THE HEART OF LEADERSHIP AND INNOVATION

CANADIAN CARDIOVASCULAR SOCIETY
ANNUAL REPORT 2013–2014
CANADIAN CARDIOVASCULAR SOCIETY (CCS) MISSION

The CCS is the national voice for cardiovascular physicians and scientists. Our mission is to promote cardiovascular health and care through:

- Knowledge translation, including dissemination of research and encouragement of best practices,
- Professional development; and
- Leadership in health policy.

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Vascular 2013 was leadership and innovation in action that took place October 2013, in Montreal. This CCS-initiated event of 6,700 delegates was designed to bring together the Canadian health professional community that deals with many vascular diseases, to address common issues related to our patients. The Canadian Cardiovascular Congress was together with the Canadian Stroke Congress, the Canadian Diabetes Association and Canadian Society of Endocrinology and Metabolism (CSEM) Annual Meeting and the Canadian Hypertension Congress for the first time. The format allowed all delegates to attend sessions across all meetings and included a showcase, Vascular Day. This event was not only financially successful for all organizations but produced a Vascular Declaration as a call to action for governments, and fostered new collaborations between organizations and individuals.

While Vascular 2013 was a unique event, the CCS is taking the opportunity to take a critical look at our annual Congress to make sure it continues to meet the scientific and education needs of our members and any one dealing with cardiovascular patients. We have formed a task force to examine our partnerships, content, logistics, and outcomes to make sure this signature program is always relevant and highly rated.

2013 was also a leadership year for our contribution to health policy in Canada. This year the CCS released the Cardiovascular Data Dictionary for clinical registries to lay the ground work for pan-Canadian cardiovascular clinical data collection in Canada. The CCS also has been actively working with the community to develop quality indicators for cardiovascular care. Indicators are now available for heart failure, atrial fibrillation, and cardiac rehabilitation. Coming soon are those for surgery, PCI and TAVI. This ground-breaking work has attracted the interest of provincial quality councils and governments.

MESSAGE FROM THE PRESIDENT AND CEO

The themes of leadership and innovation weave through many of our achievements of the past year. The CCS aims to both deliver and foster those two qualities.
The CCS was one of the initial participants in the national Choosing Wisely Canada program. Choosing Wisely Canada is a campaign to have physicians and patients talk about unnecessary tests, treatments and procedures to improve patient safety and better resource utilization. This program was initially created in the United States and adapted for Canada with positive reviews. Working collaboratively with the American College of Cardiology, who shared their experience with this program, the CCS and our affiliates were able to put forward five evidence-based areas for consideration which were extremely well received by clinicians and governments across the country.

Innovation also means supporting the changing needs of our members in new ways. Members can increasingly access information on care and practice through our revamped website, webinars, guideline and Congress apps, and our online journal portal.

Members are also offered the opportunity to cultivate their own leadership skills by engaging with the CCS. There are ways to be involved at all career points, from the trainees to more senior members of the community. We encourage members to serve as mentors, be involved in our committees, review abstracts, speak at Congress, be a CCS representative to organizations, write on our guideline panels, submit research to the Canadian Journal of Cardiology, and serve on Council. Everyone has a role to play in furthering CCS leadership by exercising their own.

As we look back on the past year with a sense of accomplishment, we look ahead too. Our strategic plan for 2015-2018 should be ready for the end of this fiscal year. We already know two priority areas — keeping Congress relevant, and working with our affiliate organizations to further connect and strengthen the cardiovascular community through the CCS.

Thank you to all CCS members and to all of our partners and stakeholders for working with us to advance our mission. Through you, this organization makes a strong contribution to the cardiovascular health and care of Canadians.
MEMBERSHIP GROWTH AND ENGAGEMENT

For over 2,000 members CCS is at the heart of their professional connections.

The relationship with the CCS provides opportunities for members to collaborate with colleagues in the broader cardiovascular community, and helps our affiliates meet their organizational mandates. This year we welcomed our tenth affiliate society – the Canadian Cardiovascular Critical Care Society (CANCARE). During our strategic planning period the CCS has focused on supporting the growth of the sub-specialty organizations in the cardiovascular community, and continuing to help trainees achieve career success.

For example to help an affiliate reach their audiences the CCS provided logistical support to the Canadian Society of Echocardiography (CSE) to deliver the 16th Annual Canadian Echo Weekend. This drew a record attendance of over 470 delegates. The CCS also supported the Canadian Heart Rhythm Society (CHRS) in offering the electrophysiology community the first CHRS Annual Educational Meeting in September 2013.

