms part of the SASCI Vertice Visiting Expert Programme that will be focusing on Complex PCI, but specifically Bi-furcations.

We are inviting all our members to attend – including the Allied Professionals. Members must please note that all our meetings are CPD-accredited and are offered free of charge. I would like to thank Pharma Dynamics for their continued support and for making this multi-evening lecture planning possible.

Please support the SA Heart® Congress 2019 (Sandton ICC from 31 October - 3 November 2019). The branch will offer educational grants (registration) that will be made available to support attendance. You will need to apply to be considered, as per the new Medtech and SAMED rules governing HCP sponsorships.

Please contact Joh-Ann at [joh-ann.nice@medsoc.co.za](mailto:joh-ann.nice@medsoc.co.za) or me ([drdioebrahim@gmail.com](mailto:drdioebrahim@gmail.com)) if you wish to contribute at future meetings or wish to suggest appropriate programmes for Pretoria.

**Iftikhar Ebrahim, Chairperson, Pretoria Branch**

## WESTERN CAPE BRANCH

### The executive committee members elected for the term 2019/20 are:

Alfonso Pecararo (President), Jane Moses and Blanche Cupido (Vice-Presidents), Bradley Griffiths (Secretary) and Jens Hinzeroth (Treasurer). Additional members: Hellmuth Weich, Charles Kyriakakis, George Commitis, Andre Brooks and Chevaan Hendrikse.

### The branch has decided on quarterly meetings. Two meetings have been concluded during 2019:

- The first meeting was held on 04 March 2019. The keynote speaker was Prof D. Blom on the topic of "Statin intolerance" – followed by case presentations from the different academic units.
- The second meeting was held on 10 June 2019. The keynote speaker was Dr Jane Moses on the topic of "Pacemaker implantation and optimisation" – followed by case presentations from the different academic units.
- Two further meetings are planned for 16 September and 11 October 2019 respectively. The keynote speakers invited are Dr Mark Abelson (Topic: LAA closure: current indications) and Prof Simon Redwood (Current status of TAVI). At both these meetings there will be an opportunity for researchers to present their research, and free registration for the annual SA Heart® Congress will be offered to the best presentation during these meetings.

The Western Cape branch is very proud of the excellent attendance of members at these meetings and would like to thank our members and sponsors for their contribution to the success of the meetings.

Thank you to sponsors Pfizer, Biotronik and AMGEN for the individual Branch meetings sponsored in 2019.

**Alfonso Pecararo, President: Western Cape Branch of SA Heart®**

## SA HEART® ANNUAL GENERAL MEETING



**All members are invited to the**  
**SA Heart® AGM**  
**starting at 17h30**  
**on Friday 1 November 2019**  
**in Ballroom 1, Sandton Convention**  
**Centre, Johannesburg.**



**All members are urged to attend.**  
**Important information and exciting changes will be**  
**presented for consideration and voting.**



**SHELLY BEACH**  
**HOSPITAL**

*Quality Care with Compassion*

This new, recently commissioned, modern hospital is situated on the South Coast of KwaZulu-Natal.

The five large Operating Theatres are equipped with the latest, cutting edge technology, according to the requirements of the Surgeons and Anaesthetists. The Cardiac Catheterisation Laboratory will be equipped according to the requirements of the Cardiologist.

The facility provides Medical Intensive/High Care, Surgical Intensive/High Care, Cardiac Intensive/High and Neonatal Intensive/High Care. The hospital also provides world class maternity, paediatric and general adult wards.

Shelly Beach Hospital offers exciting prospects for further development. As part of the ongoing development, the hospital requires the services of a

**CARDIOLOGIST**

**VASCULAR SURGEON**

**EAR, NOSE AND THROAT (ENT) SPECIALIST**

We invite specialists who may be interested in establishing a private practise at this exceptional facility to submit a curriculum vitae to:

**The Chief Executive Officer**  
**noeleen@shellybeachhospital.co.za**  
**Phone: 087 283 0069**

**Hospital No. 087 087 6115 • www.shellybeachhospital.com**  
**Lot 2489 Flamingo Road, Shelly Beach**  
**GPS: S30°48.100 E30°24.230**

*Creative NINJAS*

**CARDIOLOGIST**

**VASCULAR SURGEON**

**EAR, NOSE & THROAT**  
**SPECIALIST**

### Invitation to the Annual CASSA Symposium

Join us for Cased Based Presentations on Important  
Clinical Problems and hear about the latest  
Clinical Updates in Cardiac Arrhythmias

**With International Speakers**  
**To be Announced**

**CAPE TOWN**  
**THE VINEYARD HOTEL,**  
**NEWLANDS**  
**29 FEBRUARY 2020**

**JOHANNESBURG**  
**THE CAPITAL ON THE PARK,**  
**SANDTON**  
**7 MARCH 2020**

#### REGISTRATION FEES

	EARLY BIRD		GENERAL ADMISSION
Doctors	R1100,00	Doctors	R1650,00
Allied Professionals	R495,00	Allied Professionals	R660,00

Free for Cardiology Registrars & Housemen from the Public Sector, T & C's Apply  
Please Note: All fees are exclusive of 15% VAT

**REGISTRATION OPENS - 31 OCTOBER 2019**  
**RSVP CLOSES - 28 JANUARY 2020**  
**Register on [www.cassa.co.za/cassa/](http://www.cassa.co.za/cassa/)**



For Queries Contact the Symposium Organisers:

Shift Ideas - Elouise Cloete  
elouise@shiftideas.co.za  
011 465 4764

## LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2020. An amount of up to R20 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Western Cape 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 the University of Cape Town. He had an exceptional career of 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 undergraduates by regular bedside tutorials. He served as an outstanding role model for postgraduates 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 Western Cape 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 Dr Alfonso Pecoraro, President of the Western Cape branch of the South African Heart Association, Division of Cardiology, Tygerberg Hospital, Francie van Zijl Drive, Tygerberg 7505; or alternatively email: [pecoraro@sun.ac.za](mailto:pecoraro@sun.ac.za).

