The Division of Cardiology, Department of Medicine of the University of California, San Francisco School of Medicine presents

State of the Art Advanced Heart Failure and Arrhythmia Management: Integrating Devices and Pharmacotherapies

October 27, 2012
The Renaissance Stanford Court
San Francisco, California

Course Chairs
Teresa De Marco, MD
Melvin M. Scheinman, MD
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University of California, San Francisco School of Medicine
Acknowledgement of Commercial Support

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State of the Art Advanced Heart Failure and Arrhythmia Management: Integrating Devices and Pharmacotherapies

This one-day symposium is directed to providing an overview of the salient issues related to assessment and treatment of the patient with advanced heart failure. In addition, since heart failure and cardiac arrhythmias are inextricably linked in the management of these patients, the course focuses on the intersection of treatment of patients with both conditions. There has been a very rapid explosion in the breadth of both pharmacologic as well as device related therapies and our main objective will be to review the indications for the myriad pharmacologic as well as device interventions.

Based on previous experience, we have used small group workshops to further refine and focus our message to clinicians with various experiences in the management of these patients. We are very fortunate to have Dr. Kanu Chatterjee, a world-renowned expert in the area of heart failure and master clinician, to lecture and lead a panel discussion related to challenging cases. In addition, faculty will include members of the cardiac electrophysiology and heart failure sections.

This conference is presented by the Division of Cardiology, Department of Medicine, and is sponsored by the Office of Continuing Medical Education, University of California, San Francisco.

EDUCATIONAL OBJECTIVES

Upon completion of this course, participants should be able to:

- Recognize the indications for anticoagulant therapy for patients with atrial fibrillation;
- Discuss the pathophysiologic process leading to the development of heart failure with reduced and preserved ejection fraction;
- Manage advanced heart failure using contemporary pharmacologic and device based approaches;
- Define the cardiorenal syndrome in acute heart failure and discuss patient management;
- Apply current concepts for indications and patient selection for cardiac resynchronization therapy, implantable cardioverter defibrillator, left ventricular assist devices and heart transplantation in advanced heart failure.
The University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**Physicians:**
UCSF designates this live activity for a maximum of 8 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This CME activity meets the requirements under California Assembly Bill 1195, continuing education and cultural and linguistic competency.

**Nurses:**
For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credits™* issued by organizations accredited by the ACCME.

**Physician Assistants:**
AAPA accepts *AMA PRA Category 1 Credits™* for organizations accredited by the ACCME.
GENERAL INFORMATION

Attendance Verification - CME Certificates
Please remember to sign-out on the sign-in sheet before you leave, to claim the number of hours you attended. For your convenience, an hour by hour credit calculation is available at the registration desk. CME Certificates will be mailed to participants approximately 3-4 weeks post course. You must attest to the number of hours you attend in order to receive a CME certificate. If you need to leave the course before it concludes you may sign-out early at the UCSF Registration Desk.

Evaluation

Your cooperation in completing and returning the course evaluation is an important part to future course planning. The evaluation is the colored sheet you received with your course syllabus. Please turn in the evaluation and AVR prior to leaving the conference.

Breakouts

Concurrent Workshops participants will choose 1 per session
A: Basic ECG
   Workshop Location: California Room Gold on the Lower Level
   Faculty: Barbara Drew

B: Advanced ECG
   Workshop Location: Stanford Ballroom on the Lower Level
   Faculty: Nora Goldschlager & Cara Pellegrini

C: Preventing Re-hospitalization: Disease Management/Heart Failure Monitoring Devices
   Workshop Location: Nob Hill Room on the Lobby Level
   Faculty: Nimi Tarango & Liviu Klein

D: VAD workshop and Case Discussion with Live Patient
   Workshop Location: Rincon Hill Room on the Lobby Level
   Faculty: Scot Merrick & Dana McGlothlin

Lunch

Lunch is scheduled from 12:20pm- 1:20pm in the California Room

Security

We urge caution with regard to your personal belongings and syllabus books. We are unable to replace these in the event of loss. Please do not leave any personal belongings unattended in the meeting room during lunch or breaks.
I. Purpose.
This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education programs. This document and the attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. Other federal and state laws not reviewed below also may govern the manner in which physicians and healthcare providers render services for disabled, hearing impaired or other protected categories.

The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance (“Recipients”) to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. Failure to provide LEP individuals with access to federally funded programs and services may constitute national origin discrimination, which may be remedied by federal agency enforcement action. Recipients may include physicians, hospitals, universities and academic medical centers who receive grants, training, equipment, surplus property and other assistance from the federal government.

HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons. A copy of HHS’s summary document entitled “Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary” is available at HHS’s website at: http://www.hhs.gov/ocr/lep/.

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that “reasonable steps” may differ depending on the Recipient’s size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the number or proportion of LEP persons eligible to be served or likely to be encountered by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient’s program; (iii) the nature and importance of the program, activity or service provided by the Recipient to its beneficiaries; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient’s analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.