CCS has enabled successful collaborations among affiliate societies. For example, the ongoing development of the CCS/Canadian Association of Interventional Cardiology (CAIC)/Canadian Society of Cardiac Surgeons (CSCS) position statement for Revascularization for Patients with Multi-Vessel Coronary Artery Disease.

The CCS continues to foster affiliate development, and has added resources to best meet affiliate needs as the number of such organizations grow.

FIRST QUARTILE IN CANADA—CCS RECEIVES CERTIFICATE OF CONTINUANCE

In order to comply with the new Canada Not-for-profit Corporations Act, the CCS Governance Working Group, chaired by Dr. Lyall Higginson revised and updated CCS’ governance documents for submission to Industry Canada. The new act requires that all not-for-profit corporations submit by October 17th, 2014 to avoid potential dissolution. The CCS received notice of compliance in January 2014 and is part of the first 25 per cent of Canadian organizations to successfully complete this process.
“Trainee initiatives such as the Adult Cardiology TRP and the Trainee Day benefit the entire membership on many levels. By participating, trainees are able to achieve educational goals through interaction with CCS members who provide excellent quality education. Additionally, such collaboration benefits the educational leaders, including Adult Cardiology Program Directors, who can network with one another and exchange ideas. When I participate in these CCS educational initiatives, I am always able to bring back new ideas to Dalhousie University to improve the training program for my own residents.”

**DR. SARAH RAMER**
ADULT CARDIOLOGY TRP FACULTY

### AFFILIATE SOCIETIES AND THEIR PRESIDENTS

- **Canadian Adult Congenital Heart Network (CACHnet)**
  Dr. Erwin Oechslin
  www.cachnet.org

- **Canadian Association of Interventional Cardiology (CAIC)**
  Dr. Eric Cohen
  www.caic-acci.org

- **Canadian Heart Failure Society (CHFS)**
  Dr. Jonathan Howlett

- **Canadian Heart Rhythm Society (CHRMS)**
  Dr. Paul Dorian
  www.chrsonline.ca

- **Canadian Nuclear Cardiology Society (CNCS)**
  Dr. Ross Davies
  www.ccs.ca/cncs

- **Canadian Pediatric Cardiology Association (CPCA)**
  Dr. Christina Templeton
  www.ccs.ca/cpca

- **Canadian Society for Cardiovascular Magnetic Resonance (CSCMR)**
  Dr. Alexander Dick
  www.canscmr.org/

- **Canadian Society of Cardiac Surgeons (CSCS)**
  Dr. David Ross
  www.ccs.ca/cscs

- **Canadian Society of Echocardiography (CSE)**
  Dr. Ian Burwash
  www.csecho.ca

- **Canadian Cardiovascular Critical Care Society (CANCARE)**
  Dr. Rakesh Arora
  www.cancaresociety.com

For more information, or to join a CCS affiliate society, contact membership@ccs.ca.

“A highlight of my role as president of the CIAC is the opportunity to work with so many talented and dedicated colleagues within the association. Our leadership covers the spectrum in terms of geography, career stage, practice setting and more. This variety of perspectives and breadth of knowledge is essential to help move our specialty forward.”

**DR. ERIC COHEN**
PRESIDENT OF CIAC
“Perhaps the most important aspect of chairing the Trainee Day Planning Committee is the opportunity to work with my friends and colleagues across Canada. By working together, we are able to use the variety of one another’s perspectives to enrich our content and maximize the quality of what we’ve produced. We hope the result of this year’s collaboration will be one of the highlights of Congress.”

DR. SANJOG KALRA
2014 TRAINEE DAY PLANNING COMMITTEE CO-CHAIR

INVESTING IN THE FUTURE – A COMMITMENT TO TRAINEES

As the second largest CCS member segment, trainees are the future of cardiovascular care in Canada. Under the leadership of Dr. Brian Potter, the Trainee Committee provides a forum where trainees from across Canada and cardiovascular disciplines can come together to collaborate and share their knowledge.

Currently, the CCS offers Trainee Review Programs (TRPs) in adult cardiology, pediatric cardiology and cardiac surgery, and a full day of programming at the Annual Cardiovascular Trainee Day at the Canadian Cardiovascular Congress. These initiatives are valued by trainees, who say they provide crucial support during training and ease their transition to the workforce.

“Working closely with the CCS is a valuable opportunity and a privilege for any young trainee or cardiologist. It provides tremendous networking opportunities that are indispensable towards fulfilling one’s full academic potential.”

DR. MARIE-JEANNE BERTRAND
TRAINEE COMMITTEE MEMBER
The CCS is proud to have over 2,000 valued members, and counting!

