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.

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.
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 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.

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
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