Previous recipients of this prestigious award include Sandrine Lecour, Roisin Kelle, Liesl Zühlke and Prof Hans Strijdom.

**Applications close on 31 January 2020.**

## TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

Applications for the SA Heart® Travel Scholarship for the fourth term in 2019 are invited to reach the SA Heart® Office by 31 December 2019.

The scholarship is for the value of up to R25 000.00 for international meetings and R10 000.00 for local meetings.

This scholarship is available to all 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 for at least 1 year.

### RECOMMENDATIONS

- Early and mid-career applicants (<5 years post-qualification as specialist and/or <5 years post-PhD qualification).
- Acceptance of an abstract/poster presentation at the scientific meeting to be attended.

### CONDITIONS

- Awards will not be made for conferences or workshops retrospective to the application submission deadline. If the conference is taking place within six (6) weeks following the submission deadline, please indicate this in the appropriate place on the application form.
- It is not a requirement for the abstract to be accepted by the conference travel application closing date. Should the acceptance of the paper, including proof of registration not be available at the time of submission of the application, then a provisional award may be made pending receipt of the acceptance of the paper.
- Please ensure that applications are made as well in advance as possible (**preferably at least 6 months prior to the conference date**).
- Applicants may only submit 1 application every second year. The scholarship is for the value of up to R25 000.00 for international meetings and R10 000.00 for local meetings.
- Awards are only made in the event that a paper or a poster is being presented or in the event of a workshop attendance, if the reviewers deem the workshop attendance to be of high impact and consequently of benefit to the SA Heart® community.
- The applicant must ensure that the application is fully completed including the requirements as detailed in the checklist section. Applicants are asked to be concise and to only include applicable and relevant information.
- Awards are granted for 1 specific conference. Should that specific conference be cancelled or the full amount allocated not utilised for any reason, then the funds must revert to SA Heart®; and
- 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.

### SUBMISSION REQUIREMENTS

- For more information and application forms, please visit <https://www.saheart.org/cms-home/category/39>.



## HEFSSA TRAVEL SCHOLARSHIP

### “ENHANCING HEART FAILURE MANAGEMENT IN SOUTH AFRICA”

#### Introduction

The Executive Committee of the Heart Failure Society of South Africa (HeFSSA) has established the HeFSSA Travel Scholarship. As part of its contribution towards optimising patient care and to enhance and promote local heart failure expertise, HeFSSA supports such an award in South Africa. We hope that the information gained during this event and the possibility of sharing your experience and opening a dialogue with other specialists, will broaden your knowledge regarding new products and therapies in your field of expertise. We also hope that this experience will help you to develop educational programmes at your medical institution and to share the acquired knowledge with your colleagues actively.

#### Value

Two travel grants are available annually. Each grant is valued at a maximum of R35 000 which may be used towards economy airfare, registration and accommodation.

#### Eligibility

Candidates may be a medical practitioner in the public or private sector (i.e. a cardiologist, physician, internal medicine practitioner, Cardiology Fellow or similar) or researcher (basic scientist in heart failure). Applicants must be paid-up members of the SA Heart® Association and HeFSSA. The programme/course/conference needs to be internationally or locally accredited and focussed on promoting your knowledge of heart failure.

#### Application

Applications can be submitted to HeFSSA at [info@hefssa.org](mailto:info@hefssa.org). Please include your contact details and hospital affiliation, qualification, private and or public practice, and if you are an RSA citizen (or permanent resident). Provide a motivation as to why the specific programme or course has been selected and include the programme of the conference (or URL). The HeFSSA office will confirm receipt by return email. Application for this award does not guarantee that the applicant will receive the award. No correspondence will be entertained after a decision is made. The applicant will be notified of the outcome of the applications within 4 weeks of receipt.

#### PROCESS AND Terms

The grant recipient needs to book, pay and then claim back (with proof documentation) from HeFSSA. Refund will be actioned within 24 hours. Twenty percent of the grant amount will be retained by HeFSSA (R7 000) and will be paid to the recipient as soon as CPD certificate and a meeting report is received.

Within one month of returning from the conference, the recipient must submit a substantial evaluation/review of the course content. This should reflect on key lectures and late-breaking trials as well as other sessions attended, which will impact on the practice going forward. Include some photographs. The purpose of this report is to share knowledge gained that could impact on colleagues' practices. The report should be included in the SA Heart® newsletter and/or the HeFSSA newsletter.

HeFSSA strongly recommends that the recipient create the opportunity to give feedback through a lecture delivered at appropriate educational forums (please confirm with HeFSSA when these take place).

Should the recipient not attend the conference, HeFSSA reserves the right to request repayment of any monies paid.





## NOTES

## NOTES