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<tr>
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<th>2011</th>
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<td>Associate</td>
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This year marked a significant increase in member engagement. Over 500 CCS members, most with busy clinical practices and/or research commitments, have contributed their time to the CCS.

2013-2014 MEMBERSHIP PROGRAM COMMITTEES AND THEIR CHAIRS

We recognize the important role the following committees and their members played in successfully delivering our programs over the last year:

- Adult Cardiology Trainee Review Program
  **Dr. Michael Froeschl**

- Cardiac Surgery Trainee Review Program
  **Dr. Frédéric Jacques**

- Clinical Cardiologist Committee
  **Dr. David Bewick**

- Membership Committee
  **Dr. Ross Davies**

- Pediatric Cardiology Trainee Review Program
  **Dr. Kenny Wong**

- Trainee Committee
  **Dr. Brian Potter**

- Trainee Day Planning Committee
  **Drs. Sanjog Kalra and Sonya Hui**

“The collaborative culture among Canadian heart rhythm specialists is exemplary and directly responsible for the high impact and visibility of Canadians in this academic forum. Such collaboration is supported by the Canadian Heart Rhythm Society (CHRS) and the CCS at each step.”

**DR. SHUBHAYAN SANATANI**
CHRS ANNUAL MEETING PLANNING COMMITTEE
The goal of our knowledge translation (KT) program is to provide opportunities to review, assess, disseminate, and utilize evidence-based research and best practices.

Our KT initiatives foster a collaborative network of clinical experts and key researchers. This creates tremendous opportunities to bridge the gap between evidence and practice to improve cardiovascular health and care in Canada. To support our goals, the CCS engages in KT initiatives across five major areas:

1. The Canadian Journal of Cardiology (CJC)
2. The Canadian Cardiovascular Congress (CCC)
3. Guideline and Position Statement Development
4. Guideline Knowledge Translation Programs
5. Continuing Professional Development

THE CANADIAN JOURNAL OF CARDIOLOGY

The CCS is proud to support the dissemination of cardiovascular research through the CJC. Over the last year the journal has:

- Seen submissions grow to nearly 1,600;
- Been accessed by users from 182 countries; and
- Had articles downloaded 129,701 times from the Online CJC portal.

Our goal is to continue improving the CJC’s quality and reputation with a dedicated team of Associate Editors and the Editor-in-Chief, Dr. Stanley Nattel.

In collaboration with our publisher, we have developed a number of programs in response to feedback from CJC authors. This includes the “Your Paper, Your Way” initiative that allows authors to defer formatting requirements and submit papers in their preferred format for the peer review process. New “Article Usage Alerts” will provide authors insight into the top five countries using a particular paper.
Results from a recent survey have emphasized the importance of improving the CJC’s impact factor and promoting quality research from a Canadian perspective. In the last year, the CJC has increased its impact factor from 3.122 to 3.94.

The CCS will continue to support the development of the CJC as an important knowledge translation tool for our members and the public.

THE CANADIAN CARDIOVASCULAR CONGRESS

The 2013 Canadian Cardiovascular Congress (CCC) in Montréal was not only an outstanding success but a milestone. The CCS and Heart and Stroke Foundation, the CCC co-hosts, partnered with the Canadian Diabetes Association, the Canadian Society of Endocrinology and Metabolism, the Canadian Stroke Network and Hypertension Canada to host Vascular 2013. This one-time event brought together a community of health professionals across the vascular health and care spectrum. The goal was to foster cross-collaboration in prevention, education, and research.

Six thousand seven hundred delegates attended Vascular 2013 and our CCC program flourished within this format. Close to 3,400 CCC delegates had access to 582 cardiovascular abstracts, 32 workshops, 16 accredited symposia and 13 plenary sessions in the CCC program alone. Many of our CCC delegates attended the vascular day sessions and took advantage of the opportunity to attend the other hosts’ sessions. Feedback was very positive and many delegates commended the incredible networking and collaboration opportunities that Vascular 2013 fostered.

An important outcome of Vascular 2013 was the collaborative efforts of the five co-hosts to develop a declaration, called “Making the Connection: A Call to Action on Vascular Health”. The declaration calls for an integrated, multifaceted approach to address the prevention, treatment, rehabilitation and end-of-life care for people with vascular disease. The co-hosts of Vascular 2013 hope to maximize impact through joint action, by building partnerships for action and vascular health, advocating for healthy public policies and translating knowledge on vascular health into programs that improve the health of Canadians.

In recognition of CCS’ leadership in developing Vascular 2013, the Canadian Society of Association Executives awarded the CCS with their “Associations Make a Better Canada Award” in the Professional Development/Education category.
GUIDELINES AND POSITION STATEMENTS ADD CLARITY

Each year the CCS calls on its members to submit topics and rationale for guideline and position statement development. Only a handful of topics are selected for development based on:

- relevance to CCS membership;
- whether the topic has been or will be addressed by another group; and
- the suitability of the topic and evidence to the CCS guideline and position statement format.