A Recipient’s LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients. Recipients may take other reasonable steps depending on the emergent or non-emergent needs of the LEP individual, such as hiring bilingual staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services. HHS’s guidance provides detailed examples of the mix of services that a Recipient should consider and implement. HHS’s guidance also establishes a “safe harbor” that Recipients may elect to follow when determining
whether vital documents must be translated into other languages. Compliance with the safe harbor will be strong evidence that the Recipient has satisfied its written translation obligations.

In addition to reviewing HHS guidance documents, Recipients may contact HHS’s Office for Civil Rights for technical assistance in establishing a reasonable LEP plan.

The California legislature enacted the California’s Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 et seq.) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person’s English language skills. California Government Code section 7291 recites this legislative intent as follows:

“The Legislature hereby finds and declares that the effective maintenance and development of a free and democratic society depends on the right and ability of its citizens and residents to communicate with their government and the right and ability of the government to communicate with them.

The Legislature further finds and declares that substantial numbers of persons who live, work and pay taxes in this state are unable, either because they do not speak or write English at all, or because their primary language is other than English, effectively to communicate with their government. The Legislature further finds and declares that state and local agency employees frequently are unable to communicate with persons requiring their services because of this language barrier. As a consequence, substantial numbers of persons presently are being denied rights and benefits to which they would otherwise be entitled.

It is the intention of the Legislature in enacting this chapter to provide for effective communication between all levels of government in this state and the people of this state who are precluded from utilizing public services because of language barriers.”

The Act generally requires state and local public agencies to provide interpreter and written document translation services in a manner that will ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff, and translate documents into additional languages representing the clientele served by the agency. Public agencies also must conduct a needs assessment survey every two years documenting the items listed in Government Code section 7299.4, and develop an implementation plan every year that documents compliance with the Act. You may access a copy of this law at the following url: http://www.spb.ca.gov/bilingual/dymallyact.htm
FACULTY LIST

COURSE CHAIRS
Teresa De Marco, MD
Professor of Medicine and Surgery R.H. and Jane G. Logan Endowed Chair in Cardiology; Director, Heart Failure and Pulmonary Hypertension; Medical Director, Heart Transplantation

Melvin M. Scheinman, MD
Professor of Medicine, Emeritus; Walter H. Shorenstein Endowed Chair in Cardiology,

Barbara J. Drew, RN, PhD
Professor of Nursing and of Medicine, Division of Cardiology

GUEST FACULTY
Kanu Chatterjee, MB, FRCP
Clinical Professor of Medicine Carver College of Medicine University of Iowa; Emeritus Professor of Medicine, University of California San Francisco.

COURSE FACULTY
(All UCSF faculty except where noted)
Nitish Badhwar, MD, FACC, FHRS
Associate Professor of Medicine Stone-Chamberlain Endowed Chair in Cardiology; Director, Cardiac Electrophysiology Training Program; Associate Chief, Cardiac Electrophysiology

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Van Selby, MD
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Vasanth Vedantham, MD, PhD
Assistant Professor of Medicine Cardiac Electrophysiology and Arrhythmia Service
DISCLOSURES

The following faculty speakers, moderators and planning committee members have disclosed NO financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

Teresa De Marco
Barbara Drew
Nora Goldschlager
Edmund Keung
Liviu Klein
Byron Lee
Dana McGlothlin
Scot Merrick
Van Selby
Nimi Tarango
Vasanth Vedantham
Robin Shaw

The following faculty speakers have disclosed a financial interest/arrangement or affiliation with a commercial company who has provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity. All conflicts of interest have been resolved in accordance with the ACCME Standards for Commercial Support:

Nitish Badhwar   Fellowship Support   St. Jude
                   Medtronic
                   Biotronik
                   Boston Scientific
                   St. Jude
                   Boston Scientific

Kanu Chatterjee   Advisory Board Member   Gilead

Edward Gerstenfeld   Research Grant   Biosense Webster
                   St. Jude
                   Biosense Webster

Barry Massie   Consultant Fees   Merck
                   Novartis
                   Bristol Myers Squibb

Melvin Scheinman   Honorarium   Boston Scientific
                   Medtronic
                   Biotronik
                   St. Jude
                   Biosense Webster

This UCSF CME educational activity was planned and developed to: uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and, include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

This activity has been reviewed and approved by members of the UCSF CME Governing Board in accordance with UCSF CME accreditation policies. Office of CME staff, planners, reviewers, and all others in control of content have disclosed no relevant financial relationships.
Upcoming CME Courses

Updates in IBD: The Bowel and Beyond
November 10-11, 2012 San Francisco, California

Controversies in Women’s Health
December 6-7, 2012 San Francisco, California

29th Annual Advances in Heart Disease
December 14-16, 2012 San Francisco, California

Diabetes Update and Advances in Endocrinology and Metabolism
March 14-16, 2013 San Francisco, California

Primary Care Medicine: Update 2013
April 7-12, 2013 Maui, Hawaii

UCSF Vascular Symposium 2013
April 18-20, 2013 San Francisco, California

41st Annual Advances in Internal Medicine
May 20 - 24, 2013 San Francisco, California

Critical Care Medicine and Trauma
May 30 - June 1, 2013 San Francisco, California

All Courses Managed by:
UCSF Office of Continuing Medical Education
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