Multidisciplinary panels of topic experts then develop the valuable evidence summaries, recommendations and practical tips that provide a trusted, reasonable, and practical approach to care for specialists and allied health professionals in Canada.

In 2013-2014, over 50 primary and secondary panel members from the CCS, our affiliates and the broader cardiovascular community put in countless hours to research and discuss evidence, develop recommendations, and publish four manuscripts. In addition, work continues on seven more. We thank them for their dedication and commitment to this important CCS program.

PRESENTED AT CCC 2013 AND PUBLISHED IN THE CJC

<table>
<thead>
<tr>
<th>Topic / Guideline / Position Statement</th>
<th>Chairs / Co-Chairs</th>
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<tbody>
<tr>
<td>2013 Heart Failure Guideline Update: Focus on Rehabilitation and Exercise and Surgical Coronary Revascularization</td>
<td>Gordon Moe, Justin Ezekowitz</td>
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<tr>
<td>CCS Guideline: Use of Cardiac Resynchronization Therapy - Implementation</td>
<td>Derek Exner, Ratika Parkash</td>
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<tr>
<td>CCS Position Statement on the Management of Thoracic Aortic Disease</td>
<td>Munir Boodhwani, Samuel Sui</td>
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<tr>
<td>CCS Position Statement: Radiation Exposure From Cardiac Imaging and Interventional Procedures</td>
<td>Madhu K. Natarajan, Narinder Paul</td>
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APPROVED IN 2013-2014 AND CURRENTLY UNDER DEVELOPMENT

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<thead>
<tr>
<th>Topic / Guideline / Position Statement</th>
<th>Co-Chairs</th>
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<tbody>
<tr>
<td>CCS Heart Failure Guidelines - 2014 Update</td>
<td>Gordon Moe and Justin Ezekowitz</td>
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<tr>
<td>CCS Atrial Fibrillation Guidelines - 2014 Update</td>
<td>Jeff Healey, Atul Verma</td>
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<tr>
<td>CCS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease</td>
<td>John Mancini, Gilbert Gosselin</td>
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<td>CCS Guideline on Peri-Operative Assessment for Non Cardiac Surgery</td>
<td>PJ Devereaux, Joel Parlow</td>
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<tr>
<td>CCS Position Statement on Familial Hypercholesterolemia</td>
<td>Jacques Genest, Robert Hegele</td>
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<tr>
<td>Joint CCS/CAIC/CSCS Position Statement for Revascularization for Patients with Multi-Vessel Coronary Artery Disease</td>
<td>Koon Teo, Steven Meyer, Eric Cohen</td>
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<tr>
<td>Joint CCS/CHRS Position Statement for Heart Rhythm Device Implant</td>
<td>Raymond Yee, Shahzad Karim</td>
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“It has been a privilege to provide insight on what is going on across our country in continuing education. I am grateful to all the volunteer committee members for taking time out of their busy schedules to review program submissions. In our fast-paced world, knowledge translation needs and strategies are changing quickly. I look forward to the exciting opportunity to collaborate with the committee to develop innovative ways in content delivery, and maintain the high standards that our membership expects.”

DR. JONATHAN CHOI
CPD COMMITTEE

GUIDEINE KNOWLEDGE TRANSLATION PROGRAMS

Our knowledge translation programs go beyond guideline publication and include a variety of activities, resources and tools that help Canadian cardiovascular health professionals integrate the guidelines into patient care. Our programs focus on awareness and education as well as providing handy reference tools and resources:

• Our key opinion leader led, accredited, case-based workshops and webinars engage practitioners in interactive education and dialogue on the latest CCS guideline recommendations.
• Our smart phone apps, educational slide decks and pocket guides continue to be popular with specialist, family practitioners and allied health professionals.
• Our guideline website is very popular for practitioners and will become an even more valuable tool over the next year. We will phase out the dedicated site www.ccsguidelineprograms.ca and move all material to the revamped https://www.ccs.ca. This will allow us to use the latest website technology to make it even easier to browse, review, and download guideline resources and information.

In 2013-2014, we presented close to 20 workshops at meetings across Canada including nine workshops at Vascular 2013/CCC in Montreal and three workshops at the Family Medicine Forum in Vancouver.

Our smart phone apps are the most sought after guideline tool. Atrial Fibrillation, Heart Failure, Dyslipidemia and Antplatelet apps have been downloaded over 10,000 times each.

“Networking is crucial to developing strategies to fight our country’s biggest health problem — heart failure. It is inspiring and essential to understand and connect with the national landscape, to identify solutions we can bring to so many suffering Canadians”

DR. SEAN VIRANI
HEART FAILURE GUIDELINES COMMITTEE
CONTINUING PROFESSIONAL DEVELOPMENT

As an accredited program provider of the Royal College, the CCS strives to meet the highest standards in continuing professional development (CPD) for cardiovascular professionals in Canada. Through our CPD programs, we work with innovative partners to develop and deliver relevant, timely and interactive programs for our members and the medical community. In 2013-2014, through the hard work of 32 volunteer members, the CCS accredited over 50 face-to-face meetings, webinars, online programs, and self-assessment programs for Royal College MOC credits.

To maintain our status as an accredited provider, CCS must periodically demonstrate to the Royal College that its CPD activities:

- are based on an assessment of needs;
- achieve an appropriate balance of scientific evidence;
- evaluate achievement of outcomes across a range of competency domains; and
- identify and manage external influence of competing interests.

CCS Member Education Needs Survey

<table>
<thead>
<tr>
<th>TOP 10 PERCEIVED CPD NEEDS</th>
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<tr>
<td>Cardiomyopathy</td>
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<td>Heart Failure</td>
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<td>Arrhythmia</td>
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<td>Antiplatlet Therapy</td>
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<td>Atrial Fibrillation</td>
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<td>Acute Coronary Syndromes</td>
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<td>Acute MI</td>
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<td>Angina/Refractory angina</td>
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<td>Hypetension</td>
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<td>Atherosclerosis</td>
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Under the guidance of the CPD committee, CCS staff prepared an extensive report that outlines how the Society’s CPD activities adhere to the Royal College standards for accredited providers. We look forward to the Royal College making recommendations for improvement, and anticipate our status as a RCPSC accredited program provider will be renewed for another five years.

As part of our ongoing effort to ensure CPD programs are needs-based, we also conducted a member assessment in 2013. The information received will help the CCS build on our successes in delivering high-value CPD products and services to our members.

### TOP FOUR THEMES WHEN SELECTING CPD

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<tbody>
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<td>1.</td>
<td>New treatments</td>
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<td>2.</td>
<td>Practice Guidelines</td>
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<td>3.</td>
<td>New diagnostic approaches</td>
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<td>4.</td>
<td>Difficult clinical problems</td>
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### MOST PREFERRED LEARNING METHODS

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<td>1.</td>
<td>Formal, live lectures</td>
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<td>2.</td>
<td>Hands-on workshops</td>
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<td>3.</td>
<td>Structured small group learning</td>
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<td>4.</td>
<td>National association meetings</td>
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### MOST PREFERRED CCS CPD PROGRAMS

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<td>1.</td>
<td>Canadian Cardiovascular Congress</td>
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<tr>
<td>2.</td>
<td>CCS Guidelines and Position Statements</td>
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<tr>
<td>3.</td>
<td>Accredited Symposia</td>
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“Serving on the Canadian Journal of Cardiology Committee as a cardiac surgical trainee has shown me how such a vital part of the CCS acts as the information hub for thought leaders in our specialties. The business of running a journal is an interesting challenge in today’s media landscape and learning from seasoned experts has been invaluable.”

**DR. DIMITRIOS TSIRIGOTIS**  
CJC COMMITTEE
The CCS helps to shape these policies in many ways. Over the past year the CCS has:

- Continued to keep cardiac access and wait times in the news as a member of the Canadian Wait Time Alliance. The 2014 report card on wait times kept the issues in front of the public and governments accountable;
- Promoted appropriateness and accountability in cardiovascular health care as speakers and participants at the Taming of the Queue conference in Ottawa;
- Developed and released nationally, the list of 5 cardiovascular tests and procedures that patients and healthcare providers should question as a founding member of Choosing Wisely Canada (CWC);
- Commented on healthy eating policies such as food tax and food procurement as a member organization of the Canadian Hypertension Advisory Committee;
- Supported CCS member-led submissions to the Network Centres of Excellence competition and the CIHR/ICRH Emerging Networks Initiative;
- Became a founding member and nominated Dr. Blair O’Neill, CCS Past-President, as the first Chair of the Canadian Quality Collaborative, organized through the Canadian Medical Association.

By engaging with a wide range of stakeholders – around issues concerning quality, access and appropriateness of care – the CCS plays a strong role in influencing policy for cardiovascular health in Canada.
Choosing Wisely Canada – “More is Not Necessarily Better”

What tests and procedures are appropriate? It’s a question physicians and patients should discuss together.

Facilitating those conversations is one of the goals of Choosing Wisely Canada (CWC).

CWC has linked experts in various fields of medicine, including cardiovascular health, to develop lists of tests and procedures to question. The CCS is a core member of this initiative, with individuals representing a range of cardiovascular subspecialties.

“Choosing Wisely Canada delivers the message that ‘more is not necessarily better’ when it comes to health care,” says Dr. Heather Ross, CCS Vice President and CWC Working Group Chair.

“One of the Society’s strengths is the constructive networking between our cardiovascular leaders. The Choosing Wisely Working Group, in collaboration with the Canadian Medical Association, is an excellent example of a pan-Canadian campaign – one that will help physicians, patients and other health professionals make effective clinical choices to ensure high-quality care.”

DR. NORMAND RACINE
CHOOSING WISELY WORKING GROUP

FIVE CARDIOVASCULAR TESTS AND PROCEDURES THAT PHYSICIANS AND PATIENTS SHOULD QUESTION

1. Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms, unless high-risk markers are present. Asymptomatic, low-risk patients account for up to 45% of unnecessary “screening.” Testing should be performed only when the following findings are present: diabetes in patients older than 40; peripheral arterial disease; or greater than 2% yearly risk for coronary heart disease events.

2. Don’t perform annual stress cardiac imaging or advanced non-invasive imaging as part of routine follow-up in asymptomatic patients. Performing such imaging in patients without symptoms on a serial or scheduled pattern (e.g. every 1-2 years or at a heart procedure anniversary) rarely results in any meaningful change in patient management. This practice may, in fact, lead to unnecessary invasive procedures and excess radiation exposure, all without any proven impact on patients’ outcomes. An exception to this rule would be for patients more than five years after a bypass operation.

3. Don’t perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery. Non-invasive testing is not useful for patients undergoing low-risk non-cardiac surgery (e.g. cataract removal). These types of tests do not change the patient’s clinical management or outcomes.

4. Don’t perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms. Patients with native valve disease usually have years without symptoms before the onset of deterioration. An echocardiogram is not recommended yearly unless there is a change in clinical status.

5. Don’t order annual electrocardiograms (ECGs) for low-risk patients without symptoms. In asymptomatic individuals at low risk for coronary heart disease (10-year risk <10%), screening for coronary heart disease with electrocardiography does not improve patient outcomes.

“In today’s complex, technologically advanced and ever-evolving world of medicine, the importance of interdisciplinary collaboration between healthcare providers, scientists, and policy makers has become crucial in developing the best care for our patients. The members of the Choosing Wisely campaign took everything into consideration, and the final recommendations are solid, benefiting all Canadians.”

DR. BILL AYACH
CHOOSING WISELY WORKING GROUP
This initiative received prominent media coverage. CCS regional spokespeople were appointed to provide information to local media and their provincial cardiology communities. Dr. James Tam, CCS spokesperson for Manitoba, said, “No one can say that 100% of tests and procedures ordered are appropriate. Even a modest 5% reduction in questionable and inappropriate tests would have a huge impact on the health care system”.

The CCS will continue to determine the impact that CWC has had on the quality of cardiovascular patient care and the physician and patient experience. The committee has plans to review the list of tests and procedures to ensure it is an up-to-date and accurate reference for physicians and patients.

Thanks to all CCS members who have been part of CWC:

Dr. Heather Ross, Chair (University of Toronto);
Dr. Normand Racine (University of Montreal);
Dr. Blair O’Neill (University of Alberta);
Dr. Chris Simpson (Queens University);
Dr. Ross Davies (University of Ottawa);
Dr. Bill Ayach (Cleveland Clinic);
Dr. David Marr (Saint John Regional Hospital);
Dr. Michelle Graham (University of Alberta);
Dr. Camille Hancock Friesen (Dalhousie University);
Dr. Sacha Bhatia (University of Toronto); and
Dr. Ian Burwash (University of Ottawa).

BRIDGE

A BRIDGE TO IMPROVE QUALITY
How can we improve the patient journey and outcomes through the healthcare system? By building a BRIDGE.

BRIDGE stands for Benchmarks, Research, Innovation and Data Generate Excellence. It’s a new name for a major initiative that has been long in development, and that saw significant milestones this year.

The Public Health Agency of Canada funded the CCS to build on two recommendations of the Canadian Heart Health Strategy and Action Plan in February 2009.

1. Build a data dictionary so cardiovascular clinical databases in the country could connect data.

2. Develop a set of quality indicators for cardiovascular care in Canada.

Since then, the CCS has been doing just that with thousands of hours of development time by members and others of the Canadian quality community.

This year the CCS completed data definitions and quality indicators for care for heart failure, atrial fibrillation, cardiac rehabilitation. Over the next year, the project will focus on procedure-based indicators that are in high demand from the provinces. Three new quality indicator committees have been developed – Cardiac Surgery, led by Dr. James Abel (Vancouver);
Transcatheter Aortic Valve Implantation (TAVI), led by Dr. Anita Asgar (Montréal); and Percutaneous Coronary Intervention (PCI), led by Dr. Ata Quraishi (Halifax).

Now that the CCS has helped build the dictionaries and sets quality indicators, a new name was required to better reflect the scope and potential of the initiative. The rebranding began in January 2014, inspired by a New England Journal of Medicine study that found that acronyms in medicine enhanced recall and positive perceptions.

This rebranding process and the new BRIDGE name has allowed us to re-focus the project and encourage fresh engagement from CCS members and other stakeholders in provincial governments and non-government organizations.

The CCS is also collaborating with ministries of health, provincial data registries, and key stakeholders to develop a plan for sustainability and collaboration. In October 2013, CIHI posted the link to the BRIDGE Data Dictionary on their website.

“Health care in Canada is generally outstanding. However, our collective ability to assess, evaluate, and provide feedback on the quality of the care we deliver individually and collectively is poor. The DDQI/BRIDGE Project will build on the work by CCS members and committees on defining what we mean by high-quality care in various domains in Cardiology. Under the auspices of this committee, the CCS will take leadership in assembling the governmental, research-based, and academic organizations that are collectively interested in promoting best-quality practices in Cardiology. Initiatives will include harmonizing the measures of quality across Canada, and developing a set of ‘report cards’, which are similar across provinces and jurisdictions. This means working with stakeholders and funding agencies to come up with methods to measure quality in the most efficient ways possible, and provide this information to caregivers so they can amend their practices. You can’t improve what you can’t measure.”

DR. PAUL DORIAN
DDQI/BRIDGE

2013 PUBLIC POLICY SESSION AT CONGRESS – USING NATIONAL STANDARDS TO EVALUATE QUALITY

The 2013 Annual Public Policy Session at the Canadian Cardiovascular Congress focused on developing and applying such standards, in conjunction with the CCS BRIDGE project.

Dr. Blair O’Neill, Chair of the CCS BRIDGE project, and Dr. Chris Simpson, Chair of the CCS Health Policy and Advocacy Committee, led the discussion. They discussed how national measures of quality care can be integrated into clinical practice and research.

Expert panelists included Mr. David Babiuk (Cardiac Services BC), Dr. David Johnstone (CCS Past President, Edmonton), Dr. Laurie Lambert (Montreal, INESS) and Dr. Jafna Cox (Halifax). They sought to assess the health system impact of quality indicators on the practice of cardiology in Canada, and the role that the CCS other and stakeholders may play in quality evaluation.

“We are living in a global environment, and must continue to collaborate with organizations outside the CCS, both nationally and internationally, to remain relevant to our members. Our goal is the best patient care, and we will achieve that with common programs and partners. My work on the External Relations Working Group is both exciting and meaningful and I am privileged and honored to be participating on the CCS team.”

DR. RODNEY ZIMMERMANN
EXTERNAL RELATIONS WORKING GROUP
CCS AWARDS; CELEBRATING EXCELLENCE

Each year, the CCS recognizes the outstanding achievements of individual Canadians and Canadian organizations that contribute to cardiovascular health and care. The annual CCS Awards give members the opportunity to recognize current and future leaders in various areas of cardiovascular medicine. The 2013 CCS Award recipients were honoured at a ceremony during the Canadian Cardiovascular Congress in Montréal.

2013 CCS AWARD RECIPIENTS

Trainee Research Award – Clinical Science Category
Dr. Christophe Thebault
Dr. Anthony Wassef (Runner-up)

Trainee Research Award – Basic Science Category
Dr. Janet Ngu
Dr. Ali Ahmadi (Runner-up)
Dr. Christopher White (Runner-up)

Trainee Excellence in Education Award
Dr. Benjamin Hibbert

Young Investigator Award - Clinical Science Category
Dr. Kevin Harris

Dr. Harold N. Segall Award of Merit
Canadian Hypertension Education Program (CHEP)

Distinguished Teacher Award
Dr. Wayne Tymchak

Dr. Robert E. Beamish Award
Dr. Anders G. Holst

Research Achievement Award
Dr. Ernesto Schiffrin

Annual Achievement Award
Dr. Charles Kerr
## Financial Statements

**April 1, 2013 to March 31, 2014**

### Summary of Operations

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<tr>
<th>Description</th>
<th>Amount</th>
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<td>Revenue Over Expenses</td>
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### Summary of Financial Position

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<td>Net Assets</td>
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</tbody>
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Dr. Charles Kerr 2013 Annual Achievement Award Winner and Dr. Mario Talajic CCS President
## EXECUTIVE AND COUNCIL

### EXECUTIVE
- **Dr. Mario Talajic**  
  President  
  Montréal, QC
- **Dr. Heather Ross**  
  Vice-President  
  Toronto, ON
- **Dr. Blair O’Neill**  
  Past President  
  Edmonton, AB
- **Dr. Christopher Buller**  
  Treasurer  
  Toronto, ON
- **Dr. Ross Davies**  
  Secretary  
  Ottawa, ON
- **Dr. Christopher Simpson**  
  Member at large  
  Kingston, ON

### COUNCIL
- **Dr. Todd Anderson**  
  Annual Meeting Chair  
  2013-2015  
  Toronto, ON
- **Dr. David Bewick**  
  Saint John, NB
- **Ms. Anne Ferguson**  
  Chief Executive Officer  
  Ottawa, ON
- **Dr. Ken Gin**  
  Vancouver, BC
- **Dr. Michelle Graham**  
  Edmonton, AB
- **Dr. Nadia Giannetti**  
  Montréal, QC
- **Dr. Camille L. Hancock Friesen**  
  Halifax, NS
- **Dr. Andrew Krahn**  
  Vancouver, BC
- **Dr. Howard Leong-Poi**  
  Scientific Program Committee Chair  
  2013-2015  
  Toronto, ON
- **Dr. Stanley Nattel**  
  CJC Editor-in-Chief  
  Montréal, QC
- **Dr. Frank Nigro**  
  Thunder Bay, ON
- **Dr. Brian Potter**  
  Trainee Representative  
  Montreal, QC
- **Dr. Marc Ruel**  
  Ottawa, ON
- **Dr. Michel White**  
  Verdun, QC
- **Dr. Rodney Zimmermann**  
  Regina, SK

### PAST PRESIDENTS
- **1978–1980**  
  Dr. Robert Anderson  
  Halifax, NS
- **1982–1984**  
  Dr. Anthony Dobell  
  Montréal, QC
- **1980–1982**  
  Dr. Richard Rossall  
  Edmonton, AB
- **1978–1980**  
  Dr. Robert Anderson  
  Halifax, NS
- **1976–1978**  
  Dr. Ronald Baird  
  Toronto, ON
- **1974–1976**  
  Dr. Edward Cuddy  
  Winnipeg, MB
- **1973–1974**  
  Dr. Lucien Campeau  
  Montréal, QC
- **1971–1972**  
  Dr. Wilfred Bigelow  
  Toronto, ON
- **1968–1970**  
  Dr. Robert Beamish  
  Winnipeg, MB
- **1966–1968**  
  Dr. David Murphy  
  Montréal, QC
- **1964–1966**  
  Dr. Robert Fraser  
  Edmonton, AB
- **1963–1964**  
  Dr. Irwin Hilliard  
  Toronto, ON
- **1961–1962**  
  Dr. Ford Connell  
  Kingston, ON
- **1958–1960**  
  Dr. Paul David  
  Montréal, QC
- **1957–1958**  
  Dr. Francis Mathewson  
  Winnipeg, MB
- **1955–1956**  
  Dr. George Strong  
  Vancouver, BC
- **1953–1954**  
  Dr. Harold Segall  
  Montréal, QC
- **1951–1953**  
  Dr. John Hepburn  
  Toronto, ON
- **1950–1951**  
  Dr. John McEachern  
  Winnipeg, MB
- **1949–1950**  
  Dr. John Oille  
  Toronto, ON
- **1947–1949**  
  Dr. Cecil Birchard  
  Montréal, QC

- **1999–2002**  
  Dr. David Johnstone  
  Halifax, NS
- **1998–1999**  
  Dr. Ruth Collins-Nakai  
  Edmonton, AB
- **1996–1998**  
  Dr. Peter Olley  
  Edmonton, AB
- **1994–1998**  
  Dr. Peter McLaughlin  
  Toronto, ON
- **1992–1994**  
  Dr. Gilles Dagenais  
  Montréal, QC
- **1990–1992**  
  Dr. Eldon Smith  
  Calgary, AB
- **1988–1990**  
  Dr. Wilbert Keon  
  Ottawa, ON
- **1986–1988**  
  Dr. John Parker  
  Kingston, ON
- **1984–1986**  
  Dr. Douglas Wigle  
  Toronto, ON
- **1982–1984**  
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